

## Transitional Care Management

### All Payor Information for During COVID-19 Public Health Emergency

Older adults with multiple chronic conditions complicated by other risk factors experience multiple challenges in managing their healthcare needs, especially during episodes of acute illness. Identifying effective strategies to improve care transitions and outcomes for this population is essential.

#### TCM Billing Codes

99495	99496
moderate medical complexity requiring a face-to-face ( <b>telehealth</b> ) visit within 14 days of discharge (\$180)	high medical complexity requiring a face-to-face ( <b>telehealth</b> ) visit within 7 days of discharge (\$237)

#### Billing TCM Services Information

- TCM services can be billed for **new and established** patients.
- Only **one** health care professional may report TCM services.
- Bill services **once** during the total TCM period.
- The same health care professional may discharge the beneficiary from the hospital, report hospital or observation discharge services, **and** bill TCM services.
- Providers can bill for new problems (UTI/injury etc.) that develop during the 30-day period with the codes for E/M services.
- You may not bill TCM services and services within a post-operative global surgery period.
- If the patient is readmitted during the 30 day period, they do not receive the TCM reimbursement.

**When you report CPT codes 99495 and 99496, do not report the following codes during the TCM service period:**

- Care Plan Oversight Services:
  - **Codes 99374 - 99380**
- Home health or hospice supervision:
  - **Codes G0181 and G0182**
- End-Stage Renal Disease services:
  - **Codes 90951–90970**
- Chronic Care Management (CCM) services: (CCM and TCM service periods cannot overlap)
  - **Codes 99490, 99491, 99487, 99489**
- Prolonged E/M Services Without Direct Patient Contact
  - **Codes 99358 and 99359**

#### Documentation Requirements

**At a minimum, document the following information in the beneficiary's medical record:**

- Beneficiary discharge date
- Beneficiary/Care Giver interactive contact date
- Face-to-face (**or now available telehealth**) visit date
- Medical complexity decision making (moderate or high)
- The 30-day TCM period begins on the beneficiary's inpatient discharge date and continues for the next 29 days.

#### Requirements and Components for TCM

1. Contact the beneficiary or caregiver within two business days following a discharge. The contact may be via telephone, email, or a face-to-face visit. Attempts to communicate should continue after the first two attempts in the required business days until successful.
2. Conduct a follow-up visit within 7 or 14 days of discharge, depending on the complexity of medical decision making involved. The face-to-face (**or now available telehealth**) visit is part of the TCM service and should not be reported separately.
3. Medicine reconciliation and management must be furnished no later than the date of the TCM visit.
4. Obtain and review discharge information.
5. Review the need for and/or follow up on pending test/treatments.
6. Educate the beneficiary, family member, or caregiver.
7. Establish or re-establish with community providers and services.
8. Assist in scheduling follow-up visits with providers and services.