EDUCATIONAL SERIES: TRANSITION CARE MANAGEMENT (TCM)

With the new 2013 CPT updates and fee schedule came two new Evaluation & Management (E&M) codes for Transitional Care Management (TCM) services. Centers for Medicare and Medicaid Services (CMS) (as well as other carriers) are still unsure on the exact requirements for these codes but are continually working on developing rules/procedures. Based on the research we have accumulated thus far, see our take on the codes below. Providers should continue to watch for more information as new guidelines are published for these codes in the coming weeks.

Transition Care Management Services (99495-99496) *(billed 30 days after discharge)*

These services are for new or established patients whose medical and/or psychosocial problems require moderate or high complexity medical decision making (MDM) **during transitions in care**

- **From:** an inpatient hospital setting, partial hospital, observation status in a hospital, or skilled nursing facility/nursing facility
- **To:** the patient’s community setting.

TCM is comprised of one required face-to-face visit within the specified time frames, in combination with non-face-to-face services that may be performed by the physician other qualified health care professional under his/her direction. The first face-to-face visit is part of the TCM service and is not billed separately; however, additional E&M services after the first face-to-face visit may be billed separately. Note that providers who administer services with a 10 or 90 day GSP may not bill both the GSP post service and the TCM service. (MEDDATA sent as a Q&A as this topic requires more clarity and examples)

TCM requires an interactive contact with the patient (or caregiver) within 2 business days of a discharge from the above, interactive contact may be direct, phone, or by electronic means and medication reconciliation must occur no later than the date of the face-to-face visit. (Two business days is defined as Monday-Friday except holidays without respect to normal practice hours or date of notification of discharge.) The contact must include capacity for prompt interactive communication addressing patient status and needs, i.e., more than simply ‘scheduling follow-up care’. If two or more separate unsuccessful contact attempts are made and documented within the 2 business days and other TCM criteria are met, the TCM codes may still be billed.

To meet the 2 business day contact requirement, Primary Care Providers should initiate and/or improve relationships with nearby hospitals and hospitalists to coordinate a method/protocol of admission/discharge notifications. Primary Care Providers should promote their practice as being a solution to preventable readmissions.

Medical Decision Making (MDM) as well as the date of the first face-to-face visit is used to select and bill the appropriate TCM code **at day 30**. Providers must review the services that are included in the TCM codes (listed below) as these services cannot be billed separately during the time period covered by the TCM code **billed at day 30**.

If the patient is discharged then readmitted before 30 days have passed, or if the patient is admitted to a hospice facility during the 30 calendar day period, the Primary Care Provider cannot bill the TCM code. In these scenarios, provider should bill an E&M code for any face-to-face service provided. The discharging physician can bill the TCM code **at day 30** for all follow-up care but cannot bill for the discharge day management (99238/9) and the face-to-face visit on the same day that is included in the TCM. (MEDDATA sent as a Q&A as this topic requires more clarity and examples)
TCM commences upon the date of discharge and continues for the next 29 calendar days. Only one individual (provider) may bill the TCM code and only once per patient within 30 calendar days of discharge. If multiple providers submit a claim for the TCM services provided to a patient during the 30 calendar day period following discharge, Medicare will pay the first claim that it receives that otherwise meets its coverage requirements.

99495 Transitional Care Management Services (MDM of Moderate Complexity):
- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days post-discharge.
- Medical decision making of at least moderate complexity during the service period.
- Face-to-face visit, within 14 calendar days post-discharge.
- Medicare Fee Schedule: $152.02*

99496 Transitional Care Management Services (MDM of High Complexity):
- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days post-discharge.
- Medical decision making of high complexity during the service period.
- Face-to-face visit, within 7 calendar days post-discharge.
- Medicare Fee Schedule: $214.76*

The TCM code includes:
- Care Plan Oversight Services
- Medical Team Conferences
- Telephone Services
- On-Line Medical Evaluation
- Analysis of Data
- TCM when reporting Complex Chronic Care Coordination (CCCC)
- Complex Chronic Care Coordination (CCCC) when reporting TCM
- Prolonged Services Without Direct Patient Contact

TCM billing:

<table>
<thead>
<tr>
<th>Documented contact/attempts within 2 business days</th>
<th>MDM of:</th>
<th>Zero billed Face-to-Face Visit Within:</th>
<th>Date TCM Service is Billed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>7 Days</td>
<td>8-14 Days</td>
</tr>
<tr>
<td>Moderate Complexity</td>
<td>99495</td>
<td>99495</td>
<td></td>
</tr>
<tr>
<td>High Complexity</td>
<td>99496</td>
<td>99495</td>
<td></td>
</tr>
</tbody>
</table>

Resources:
- 2013 CPT book, pgs 45-46
- Part B News
  - 11/19/12: Determine feasibility of billing transitional care management codes in 2013
  - 12/17/12: Help me help you: Approach hospitals to improve coordination, bill new TCM codes
  - 01/14/13: Report codes 30 days after discharge, watch timing of face-to-face visit
- ACP Online: [www.acponline.org/running_practice/payment_coding/medicare/](http://www.acponline.org/running_practice/payment_coding/medicare/)

Contact Software Support for assistance or any questions via:
- Email: Double click on ‘support@medtronsoftware.com’ from sign-on screen
- Phone: (985) 234-0599 (local), (800) 978-0599 (toll free)
- Fax: (985) 234-0609
TCM flowchart to assist in selecting correct codes and meeting all requirements:

Patient with hospital stay, discharged (date): ______________
Discharged by:

PCP

Other Provider
(Notification sent to PCP via hospital census, phone, etc.)

