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Risk Coding Tips and Tools

What is Medicare Transitional Care Management (TCM)?

Transitional Care Management (TCM) services address the hand-off period between the inpatient and community setting for Medicare patients.

When does TCM begin?

The 30-day TCM period begins when a physician discharges a patient from an inpatient stay and continues for the next 29 days.

Discharge from any of the following facility settings:

- Inpatient acute care hospital
- Skilled nursing facility/nursing facility
- Long-term acute care hospital
- Hospital observation status or partial hospitalization
- Inpatient rehabilitation facility

What two current procedural terminology (CPT) codes are used to report TCM services?

- CPT code 99495 – Moderate medical complexity requiring a face-to-face visit within 14 days of discharge
- CPT code 99496 – High medical complexity requiring a face-to-face visit within seven days of discharge

What are the requirements/components for TCM?

- The clinical staff (under the provider's direction) should contact the **patient** or caregiver within two business days following a discharge. A minimum of two attempts in this timeframe need to be documented. This contact may be via telephone, email, or a face-to-face visit
  - **If the provider sees a patient within two business days of the patient's discharge, the initial TCM outreaches are not required**
- Conduct a follow-up visit within seven days (CPT code 99496) or 14 days (CPT code 99495) of discharge, depending on the complexity of medical decision making (MDM) involved. The face-to-face visit is part of the TCM service and should not be reported separately (both complexity of MDM as well as follow-up visit days must be met for the code)
- **Documentation required during the visit:**
  - Medicine reconciliation and management
  - Obtain and review discharge information
  - Review the need for pending or new diagnostic tests/treatments and/or follow-up
  - Educate the **patient**, family member, caregiver, and/or guardian
  - Establish or re-establish referrals with community providers and services, if necessary
  - Assist in scheduling follow-up visits with providers and services, if necessary

You can find this resource and others like it in the OHN Risk Coding Corner at www.OrlandoHealth.com/Network/Resources.
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Which health care professionals are allowed to furnish and bill TCM services?

- Physician (any specialty)
- Nurse practitioner (NP)
- Physician assistant (PA)
- Certified nurse midwife
- Clinical nurse specialist (CNS)

Physician Documentation Example

During the visit:
- Check documentation to see that two outreaches occurred within two business days of discharge if you are considering using a TCM bill (if they did not occur then you cannot use a TCM bill, unless you, as the provider, is seeing the patient within two business days)
- Perform medication reconciliation, mark as reviewed
- Document reviewing discharge information, needing treatment/care plan, and education provided to the patient and/or loved ones

Visit note example:
Mr. X is a 68-year-old male presenting today for follow-up after being discharged from the hospital **8 days ago.** The patient was admitted for pneumonia. Clinically, the patient continues to improve symptomatically, is taking all their medications, and having no side effects. Patient has his DME. Patient advised to continue antibiotic and nebulizer treatments. Patient educated on warning signs and symptoms of when to call my office back or to call 911.

Billing: *CPT 99495 is supported due to the moderate complexity of medical decision making and patient being seen within 14 days.*

Centers for Medicare & Medicaid Services. (2022). *Transitional care management services.* HHS.gov. https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/Transitional_Care_Management_Services_Fact_Sheet_ICN908628.pdf

Centers for Medicare & Medicaid Services (2016). *Frequently asked questions about billing the Medicare physician fee schedule for transitional care management services.* CMS.gov. https://www.cms.gov/files/document/billing-faqs-transitional-care-management-2016.pdf

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