

Medication reconciliation postdischarge: billing codes for reimbursement

Background or change: The Centers for Medicare & Medicaid Services (CMS) adopted the Medication Reconciliation Postdischarge (MRP) HEDIS® measure and has designated it as a Star measure. Currently medication reconciliation is reimbursed through two transitional care management services codes. Amerigroup is planning to reimburse providers who conduct medication reconciliation within 30 days of an inpatient hospital discharge for Amerigroup Amerivantage (Medicare Advantage) members and submit the claim using the CPT Category II code 1111F.

Medication reconciliation is a review in which the discharge medications are reconciled with the most recent medication list in the outpatient record. A note needs to be placed in the outpatient medical record indicating this has occurred. Conducting medication reconciliation helps patients understand any medication changes that occurred as a result of the hospitalization and helps prevent adverse drug events and other medication-related issues that may arise after discharge. As a result, patient safety is improved and readmissions may be decreased. Medication reconciliation must be completed by the prescribing practitioner, registered nurse or clinical pharmacist.

MRP eligibility criteria

MRP assesses members 18 years of age and older who were discharged from an acute or nonacute inpatient facility between January 1-December 1 of the measurement year. It looks at members for whom medications were reconciled from the date of discharge through 30 days after discharge (31 days total). The denominator is based on discharges, not members. If multiple discharges for a member occur in the year, medication reconciliation should be conducted within 30 days of each discharge.

Documentation

Documentation must be in the outpatient medical record and include evidence of medication reconciliation and the date when it was performed by the prescribing practitioner, registered nurse or clinical pharmacist. An outpatient visit is not required. The note must be dated and signed by the provider.

Examples:

- Evidence that the member was seen for postdischarge hospital follow-up with evidence of medication reconciliation or review. Must have proof of both to be compliant.

The information in this update may be an update or change to your provider manual. Find the most current manual at <https://providers.amerigroup.com>.

In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.

Amerivantage is a D-SNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Amerivantage depends on contract renewal. In New Mexico: Amerigroup Community Care of New Mexico, Inc. is an HMO plan with a Medicare contract. Enrollment in Amerivantage Classic depends on contract renewal.

- Documentation in the discharge summary that the discharge medications were reconciled with the current medications. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 days).
- Documentation that the provider reconciled the current and discharge medications.
- Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications).
- Documentation of the member's current medications with a notation that the discharge medications were reviewed.
- Documentation of a current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service.
- Notation that no medications were prescribed or ordered upon discharge.

Billing codes

Billing codes exist to demonstrate successful completion of MRP. Using the codes should follow the appropriate Medicare billing guidelines and may be an option if the requirements for these codes have been met. Final determination is based on submission of the claim.

- **Medication reconciliation code:**
 - **CPT category II code 1111F** — discharge medications reconciled with the current medication list in outpatient medical record:
 - The medication reconciliation needs to be completed within the first 30 days of discharge to meet the measurement criteria.
 - Outpatient visit is not required.
- **Transitional care management (TCM) services codes:**
 - **CPT code 99495** — TCM services, moderate complexity:
 - Medication reconciliation and management must be furnished no later than the date you set the face-to-face visit within 14 days of discharge.
 - **CPT code 99496** — TCM services, high complexity:
 - Medication reconciliation and management must be furnished no later than the date you set the face-to-face visit within 7 days of discharge.

Reimbursement

Providers are currently reimbursed for medication reconciliation as part of the services performed when using CPT codes 99495 and 99496. However, not all members discharged from the hospital require the complex medical decision making required by TCM services.

What is new?

Amerigroup is preparing to reimburse providers who conduct medication reconciliation within 30 days of an inpatient hospital discharge for Amerigroup Amerivantage members and submit the claim using the CPT II code 1111F.

Reimbursement for 1111F will not be retroactive.