Patient contacted (or attempted) within 2 business days of discharge

1st Attempt:
Method: Phone / Email / In Person
Date/Time: ______________
Spoke to: _______________

2nd Attempt:
Method: Phone / Email / In Person
Date/Time: ______________
Spoke to: _______________

EHR Action: Add notes to Facesheet tab, Notes tab, Telephone Notes section

STOP
TCM code cannot be billed

Appointment scheduled within 2-14 days after discharge
Appt Date/Time: ______________
EHR Action: Schedule ‘billing’ appointment 30 days from discharge date, should be same as ‘Bill date’ (noted below)

STOP
TCM code cannot be billed

Medication reconciliation and management performed

STOP
TCM code cannot be billed

Obtained and reviewed discharge information

STOP
TCM code cannot be billed

MDM of moderate or high complexity
Refer to E&M Resources

STOP
TCM code cannot be billed

High MDM

Moderate MDM

7 days after discharge
Bill 99495

14 days after discharge
Bill 99495

7 days after discharge
Bill 99495

14 days after discharge
Bill 99495

CAUTION:
TCM services cannot be billed until 30 days post-discharge
Bill Date: ______________ TCM code: □ 99495 □ 99496

Discharge date + 29 days = TCM Bill date
(Bill date = date of service used for TCM code)

EHR Action: Date of first post-discharge face-to-face, use E&M scoreboard and select 99024, ‘zero bill’ visit, update day 30 appointment note with qualifying TCM code and diagnosis codes

EHR Action: Date of face-to-face ‘zero bill’ visit, complete as per standard office visit encounter template

EHR Action: At 30 day appointment, approve charges for billing with correct TCM code and diagnosis codes
MEDEHR clients, to capture TCM charges:

Setup EHR to bill TCM codes:
- create two (2) new appointment types for TCM management
  - TCM Face-to-Face (zero bill) encounter
  - TCM Non Face-to-Face (billing of 99495 or 99496) encounter
- create EHR encounter template with requirements for billing TCM codes on day 30
- update provider/practice available times to 1 hour earlier to accommodate TCM billing appointments
  - update appointment slot to only allow TCM appointment types as created above
When notification received by Primary Care Provider from Hospital/Hospitalist of patient discharge:

Primary Care Provider/Staff**:

- Immediately make two (2) attempts to contact patient to manage care and schedule**
  - must happen within the first two (2) business days after discharge
  - document contact and attempts by adding notes with contact information to Facesheet tab, Notes tab, Telephone Notes section (TCM billing may still be eligible as long as two documented contact attempts were made and face-to-face visit is scheduled)

- Schedule** face-to-face ‘zero bill’ appointment **DO NOT RESCHEDULE PAST THE 14 DAY MARK**
  - to be seen within 7 days, i.e., if discharge date was March 8th, schedule before March 15th
  - to be seen within 14 days, i.e., if discharge date was March 8th, schedule before March 21st
  - add appointment note: TCM billing – zero bill (will show via Facesheet tab)

- add reason for visit: TCM billing – zero bill, Discharge date MMDDYY (will show via Encounter Mgmt tab, under Chief Complaint)

- use appointment type: TCM Face-to-Face
• schedule non face-to-face ‘billing’ appointment, 30 days from discharge date (bill date for TCM code)
  ▪ add appointment note: TCM billing only (will show via Facesheet tab)
  ▪ add reason for visit: TCM billing only - discharge date MMDDYY (will show via Encounter Mgmt tab, under Chief Complaint)
  ▪ use appointment type: TCM Non Face-to-Face
  ▪ schedule for 7:00 am 30 days after discharge date (discharge date + 29 days = 30 day appointment, i.e., if discharged on March 8th, add 29 days and billing appointment would be scheduled for April 7th)

Day of face-to-face ‘zero bill’ visit (patient will display on Dashboard tab at scheduled appointment time):

• check-in patient
• follow standard office procedures for completing an office visit encounter template
  ▪ use E&M scoreboard to calculate level of MDM
  ▪ update E&M code to 99024 (zero bill) via E&M scoreboard ‘Correct E&M Code’ section
  ▪ check patient out and approve for billing (confirm code 99024)
• update reason for visit on previously scheduled 30 day TCM ‘billing’ appointment
  ▪ add/confirm discharge date
  ▪ add correct TCM code to bill
    o 99496 – if face-to-face ‘zero bill’ visit was within 7 days with high MDM
    o 99495 – if face-to-face ‘zero bill’ visit was within 14 days with moderate/high MDM
  ▪ add diagnosis codes used from face-to-face ‘zero bill’ visit
    (typically the conditions that the patient had at time of discharge that required TCM services)
TCM bill date (non face-to-face visit) (patient will display on Dashboard tab at 7:00 am):
- check-in patient
- follow standard office procedures for completing an encounter template
  - use TCM Billing Non Face-to-Face encounter template
  - select correct TCM code according to reason for visit (shown under chief complaint)
  - add diagnosis codes from reason for visit (or face-to-face visit) to Diagnosis Tab
  - check patient out and approve for billing (confirm code 99495/99496)

**Request MDS created smart form to document TCM workflow that can be scanned to patient's EHR record.**