Care for Older Adults (COA) — Medication Review

**Definition**
Percentage of adults age 66 and older who had a medication review by a clinical pharmacist or prescribing practitioner in the measurement year.

**Plans Affected**
- Medicare D-SNP.

**Quality Programs Affected**
- CMS Star Ratings.

**Collection and Reporting Method**
- Hybrid claim/encounter data and medical record documentation.

This is a quick reference tool to help you with coding and documentation of Medicare Star Rating measures that close care gaps.

**Codes**

<table>
<thead>
<tr>
<th>Medication list</th>
<th>CPT/CPT II</th>
<th>1159F</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS</td>
<td></td>
<td>G8427</td>
</tr>
</tbody>
</table>

And:

<table>
<thead>
<tr>
<th>Medication review or Transitional care management</th>
<th>CPT/CPT II</th>
<th>99495, 99496</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT/CPT II</td>
<td>99605, 99606, 1160F, 99483, 90863</td>
<td></td>
</tr>
</tbody>
</table>

**Exclusion(s)**

**Standard exclusions**
- Patients in hospice.
- Exclude services provided in an acute inpatient setting.

**Timeframe**
Anytime during the year.

**Medical Record Documentation**

**Test, service, or procedure to close the care gap**
- Medication review or dated clinician’s note that says the patient isn’t taking any medications.
- Medication list must be included in the medical record and medication review must be completed by a prescribing provider or clinical pharmacist.
- Documentation that the medications aren’t tolerated isn’t an exclusion for this measure.

**Medical record detail, any of the following:**
- Medication list.
- Progress notes.
- SOAP notes.
- Home health records.
- Health history and physical.
- Skilled nursing facility minimum data set (MDS) form.

HMSA will make the final decision about reimbursement when we receive a claim. Submitting a claim with a code from this document doesn’t guarantee payment. Payment of covered services depends on a patient’s plan benefits, your eligibility for payment, claim processing requirements, and your contract with HMSA.

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**Tips and Best Practices to Help Close the Care Gap**

- Always clearly document the date of the medication review or note the absence of medications.
- The use of CPT Category II codes helps identify clinical outcomes such as medication reviews. It can also reduce the need for chart review.
- A medication review may be conducted with a patient over the phone if the clinician is a prescriber or clinical pharmacist. A registered nurse can collect the list of current medications from the patient during the call, but there must be evidence that the appropriate practitioner reviewed the list.
- The medication review should include all the patient’s medications, including prescription and over-the-counter medications and herbal or supplemental therapies.
- A medication list signed and dated within the measurement year by the prescribing practitioner or clinical pharmacist meets the criteria.
  - The practitioner’s signature and a medication list in the patient’s chart is considered evidence that the medications were reviewed.

For information about Medicare Star Ratings measures, please visit the Provider Resource Center at hmsa.com/portal/provider/zav_pel.aa.MED.100.htm.

Information in this guide is based on National Committee for Quality Assurance (NCQA) HEDIS technical specifications. For details, visit ncqa.org.

If you have any questions, call HMSA Provider Services at 948-6820 on Oahu or 1 (877) 304-4672 toll-free on the Neighbor Islands.