

TRANSITIONAL CARE MANAGEMENT (TCM) SERVICES *Effective 01/01/2013*

Codes 99495 and 99496 are used to report transitional care management (TCM) services. These services are for an established patient (when billing Medicare, these codes may be used for a new patient) 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), partial hospital observation status in a hospital, 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 January 1, the billing date is January 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

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

For codes 99495 and 99496, the following are required:

- First interaction with patient or his/her caregiver and must be done within 2 working days of discharge
- Initial face-to-face and must be done within code time frame and include 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

Documentation must include:

- 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 individual may report these services and only once per patient within 30 days of discharge.
- Another TCM may not be reported by the same individual or group for any subsequent discharge(s) within the 30 days.
- The same individual may report hospital or observation discharge services and TCM services.
- The same individual should not report TCM services provided in a postoperative period.

The transition in care is from:

- An inpatient hospital setting
- Partial hospital
- Observation status in a hospital
- Skilled nursing facility/nursing facility

To the patient's community setting:

- Home
- Domiciliary
- Rest home
- Or assisted living

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 are still reportable.
- If another QHP provides TCM services within the post-operative period of a surgical package, modifier 54 is not required.

Disclaimer

The information provided is current as of the date noted above. 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.

