Purpose

This resource is intended for home-based primary care (HBPC) providers and practice staff and defines the face-to-face documentation requirements for Transitional Care Management (TCM) visits and serves as a reference when creating visit templates or building components into an Electronic Health Record (EHR). All content was gathered utilizing Centers for Medicare & Medicaid Services (CMS) guidelines, which should be reviewed for full details about TCM.

99495 - TCM services with moderate Medical Decision Making complexity

- Report this Evaluation and Management (E/M) code for the face-to-face visit.
- The patient must be seen within 14 calendar days of discharge.
- The visit must require moderate Medical Decision Making (MDM).
- Interactive contact by a clinical staff member must occur within two business days of discharge.

99496 - TCM services with high Medical Decision Making complexity

- Report this Evaluation and Management (E/M) code for the face-to-face visit.
- The patient must be seen within 7 calendar days of discharge.
- The visit must require high Medical Decision Making (MDM).
- Interactive contact by a clinical staff member must occur within two business days of discharge.

CMS requires, at a minimum, the following information be documented in the beneficiary’s medical record:

- The date on which the patient was discharged.
- The date on which the provider contacted the patient and/or caregiver.
- The date on which the provider furnished the face-to-face visit.
- The documentation must support the overall complexity of MDM being moderate or high.

Along with the face-to-face visit, CMS expects the following services to be rendered as part of TCM unless the provider determines they are not medically necessary. The clinical staff may assist with certain non-face-to-face services:

- Obtain and review discharge information, such as the discharge summary or inpatient records.
- Complete a comprehensive medication reconciliation, inclusive of a review of all medications in order to reconcile discharge medications with home medications, ensure necessity, and to check for interactions. Clinical staff may begin the process during the interactive contact, which occurs within two business days of discharge, however, the provider is responsible for completing the process during the visit.

• Review the need for follow-up on any pending orders such as diagnostic tests or treatments.
• Communicate with other health care professionals who also have a responsibility in the patient’s care.
• Provide education to the patient and/or caregiver.
• Establish or re-establish referrals to any needed community resources.
• Assist with scheduling required follow-up with community services or providers.

For concurrent billing, you may not bill for TCM services during the same service period as:
• Care Plan Oversight Services (99339, 99340, 99374-99380)
• Home Health and Hospice Supervisions (G0181, G0182)
• End-Stage Renal Disease Services (90951-90970)
• Chronic Care Management Services (99490, 99487, 99489)
• Prolonged E/M Services without Direct Patient Contact (99358-99359)
• Within a Global Postoperative Period
• Home and Outpatient INR Monitoring (93792, 93793)
• Medical Team Conferences (99336-99368)
• Education and Training (98960-98962, 99071, 99078)
• Telephone Services (98966-98968, 99441-99443)
• Online Medical Evaluation Services (98969,99444)
• Preparation of Special Reports (99080)
• Analysis of Data (99090,99091)