BlueCross BlueShield of Illinois

Documentation and Coding

Medication Reconciliation Post-Discharge

Performing medication reconciliation after every inpatient discharge can help our members understand new medications and medications they should no longer take. Prescribing providers, clinical pharmacists or registered nurses can conduct medication reconciliation.

Blue Cross and Blue Shield of Illinois reimburses contracted providers eligible for the Merit-Based Incentive Payment System who **conduct medication reconciliation within 30 days of hospital discharge** for our Blue Cross Medicare Advantage℠, Blue Cross Community Health Plans℠ and Blue Cross Community MMAI (Medicare-Medicaid Plan)℠ members.

Following is information on coding medication reconciliation from the Centers for Medicare & Medicaid Services. This is for informational purposes only and isn't intended to be medical advice.

Coding Medication Reconciliation Post-Discharge

Current Procedural Terminology (CPT®) **Category II code 1111F** is a supplemental tracking code for data collection. The code description is discharge medications reconciled with the current medication list in outpatient medical record. Medication reconciliation performed **during** hospital discharge meets quality measures but **is not eligible to be billed** under the 1111F code.

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Documentation Requirements

- Hospital discharge date
- Date the medication reconciliation was completed
- Documentation indicating that the patient's current medication list was reconciled against the hospital discharge list of medications

Tips to Consider: For the Ongoing Care Provider after Discharge

- Request the patient's discharge summary with medication list and any discharge instructions from the inpatient facility.
- Schedule a post-hospitalization follow-up engagement visit with the patient. The visit should be completed **within 30 days of discharge**. An office visit, telehealth or phone interaction all qualify as a follow-up.
  - Document that the visit purpose is follow-up for recent hospitalization, admission or inpatient stay.
- Ask the patient to bring to the follow-up all their prescription and over-the-counter medications, including topical agents. If conducted by telehealth, the patient may provide an up-to-date list of medications.
- During the follow-up visit, conduct medication reconciliation by comparing the medication list from the hospital discharge summary against the patient's outpatient provider list of current medications. Document that the reconciliation was completed. If appropriate, document "no meds were prescribed or ordered upon discharge."
- Discuss the condition that triggered the hospitalization and review the patient's medications. Discuss how the patient should take their new medications and which medications they should discontinue, if any.

Documentation Tips

- Include patient demographics, such as name, date of birth and date of service in all progress notes.
- Document legibly, clearly and concisely.
- Ensure an ongoing care provider signs and dates all documents.
- Document how each diagnosis was monitored, evaluated, assessed and/or treated on the date of service.
- Note complications with an appropriate treatment plan.
- Take advantage of the Annual Health Assessment or other yearly preventive exam as an opportunity to capture conditions impacting member care.

Resource

- Centers for Medicare & Medicaid Services Medication Reconciliation Post-Discharge

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