By Jennifer Sprague, CPC, CPF

Maximize Patient Satisfaction and Practice Revenue

Set up your office to successfully bill transitional care management services.

Transitional care management (TCM) CPT® codes were introduced by the American Medical Association in 2013 and were subsequently added as a Medicare benefit to ensure patients who have had a recent inpatient admission and discharge would be seen for follow-up by their care provider in a timely manner. The goal of TCM is to help reduce hospital readmissions. There are some very specific requirements for getting paid for these services, however.

Know What's Required to Bill TCM

The Centers for Medicare & Medicaid Services (CMS) will reimburse participating physicians and advanced practice providers (APPs) for performing TCM services under Medicare Part B, when medically necessary, and when the service requirements are met. The TCM codes are:

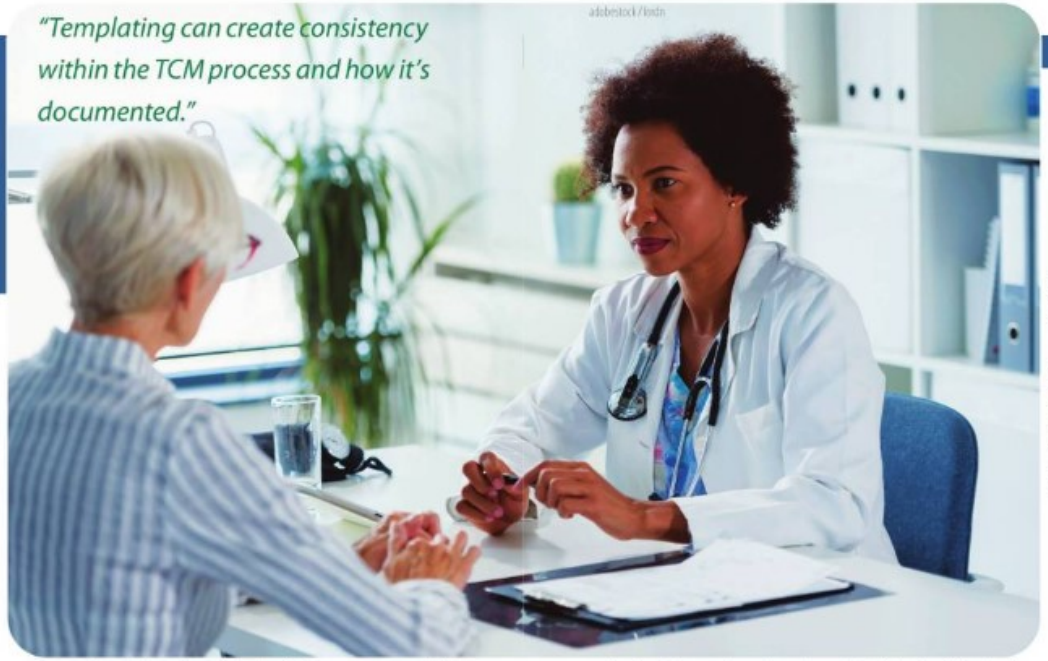
99495 Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge; At least moderate level of medical decision making during the service period; Face-to-face visit, within 14 calendar days of discharge

99496 Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge; High level of medical decision making during the service period; Face-to-face visit, within 7 calendar days of discharge

TCM services consist of two elements: a face-to-face visit and a non-face-to-face service. Both of these elements can be provided via telehealth, but the face-to-face visit must be performed by one of the following professionals:

- Physician of any specialty
- APP of any specialty qualified and authorized to provide services within the state in which they practice medicine (e.g., certified nurse-midwives, clinical nurse specialists, nurse practitioners, and physician assistants).

Per CMS, "The interactive contact must be performed by clinical staff who can address patient status and needs beyond scheduling follow-up care." (MLN Article 908628) The non-face-to-face service may be performed by other clinical staff (e.g., nurse or medical assistant) under the general supervision of the physician or APP, as allowed by law.



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Count the Days

Only one provider may bill for TCM services rendered to a new or established patient per month; the 30-day period begins on the day the patient is discharged.

The physician or APP must communicate with the patient within two **business** days following the day of discharge AND conduct a face-to-face visit within seven to 14 **calendar** days following the day of discharge to submit a claim for TCM using the codes listed above.

Unsuccessful attempts count. CMS states in MLN Article 908628:

> You may report the service if you make 2 or more unsuccessful separate contact attempts in a timely manner (and if you meet the other requirements of the service, including a timely face-to-face visit). Document your attempts in the patient's medical record. Continue trying to contact the patient until you're successful.

Business days are Monday through Friday, even if your practice is open on the weekend. Do not count holidays. For example, if the patient is discharged on a Saturday and the following Monday is a federally recognized holiday, you would have until the end of the day on Thursday to establish interactive contact.

If the provider documents moderate medical decision making (MDM), bill 99495, regardless of whether the face-to-face visit was conducted within seven to 14 days following the discharge date. Also bill 99495 if the provider documents high MDM but conducts the face-to-face visit eight to 14 days following discharge.

Don't Forget Medication Reconciliation and Management

A component of TCM is medication reconciliation and management, which must be performed either prior to or during the face-to-face visit. Forty percent of medication errors occur due to inadequate transitions of care from inpatient settings, resulting in a high rate of hospital readmission.

Medication reconciliation and management consists of the following:

1. Comparing each medication in the care provider's electronic health record (EHR) to each medication the inpatient facility noted on the patient's discharge summary and updating any changes in the care provider's EHR.
2. Performing a comprehensive medication reconciliation includes prescription medications, supplements (herbal, vitamins, and nutritional), over-the-counter medications, and vaccines.

Performing the medication reconciliation and management portion of the TCM code during the interactive contact will allow the patient and care provider more time to discuss other questions or concerns during the face-to-face visit.

Make Sure Documentation is Complete

One of the most efficient ways of capturing the interactive contact is to create a template or document within the EHR. Templating can create consistency within the TCM process and how it's documented. For example, to assist the provider during the visit, you might create a document that asks the following:

- In patient facility's name
- Patient's primary support person
- Date of interactive contact*
- Medical decision making*
- Activities of daily living
- Outside service (home care)
- Discharge date*
- Date of face-to face visit*
- Name of interactive contact provider
- Complete medication reconciliation
- Social determinants of health
- Pain management

The line items with asterisks are the essential bits the payer will want documented. The remaining items ensure comprehensive documentation is obtained. HBM

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Resources

MLN908628 – Transitional Care Management Services

Medication Reconciliation - Patient Safety and Quality - NCBI Bookshelf

CMS FAQs about Billing the Medicare Physician Fee Schedule for Transitional Care Management Services