



## Medication Reconciliation Post-Discharge (MRP) Guide

### Importance of Medication Reconciliation

Medications are often changed while a patient is hospitalized. Continuity between inpatient and on-going care is essential.

### Measure Description

The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehab facility) for patients 18 years of age and older seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record.

### Medical Records Documentation

Documentation in the medical record must include evidence of medication reconciliation and the date it was performed. Any of the following methods of documentation will meet the HEDIS measure criteria:

- Documentation must indicate that the provider is aware of the member's hospitalization or discharge.
- Must include date medication reconciliation was performed.
- Medication reconciliation must be conducted or reviewed and cosigned by a prescribing practitioner, clinical pharmacist or registered nurse.
- Documentation of the current medications with evidence of medication reconciliation must include one of the following (**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 total days]**):
  - Notation that the provider 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 that patient was seen for post-discharge follow up with medication reconciliation review.
  - Notation that no medications were prescribed or ordered upon discharge.

### Denominator

All discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years or older seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care.

**Denominator Exclusion** - G9691: Patient had hospice services any time during the measurement period

### Numerator

Medication reconciliation conducted by a prescribing practitioner, clinical pharmacists or registered nurse on or within 30 days of discharge.



## Coding for MRP

CPT Code	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 (8-14 days post-discharge)	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 <b>moderate complexity</b> and a face-to-face visit within <b>14 days</b> of discharge
99496 (1-7 days post-discharge)	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 <b>high complexity</b> and a face-to-face visit within <b>7 days</b> of discharge
CPT II Code	Description
1111F (*Within 30 days post-discharge)	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.

*\*The Transitions of Care (TRC) codes will close the MRP care gap. If the Medication Reconciliation is done without the TRC visit use CPT II Code 1111F. The 30-day limit relates to the measure specifications, not to the time limit on when the code can be used.*

**Disclaimer:** *This information is not intended to dictate or substitute your professional judgment in a particular patient.*

### References

[CMS, Quality ID #46 \(NQF 0097\): Medication Reconciliation Post-Discharge \(2019\)](#)

[Arkansas Blue Cross and Blue Shield, Medication Reconciliation Post-Discharge \(MRP\) \(2023\)](#)

[Humana, Medication Reconciliation Post-Discharge \(MRP\) HEDIS Measure Overview \(2023\)](#)

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