

## What Practices Need to Know About Transitional Care Management (TCM) Services and Billing

Medicare will reimburse health care professionals for codes that allow for non-face-to-face services provided to patients transitioned from the acute care setting back into the community. Two codes can be used to pay for these services: **CPT 99495** and **CPT 99496**.

Payer	Code	Non-Facility	Facility	Locality
Medicare	99495	\$169*	\$115*	Detroit
Medicare	99495	\$160*	\$110*	Rest of MI
Medicare	99496	\$240*	\$167*	Detroit
Medicare	99496	\$227*	\$159*	Rest of MI
Blue Cross	99495	\$241.44**	\$162.53**	All
Blue Cross	99496	\$273.49**	\$189.05**	All

\*CMS.gov physician fee schedule pricing 04/18

\*\*BCBSM 01/17 physician fee schedule pricing (Many BCBSM plans only reimburse for a visit within 7 days of discharge.)

### What are TCM services?

- Services required during the patients transition to the community setting (home, assisted living, rest home or domiciliary) after a discharge.
- The provider accepts care of the patient post discharge without a GAP in care.
- The provider takes responsibility for the patient's care.
- The patient has complex medical and/or psychosocial problems that require moderate or high complexity medical management.

### When is the TCM service period?

- The **30** day period starts the day of discharge from the hospital and continues for the next 29 days.
- Only **1** provider may bill for TCM services.
- The first eligible claim submitted after discharge will be paid.
- Other reasonable and necessary Medicare services may be billed with the appropriate E/M codes during the 30 day period.

### Who can provide TCM services?

- Physicians (any specialty)
- Certified Nurse Midwives
- Clinical Nurse Specialists
- Nurse Practitioners
- Physician Assistants

### Which discharges are eligible for TCM services?

- Inpatient acute care
- Hospital outpatient observation
- Skilled nursing facility
- Inpatient rehabilitation facility

- In-patient psychiatric hospital
- Long term care hospital

### What are the necessary components to bill for TCM services?

1. An **interactive contact** within **2 business days** of discharge from a facility. The communication may be a phone call, email, or face to face evaluation. A successful contact involves direct exchange of information (via telephone, email or face-to-face) with the patient and medical direction given by the clinical staff. (A voicemail message or an email without a response **DOES NOT** qualify.) Attempts to communicate should continue after the first 2 failed attempts in the required 2 business days until an interactive contact is achieved. (You may still report the TCM service for the face-to-face visit if you have 2 or more documented attempts at contacting the patient but never interact with the patient.)
2. Certain **non-face-to-face services** (activities you or your staff may need to complete which do not require an office evaluation): You or your staff must furnish non-face-to-face services to the patient unless you determine they are **NOT** medically necessary.

**Non-face-to-face Services provided by a physician may include:**

- a. Obtain and review discharge information or continuity of care documents.
- b. Review need for follow up on pending diagnostic tests and treatments.
- c. Communicate with health care professionals who will assume or reassume care of system-specific conditions.
- d. Provide education to the patient and family/caregiver.
- e. Assist in scheduling other necessary referrals or community health services.

**Non-face-to-face Services provided by licensed clinical staff under the direction of a physician may include:**

- a. Communicate with patient or caregiver.
- b. Communicate with home health agencies or other community services used by the patient.
- c. Provide education to the patient and family/caregiver to support self-management, independent living and activities of daily living.
- d. Assessment and support for treatment regimen adherence and medication management.
- e. Identify available community and health resources.
- f. Assist the patient and or family in obtaining needed care and health services.

3. A **face-to-face** visit: The visit must occur within the 30 day timeframe. The location of the face-to-face is not specified.

CPT coding for visit:

**99495** TCM services with **moderate** medical decision complexity and a face-to-face visit within **14 days** of discharge

**99496** TCM services with **high** medical decision complexity and a face-to-face visit within **7 days** of discharge

**Elements for Medical Decision Making**

2 of 3 elements must be met or exceeded

Type of Decision Making	# of Diagnoses and or Management Options	Amount and/or Complexity of Data Reviewed	Risk of Significant Complications and Morbidity/Mortality
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Moderate Complexity	Multiple	Moderate	Moderate
High Complexity	Extensive	Extensive	High

4. **Medication Reconciliation and Management** must be completed by the date of the face-to-face visit. (The face to face visit must occur within the 30 day timeframe.)
5. **Telehealth Services:** Effective for services furnished on or after January 1, 2014, you may bill CPT codes 99495 and 99496 via a telecommunications system.

### What are the rules for Billing TCM Services?

- Only ONE health care professional may bill TCM services.
- Bill for TCM services once for the patient during the TCM period. If a second visit is necessary during the 30 day period, it should be billed separately (e.g. as a regular E/M service)
- The same health care professional may discharge the patient from the hospital or observation unit and bill TCM services. The face-to-face visit may NOT take place the day of discharge.
- Necessary evaluation and management (E/M) services to care for the patient's clinical issues should be billed separately during the 30 day period.
- You may not bill TCM services within a post-operative global period for a procedure code billed by the same practitioner.
- When you bill CPT codes 99495 and 99496 for Medicare payment you can NOT bill for care plan oversight services (HCPCS codes G0181 and G0182) or for CCM services during the 30 day period.
- You must document the following information in the patient's medical record:
  1. Date patient was discharged
  2. Date you made an interactive contact with the patient and/or caregiver
  3. Date you furnished the face-to-face visit
  4. The complexity of medical decision making
- If a patient is readmitted prior to the 30 day period post discharge, TCM services can only be billed following the second discharge by the same physician from the initial discharge.
- If the patient dies prior to the completion of the 30 day period post discharge, physicians should NOT bill for TCM services. If a face-to-face visit occurred, it can be billed under the appropriate E/M code.
- If more than one physician bills for TCM services during the 30 day period post discharge, Medicare will only pay the first eligible claim. Other physicians may bill for necessary services including E/M services during the 30 day period.
- TCM codes can be utilized on new or established patients.
- A nurse can complete the medication reconciliation. A physician needs to order any additions or deletions to the medication list.
- TCM services are subject to co-insurance and deductible under Medicare.

#### **DISCLAIMER**

The information on this page is provided as an information resource only, and is not to be used or relied on for any billing, coding, diagnostic or treatment purposes. The physician is solely responsible for patient care, documenting patient care, encounter information, billing, selection of diagnostic codes, selection of procedure codes, selection of HCPCS codes, selection of ICD-9 codes, selection of CPT codes, etc. The Physician Alliance, LLC makes no express or implied representations or warranties, and assumes no responsibility for the accuracy of the information contained on or available on this document. This document is subject to change without notice.

#### Sources:

CMSMedLearnMatters: TCM Fact Sheet <https://www.cms.gov/.../Transitional-Care-Management-Services-Fact-Sheet-ICN908628.pdf>  
<https://www.acponline.org>