Transitional Care Management

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Initial Requirements

- Services required when patient returns to community after discharge from specified facilities
- Provider accepts responsibility for care immediately after patient discharge from facility without a gap in care
- Patient/beneficiary has medical and/or psychosocial problems requiring moderate or high complexity medical decision making
- TCM 30 day date begins at patient discharge forward for next 29 days

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Eligible Providers

- Physicians of any specialty
- Non-physician practitioners
  - Certified nurse specialists
  - Nurse practitioners
  - Physician assistants
  - Certified nurse-midwives

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Service Settings

Following discharge from one of the following inpatient hospital settings:

- Inpatient Acute Care Hospital
- Inpatient Psychiatric Hospital
- Long-Term Care Hospital
- Skilled Nursing Facility
- Inpatient Rehabilitation Facility
- Hospital outpatient observation status
- Partial hospitalization
- Partial hospitalization at a Community Mental Health Center

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Patient Requirements

Patient must return:

- Home
- To a rest home or assisted living facility
- To his or her domiciliary (custodial care)

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Interactive contact
Defined non-face-to-face service
A face-to-face visit

TCM COMPONENTS

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The Interactive Contact

- Required interactive contact with patient or caregiver within ***2 business days (Monday through Friday except holidays)*** following discharge back to the community
- Contact by telephone, email, or face-to-face
- Attempts to contact continued until successful
- Required clear exchange of information directly with patient or caregiver
- Unable to bill for TCM if no successful communication with patient during the 30 day period between discharge and required time of post-discharge TCM code

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Non-Face-to-Face Services By Clinical Staff

Services provided under physician/provider supervision for:

- Communication with patient, family and/or caregiver
  - To review aspects of care
  - To educate and support self-management of activities of daily living
  - To facilitate access for needed care and services by patient or family
- Evaluation and support for treatment regimen compliance and medication management
- Identification of available community and health resources
- Communication with Home health agencies and other community services affecting patient

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Non-Face-to-Face By Physician

Furnished by physician or other eligible health care provider

- To obtain and review discharge information
- To review the need for or follow-up on pending diagnostic tests and treatments
- To interact with other qualified health care professionals assuming or reassuming care of the patient's system-specific problems
- To educate the patient, family, guardian, and/or caregivers
- To establish or reestablish referrals and arranging for needed community resources
- To assist in scheduling any required follow-up with community providers and services
- To oversee and provide management and coordination of services as needed for all medical conditions and psychosocial needs and daily activities

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TCM Required Timeframe

One face-to-face visit within specified timeframe

- Medication reconciliation and management must occur on date of first face-to-face visit
- Visit is part of the TCM service
- Not reported separately
- Subsequent/additional E/M services provided after first visit reported separately

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BILLING FOR SERVICES

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Determining the Code

Selection of code determination

- Medical decision making
- Date of first face-to-face visit

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Medical Decision Making

Complexity of medical decision making depends on:

- The number of possible diagnoses
- The management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed and analyzed
- The risk of significant complications, morbidity and/or mortality as well as comorbidities associated with the patient's presenting problem (s),
- The diagnostic procedure(s) and/or the possible management options.

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Choosing a Code

Type of Decision Making	Face-to-Face visit within 7 days	Face-to-Face visit within 8 to 14 days
At least Moderate Complexity	99495	99495
High Complexity	99496	99495

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General Guidelines

- Only one individual provider may report TCM services.
- TCM services may be billed only once per patient within 30 days.
- Same provider may report hospital or observation discharge services and TCM.
- Discharge services may not constitute the required face-to-face visit.
- Same individual should not report TCM services provided in the postoperative period of a service that individual reported.

Do not report with 99495 and 99496 during TCM reporting period:

- Care plan oversight services: 99339, 99340,99374-99380
- Prolonged services w/o direct patient contact: 99358, 99359
- Anticoagulant management: 99363, 99364
- Medical team conferences: 99366-99368
- Education and training: 98960-98962, 99071, 99078
- Telephone services: 98966-98968,99441-99443
- End stage renal disease services: 90951-90970
- Online medical evaluation services: 98969,99444
- Preparation of special reports: 99080
- Analysis of data: 99090,99091
- Complex chronic care coordination services: 99487-99489
- Medication therapy management services: 99605-99607

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Documentation Requirements

The following should be documented in the medical record:

- Date of discharge for beneficiary/patient
- Date of interactive contact with patient and/or caregiver
- Date of face-to-face visit
- Complexity (moderate or high) of medical decision making

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Filing the Claim

- Date of service: the 30th day after discharge (date of discharge is day one)
- Place of service: Place face-to-face visit occurred
- With patient readmission, bill first TCM at 30 days and second discharge for a full 30 day period if only provider to bill for second TCM
- With patient death, TCM may not be billed. Bill appropriate E/M code for face-to-face visits.
- Follow incident-to requirements for practitioners when there is direct physician supervision.

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Contact Information

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Resources

CPT 2015, Professional Edition: 4th Edition, 1977, American Medical Association.

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