

Medication Reconciliation, Transitional Care Management Tips September 2023

General Tips

- Practice staff including Medical Assistance (MA) can complete the Medication Reconciliation (Med Rec) if the provider signs off on it in the medical record.
- If using MAs, the practice should add Med Rec to the practice's MA scope of practice document.
- 1111F should be submitted on the claim whenever medication reconciliation is completed, except for straight Medicare patients; this is not a straight Medicare code. If the patient is Transitional Care Management eligible (TCM) (99495, 99496) **DO NOT wait** until all components of the TCM are completed before submitting the 1111F Medication Reconciliation code.
- When calling a patient to follow-up after an ADT, a med rec should be completed and 1111F submitted. If the patient is scheduled for a follow-up with the provider within 14 days the med rec can be completed again at that TCM visit using the TCM codes: 99495, 99496; at this time, the Med Rec would be included in the 99495, 99496.
 - This way, if the patient refuses to come in for a follow-up or misses the follow-up appointment and reschedules after 14 days, at the least the Med Rec is still being completed and captured.
 - If questions arise and an MA is completing the Med Rec with a patient, the provider and/or RN in the office should be consulted for better direction. It is important to reconcile medications as soon as possible with the patient to avoid adverse effects. Med Rec is also required for TCM billing.

More Med Rec Follow-Up Tips:

- There is nothing restricting the billing of both a TCM or care planning code and the 1111F medication reconciliation code for the same discharge event.
- If a TCM or care planning code is billed after the 1111F code has already been submitted on a claim, the care services will still be eligible for reimbursement.
- The codes to report medication reconciliation must be submitted on a claim with a date of service no later than 30 days post-discharge. (If TCM eligible, 14 days)
- If TCM services are being provided, medication reconciliation must be completed on, or prior to, the date of the face-to-face visit.
- The TCM (CPT 99495, 99496) and Care Planning service (CPT 99483) codes will satisfy BOTH the Patient Engagement and Medication Reconciliation Post-Discharge TRC requirements.
 - TCM codes do not have to be held until the end of the service period; they can be billed as early as the date of the face-to-face visit.
- Medication reconciliation does not require a face-to-face visit. It can be completed via telehealth or telephone. However, e-visits and virtual check-ins are NOT allowed.
- Use admission, discharge, and transfer (ADT) notifications to identify patient discharges and coordinate transition of care.
- Request a patient's discharge summary with a medication list and any discharge instructions from the inpatient facility.
- Ensure the medication reconciliation is reviewed and/or completed and signed by a prescribing provider, clinical pharmacist, PA, NP, or RN.
- Billing a medication reconciliation CPT code can reduce the number of HEDIS medical record requests from a health plan.