

Transitional Care Management Face-To-Face Visit Requirements

Purpose

This resource for home-based primary care (HBPC) providers and practice staff defines the face-to-face documentation requirements for Transitional Care Management (TCM) visits and is intended to serve as a reference when creating visit templates or building components into an Electronic Health Record (EHR). This resource was developed utilizing Centers for Medicare & Medicaid Services (CMS) guidelines and requirements and can be referenced for further details.

CPT Code 99495 - TCM services with moderate Medical Decision Making complexity

- Report this Evaluation and Management (E/M) code for the post-discharge 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.

CPT Code 99496 - TCM services with high Medical Decision Making complexity

- Report this Evaluation and Management (E/M) code for the post-discharge 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.

Service must meet or exceed two of the three medical decision making elements to qualify as an established type of medical decision making. Providers should not report an E/M code in addition to the TCM CPT code. 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's office 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.

Elements for Medical Decision Making

Types of Decision Making	Diagnoses & Management Options Possible	Data Amount & Complexity	Significant Complications, Morbidity, & Mortality Risk
Straightforward	Minimal	Minimal or None	Minimal
Low Complexity	Limited	Limited	Low
Moderate Complexity	Moderate	Moderate	Moderate
High Complexity	Extensive	Extensive	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 healthcare 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:

- Within a Global Postoperative Period
- Medical Team Conferences (CPT Codes 99336-99368)
- Education and Training (CPT Codes 98960-98962, 99071, 99078)
- Telephone Services (CPT Codes 98016)
 - CPT Code 98966 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
 - CPT Code 98967 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
 - CPT Code 98968 - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
 - Do not report CPT Codes 98966-98968 during the same month with Principal Care Management (PCM) 99426, 99427; Chronic Care Management (CCM) 99439, 99487, 99489, 99490, 99491; Advanced Primary Care Management (APCM)
 - Do not report CPT Codes 98966, 98967, 98968 in conjunction with 93792, 93793)
- To view a list of other care management services that can be billed concurrently with TCM services, please visit CMS – Transitional Care Management Service MLN Booklet


Billing Transitional Care Management Services

- Only one physician or Non physician practitioner (NPP) may report TCM services
- Services are reportable **ONLY** once per patient during the TCM period
- The same health care professional may discharge the patient from the hospital, report hospital or observation discharge services, and bill TCM services. However, the required face-to-face visit cannot take place on the same day discharge day management services are reported
- Report reasonable and medically necessary E/M services (not required face-to-face visit) to manage the patient's clinical issues separately



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