

2023 Star Measure Tips



Confidence comes with every card.®

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).

Exclusions

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

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.

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.
- 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.
 - 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.

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 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 visit within 7 days of discharge.

Tips for coding *(continued)*

- Bill 1111F as soon as medication reconciliation is completed.
 - 1111F can be billed alone **OR** with an associated visit.
 - The allowable amount for an 1111F claim is \$35 for Medicare Plus Blue and BCN Advantage.
Note: There is no member cost share associated with 1111F for Medicare Plus Blue and BCN Advantage.
- Visits with a practitioner can be with or without a telehealth modifier.
- 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). 2022. "Transitions of Care (TRC)." [ncqa.org/hedis/measures/transitions-of-care/](https://www.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/](https://pubmed.ncbi.nlm.nih.gov/3513651/)

HEDIS®, which stands for Healthcare Effectiveness Data and Information Set, is a registered trademark of the National Committee for Quality Assurance, or NCQA.

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