2025 Star Measure Tips

One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Medication Reconciliation Post-Discharge (TRC-M)

A component of Transitions of Care (TRC)

Effectiveness of Care HEDIS® Measure

Measure description

The percentage of patients who had their medications reconciled following an inpatient discharge.

Measure population (denominator)

Patients 18 years and older with an acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year.

Note: If patients have multiple discharges, they could appear in the measure more than once.

Measure compliance (numerator)

Medications reconciled on the date of discharge through 30 days after (31 days total).

Did you know?

- Inadequate care coordination and poor care transitions result in billions of unnecessary medical expenses.
- Lack of communication between inpatient and outpatient providers may result in unintentional medication changes, incomplete diagnostic workups and inadequate patient, caregiver and provider understanding of diagnoses, medication and follow up needs.
- Patient safety is compromised and medication errors result from inadequate medication reconciliation during care transitions.

Exclusions

- Received hospice services anytime during the measurement year
- Deceased during the measurement year

continued

Helpful HEDIS hints

- Medication reconciliation must be conducted or cosigned by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse.
  - Medication reconciliation may be performed by other medical professionals (e.g., MA, LPN) if signed off by an acceptable practitioner.
- Evidence of medication reconciliation must be in the outpatient medical record, but an outpatient face-to face visit is not required. A medication reconciliation performed without the member present meets criteria.
- Performing medication reconciliation after every discharge ensures that patients understand all their medications: new, current and discontinued.
- Request patients' discharge summary with medication list and any discharge instructions from the inpatient facility.
- A post discharge visit is encouraged to support patient engagement (office, home or virtual care visit). Ask patients to bring all medications (prescription, over-the counter, herbal, topical, etc.).
- Documentation of medication reconciliation **must** include the date performed, current medication list, and evidence of any of the following:
  - Notation that the practitioner reconciled the current and discharge medications
  - Notation that references the discharge medications (e.g., no change in medications since discharge, same medications at discharge, discontinue all discharge medications)
  - Evidence the practitioner was aware of the patient's hospitalization and a post-discharge hospital follow-up with medication reconciliation or review

    Note: Documentation of post op visit/surgical procedure **without** specifying there was a "hospitalization," "admission," or "inpatient stay" does not count.
  - Discharge medication list with evidence that both lists were reviewed on the same date of service
  - Notation that no medications were prescribed or ordered upon discharge

continued

Tips for coding

When any of the following CPT® codes are billed within 30 days of discharge, it will close the treatment opportunity, reducing medical record requests:

CPT® II code	Description
1111F	Discharge medications are reconciled with the current medication list in outpatient medical record. Can be billed alone since a face-to-face visit is not required.
CPT® codes	**Description**
99483	Assessment and care planning for a patient with cognitive impairment. Requires an array of assessments and evaluations, including medication reconciliation and review for high-risk medications, if applicable.
99495	Transitional care management that requires communication with the patient or caregiver within two business days of discharge (can be done by phone, email or in person) and decision-making of at least **moderate** complexity and a face-to-face (in-person or audio/video telehealth) visit within **14 days** of discharge.
99496	Transitional care management that requires communication with the patient or caregiver within two business days of discharge (can be done by phone, email or in person) and decision-making of at least **high** complexity and a face-to-face (in-person or audio/video telehealth) visit within **seven days** of discharge.
99605	Medication therapy management services provided by a pharmacist during an initial 15-minute face-to-face encounter.
99606	Medication therapy management services provided by a pharmacist, during an established face-to-face encounter.

- Bill 1111F as soon as medication reconciliation is completed.
  - 1111F can be billed alone ***OR*** with an associated visit.
  - Bill 1111F for $35 reimbursement for Medicare Plus Blue and BCN Advantage.

    Note: There is no member cost share associated with 1111F for Medicare Plus Blue and BCN Advantage.
- TCM codes can be billed as early as the date of the face-to-face visit and do not need to be held until the end of the service period.

Resources

1. National Committee for Quality Assurance (NCQA). 2024. "Transitions of Care (TRC)." **ncqa.org/hedis/measures/transitions-of-care/**

2. National Institutes of Health (NIH). 2018. "Impact of medication reconciliation for improving transitions of care." **ncbi.nlm.nih.gov/pmc/articles/PMC6513651/**