



COMPLIANCE E-NEWS

TRANSITIONAL CARE MANAGEMENT

Do you manage care for patients who are discharged from an inpatient hospital setting, partial hospitalization program, observation care or SNF? Does the patient transition from the above noted facilities to a community setting such as the patient's home, rest home or assisted living? Does the patient's post-discharge care require moderate to high level complexity medical decision making and management for medical and/or psychosocial problems?

If you answered **yes** to the above questions, it is important for you to be aware of two new service codes that may be utilized to seek reimbursement for your care.

Transitional Care Management (TCM) service codes were developed and implemented January 1, 2013 to improve care coordination, promote outpatient/office care and decrease the risk for readmission.

CPT codes **99495** and **99496** are utilized to report the TCM services which have a number of requirements, restrictions and documentation guidelines that include, but are not limited to, the following:

The TCM codes covers a 30 day period. The period begins with the day of discharge and covers the following 29 days. The service is reported (billed) on day 30 with that date.

Required elements that must be provided and documented:

- Communication/interactive contact with the patient or caregiver within 2 business days of discharge. The communication may be via direct contact, telephone or electronic means
- Medication reconciliation and management - must occur no later than the date of the face-to-face visit, by the physician or advance practice provider
- Face-to-face patient visit within a specific time frame
- Medical decision making that reflects moderate to high complexity

TCM CPT CODES	99495	99496
Face-to face patient visit	within 14 days of discharge	within 7 days of discharge
Medical Decision Making	Moderate to High complexity	High complexity
Reimbursement (AMA estimate)	\$160	\$230

The non- face-to-face communication services may be provided by the physician, clinical staff under the direction of the physician (following the incident to rules), or a qualified health care professional. A number of services are included, such as communications with: patient/caregiver/family members; home health agencies or services; facilitation of access to care and services; education for patient/caregiver/family members; assistance with referrals and follow-ups; and coordination of care.

TCM services

- May be provided and billed by physicians, NP's, PA's, CNS's, CNM's
- May only be reimbursed for one physician/provider during the 30 day period after discharge
- May not be reported for care in a global surgical package
- Are subject to co-insurance and deductible requirements
- May NOT be reported (billed) with codes for care plan oversight, prolonged service, anticoagulation management, ERSD services, medication therapy management services
- May be documented in a number of ways in EPIC – worksheets, note types, tracking tools, etc.

Additional Information: Current Procedural Terminology (CPT) 2013 – Evaluation and Management Section; codes 99495-99496

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-TCMS.pdf/>

