

TRANSITIONAL CARE MANAGEMENT (TCM) SERVICES EFFECTIVE JAN. 1, 2013

Codes 99495 and 99496 are used to report transitional care management (TCM) services. These services are for new or established patients whose medical and/or psychosocial problems require **moderate or high complexity** medical decision making during transition in care from an inpatient hospital setting (including acute hospital, rehabilitation hospital, long-term acute care hospital), hospital outpatient observation, partial hospitalization, or skilled nursing facility/nursing facility to the patient's community setting (home, domiciliary, rest home, or assisted living). TCM commences upon the date of discharge and continues for the next 29 days. Initial E/M services are included in the TCM code. Additional E/M services may be separately billable.

Note: The date of service to be documented on the CMS-1500 form is 29 days post-discharge. e.g., a patient that is discharged on Jan. 1, the billing date is Jan. 30, if all elements to the service have been provided (see the most current CPT manual for required elements).

99495 TCM Services with the following required elements:

- Face-to-face visit within 14 calendar days of discharge
- Communication (direct contact, phone, electronic) with the patient and/or caregiver within 2 business days of discharge
- Medical decision making of at least moderate complexity during the services period
- Medication management

99496 TCM Services with the following required elements:

- Face-to-face visit within 7 calendar days of discharge
- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
- Medical decision making of at least high complexity during the services period
- Medication management

Non face-to-face patient care given by physician or other qualified healthcare professional (QHP) includes:

- Assisting in scheduling any follow-up with community providers and medical services
- Contacting QHPs who will assume or reassume care of a patient's system-specific problem(s)
- Reviewing discharge information
- Reviewing need for or follow-up based on tests and treatments
- Educating patient, family and caregivers

Non face-to-face patient care given by staff under the guidance of physician or other QHP includes:

- Educating family or patient about independent living and self-management
- Communicating with patient, all caregivers and professionals, including home health services
- Identifying available community and health resources
- Supporting treatment and medication adherence
- Facilitating services and care

(Continued on next page)

QUESTIONS?

Contact ISMA Practice Management staff at (800) 257-4762 or (317) 261-2060.

Documentation must include, but not limited to:

- Timing of initial discharge
- Post discharge communication with patient or caregiver
- Date of face-to-face visit
- Complexity of Medical Decision Making

Who may report services:

- Only one QHP may report these services and only once per patient within 30 days of discharge.
- The same QHP may report hospital or observation discharge services and TCM services.
- The same QHP should not report TCM services provided in a postoperative period.

Additional information:

- If two or more separate attempts are made in a timely manner, but are unsuccessful and other transitional care management criteria are met, the service is still reportable.

CMS Clarification for Medicare (Feb. 28, 2013):

- The place of service reported in Item 24B should be the place of service of the required face-to-face visit.
- When the patient is re-admitted during the 30-day period, the QHP can bill TCM services following the second discharge for a full 30-day period as long as no other QHP bills the TCM for the first discharge.

- TCM codes describe 30 days of care, in cases when the beneficiary dies prior to the 30th day, QHPs may not report TCM services but may report any face-to-face visits that occurred under the appropriate E/M code.
- Per CMS communication (direct contact, telephone, electronic) with patient and/or caregiver within 2 business days of discharge should continue until there is successful communication.
- CMS has clarified it is permissible to count an office visit if done in the 2-day time frame for both the face-to-face visit and the direct communication portion of the code.
- CMS clarified if day 30 falls on a weekend that **IS** still the appropriate billing date.

TCM Reference Source

Medicare Learning Network *Transitional Care Management Services Fact Sheet*, ICN 908628 June 2013, www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Transitional-Care-Management-Services-Fact-Sheet-ICN908628.pdf

Disclaimer

The information provided is current as of the date noted below. For complete code descriptions, consult the current year CPT code book. This document should not be considered coding advice. Please refer to specific payer resources for definitive guidance.

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