



Transitional Care Management (TCM)

Presented by Noridian Part B Medicare
Provider Outreach and Education
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Objectives

- To understand Transitional Care Management and how it works
- Comprehend a better insight on the changes
- Learn about changes to the provision
- Reduce the Paid Claim Error Rates

Agenda

- Transitional Care Management Concept
- Codes assigned
- Settings
- TCM Components
- Medical Decision Making
- Billing and Documentation Requirements

Transitional Care Management Concept

- The “physician” (MD, DO, NP, PA CNS, or CNM) is to “oversee management and coordination of services, as needed, for all medical conditions, psychosocial needs and activity of daily living support...” for the full 30 day post discharge

MPFS Final Rule

CPT Code

- CPT 99495
 - Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of post-discharge
 - Medical decision making of at least **moderate complexity** during the service period
 - Face to face visit within 14 calendar days of discharge

CPT Code

- CPT 99496
 - Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge
 - Medical decision making of **high complexity** during the service period
 - Face to face visit within 7 calendar days of discharge

CPT Code 99495/99496

- Communication within 2 business days
 - Documentation of unsuccessful attempts with continuing efforts until successful
- Medical Decision Making
 - Documented medical and/or psychosocial problems of moderate or high complexity
- Face-to-face-visit
 - Post-discharge, within 7 or 14 calendar days
- Medication reconciliation and management documented
 - No later than the date of face-to-face visit
- Thirty day period begins on the day of discharge

Transitional Care Management (TCM) Services

- To report for patient following discharge from:
 - Inpatient Acute Care Hospital
 - Inpatient Psychiatric Hospital
 - Long Term Care Hospital
 - Skilled Nursing Home
 - Inpatient Rehabilitation Facility
 - Hospital Outpatient Observation or Partial Hospitalization
 - Partial Hospitalization at a Community Mental Health Center

TCM Service Settings

- Following discharge to patient's community setting
 - To patient's home
 - Domiciliary
 - Rest home
 - Assisted living
 - Nursing Facility (not a Skilled Facility)

Transitional Care Management

- Both 99495 & 99496
 - Payable only once in the 30 days following a discharge
 - Per patient, per discharge
 - By a single community physician or qualified non-physician practitioner
 - Who assumes responsibility for patient's post discharge TCM service
 - Bill using the date of the face to face visit

TCM Components

- After Interactive Contact
 - Non-face-to-face Service
 - Obtain and review discharge information
 - Review need for diagnostic tests and treatments
 - Interact with other health care professionals
 - Provide education to patient, family or caregiver
 - Establish referrals and arrange community resources
 - Assist in scheduling follow up with providers

TCM Components

- Services Furnished (Licensed Clinical Staff under direction of Physician)
 - Communicate with agencies and services used by the patient
 - Provide education to support self management, independent living
 - Assess and support treatment regimen
 - Identify available community resources
 - Assist patient and family in accessing care and services

TCM Components

- Face-to-Face Visit by Physician
 - Part of TCM and not reported separately
 - Any other follow up visits during 30 days can be billed separately
 - Assume responsibility for the patient's post-discharge service
 - Bill using the 7th or 14th day as the date of service
 - Only one health care professional may report TCM service

Medical Decision Making

- Consider the following factors
 - Number of possible diagnoses
 - Number of management options
 - Amount and complexity of medical records
 - Risk of significant complications, morbidity and or mortality

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Billing Transitional Care Management Services

Billing Requirements

- Only one professional may report
- Report once during the TCM period
- Discharging physician may bill for TCM services
- Subsequent E/M services other than required face to face visit
 - Bill E/M separately
- May not bill TCM service if within a global period of a procedure

Billing Requirements

- If billing TCM services, do not bill
 - Care plan oversight
 - HCPCS Codes G0181 and G0182
 - End Stage Renal Disease (ESRD) services 90951-90970
 - Home health agency services

Transitional Care Management

- Do not report
 - 90951-90970
 - 98960-98962
 - 98966-98969
 - 99071
 - 99078
 - 99080
 - 99090-99091
 - 99339-99340
 - 99358-99359

- Do not report
 - 99363-99364
 - 99366-99368
 - 99374-99380
 - 99441-99444
 - 99605-99607

Documentation Needed

- Date the patient was discharged
- Date of interactive contact
- Date of face-to-face visit
- Complexity of medical decision making
 - Moderate
 - High

Information Needed to File Claim

- Date of Service
 - Date of the 7th or 14th day visit after discharge
- Place of Service
 - Place where the face to face visit was done
- Patient discharged prior to January 1, 2013
 - No TCM service billable
 - First payable date of service is January 30, 2013

Information Needed to File Claim

- Patient readmitted within 30 day period
 - Bill for a second TCM service after the TCM criteria is met
 - All services described in the code are furnished
 - No other provider bills for the first 30 days
- Patient dies during the 30 day period
 - TCM should not be billed
 - Face to face visit may be billed using E/M code

Information Needed to File Claim

- Practitioners under contract with physician
 - Follow “incident to” requirements
- Other medically necessary billable service
 - Other than services stated earlier, allowable to bill separately

Reason for Denials

- If following all guidelines and claim denied
 - Another provider has billed for the TCM
 - Not the 7th or 14th day
 - Hospital has not billed yet

Questions Asked

Can practitioners under contract to the physician billing for the TCM service furnish the non-face-to-face component of the TCM?

- Must follow “incident to” rules
- Appropriate supervision
- State law and scope of practice applies

Questions Asked

- During the 30 day period of TCM, can other medically necessary billable services be reported, like Chronic Care Management (CCM).
 - Only if the TCM service period ends before the end of a given calendar month
 - 20 minutes of qualifying CCM service
 - All other CCM billing requirements are met



Test Your Knowledge

Test Question

- Q1. If a patient is discharged on Monday 12/12 at 4:30 pm, on what day should the phone call be made?
- Tuesday 12/13
- Wednesday 12/14
- Any day

Test Question

- Q2. When should the appointment be scheduled for the 7th day face to face visit if the discharge was on Wednesday 12/14?
- Tuesday 12/20
- Wednesday 12/21
- Any day prior to or on the 7th day

Test Question

- Q3. A Medical Assistant or a Registered Nurse can do the non face-to-face call.
- True
- False

Resources

- Eight page TCM Booklet
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN908628.html>
- CMS FAQs
 - <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-TCMS.pdf>

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NOTEWORTHY INFORMATION

CEU Process Reminder

- When registering, add additional attendees
 - First and last names
- Attend entire workshop
 - Q/A attendance required
- Take short polling survey
 - **After** closing out of webinar
- CEU emailed 3 days after presentation
 - Earn 1.0 CEU
 - No password or index number needed
 - All providers may use CEU certificate
 - Certificate of Attendance no longer available



Questions?

Thank you!