CMS Measure ID 130: Documentation of Current Medications in the Medical Record (CMS68v11)

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You can easily enter data in DrChrono to sync with Healthmonix MIPSpro. You can enter some data in multiple places. Please see our article on all the areas in DrChrono where you can enter data for reporting with Healthmonix MIPSpro.

Your Healthmonix MIPSpro dashboard contains a comprehensive description of the codes and criteria for each measure. Click on the **View Details** to see more.

My Measures

Select, review, and change the measures you will be reporting.

Notifications

- ⊘ You have met the measure selection requirements

- ⊘ You may now proceed with entering patient visits

[Checklist]   [**Select Measures**]

Selected Measures

#130   **Documentation of Current Medications in the Medical Record**   ✖
Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list **_must_** include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND **_must_** contain the medications' name, dosage, frequency and route of administration

View details ⟵

Description:

Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter.

Instructions

This measure is to be submitted at each denominator eligible visit during the 12-month performance period. Merit-based Incentive Payment System (MIPS) eligible clinicians meet the intent of this measure by making their best effort to document a current, complete and accurate medication list during each encounter. There is no diagnosis associated with this measure. This measure may be submitted by MIPS-eligible clinicians who perform the quality

actions described in the measure based on the services provided and the measure-specific denominator coding.

NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS professionals or MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

Denominator

All visits occurring during the 12-month measurement period for patients aged 18 years and older

Patients aged ≥ 18 years on the date of the encounter. This information can be entered in DrChrono in the patient chart under the **Demographics** tab with the **Patient Date of Birth**.

AND

A relevant **CPT** or **HCPCS** code: 59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 90839, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92548, 92550, 92557, 92567, 92568, 92570, 92588, 92626, 96116, 96156, 96158, 97129, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97802, 97803, 97804, 98960, 98961, 98962, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99236, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99495, 99496, G0101, G0108, G0270, G0402, G0438, G0439

DENOMINATOR NOTE: *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

Numerator

Eligible professional or eligible clinician attests to documenting, updating, or reviewing a patient's current medications using all immediate resources available on the date of the encounter.

You can enter medications in a patient's chart by medication history reconciliation, or adding a medication to a patient's medication list.

Definitions:

Current Medications – Medications the patient is presently taking, including all prescriptions, over-the-counter, herbals, and vitamin/mineral/dietary (nutritional) supplements with each medication's name, dosage, frequency, and administered route.

Route – Documentation of the way the medication enters the body (some examples include but are not limited to: oral, sublingual, subcutaneous injections, and/or topical)

Not Eligible (Denominator Exception) – A patient is "not eligible" if there is documentation of a medical reason(s) for not documenting, updating, or reviewing the patient's current medications list (e.g., the patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status).

NUMERATOR NOTE: The MIPS-eligible clinician must document in the medical record they obtained, updated, or reviewed a medication list on the date of the encounter. MIPS professional or MIPS-eligible clinicians submitting this measure may document medication information received from the patient, authorized representative(s), caregiver(s), or other available healthcare resources.

This list **must** include ALL known prescriptions, over-the-counter (OTC) products, herbals, vitamins, minerals, and dietary (nutritional) supplements AND **must** contain the medications' name, dosage, frequency, and route of administration.

By submitting the action described in this measure, the provider attests to having documented a list of current medications utilizing all immediate resources available at the time of the encounter. **G8427** should be submitted if the MIPS-eligible clinician documented that the patient is not currently taking any medications.

Performance Met:

Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications **(G8427)**

OR

Denominator Exception:

Eligible clinician attests to documenting in the medical record the patient is not eligible for a current list of medications being obtained, updated, or reviewed by the eligible clinician **(G8430)**

OR

Performance Not Met:

Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given **(G8428)**

Schedule Appointment

| Appointment | **Billing** | Eligibility | Vitals | Growthcharts | Flags | Log Comm. | Revisions | Custom Data | MU Helper |

Patient SuperBill ▼ | Clinical Note | Billing Details | Other Forms ▼

HCFA Box 10 - Is patient's condition related to:

❓ Billing Status	[⌄]
ICD Version	ICD-10 ⌄
Patient Payment	$ 0 Copay: $20 ➕
Pre Authorization Approval	[ ]
Referral #	[ ]
Payment Profile	Cash ⌄
Billing Profile	[⌄] ➕
Billing Pick List	Choose Codes from Pick List
Diagnosis Pick List	Choose Codes from Pt Problems
Credit Card Payment	Process Credit Card

Employment	No ⌄
Auto Accident	No ⌄
Other Accident	No ⌄
Onset Date Type	Onset of Current Symptoms o ⌄
Onset Date	[ ]
Other Date Type	- Other Date Type - ⌄
Other Date	[ ]

Claim Billed: $0.00 | **Adjustment: $0.00** | **Insurer Paid: $0.00** | **Patient Paid: $0.00**

ICD-10 Codes | Find Diagnosis codes

#	Code	Description

CPT Codes | Find CPT Procedure codes

Code	Description	Price ($)

ICD-9 Codes to Convert | Find Diagnosis codes

#	Code	Description

HCPCS Codes | Find HCPCS Procedure codes

Code	Description	Price ($)	
1 G8428	Cur meds not document	0	✖

Modifiers:	--- ⌄ --- ⌄ --- ⌄ --- ⌄
Quantity/Minutes:	1
Diagnosis Pointers:	1:0:0:0

NDC Codes | Find NDC Codes

NDC Code	Quantity	Units	Line Item

Custom Codes | Find Custom Procedure codes

Code	Description	Price ($)