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Version: #1

- Purpose:** Provide Physicians and APPs/QHPs (Includes: MD, DO, NPPs, Certified Nurse Midwives, Clinical Nurse Specialists, Nurse Practitioners, Physician Assistants) billing and documentation guidance for TCM services. TCM includes services provided to patients requiring moderate or high-complexity medical decision making (based on medical and/or psychosocial problems) during a transition of care (TOC) and return to community setting (e.g., home, assisted living, rest home) over the course of 29 days. TCM services have been proven to decrease readmission and improve patient outcomes.

Note: Audio-video visits may be conducted. Document in the EHR as if the telehealth visits were an in-person visit. Include the time spent and any deviation in the service because the visit was not performed in-person. All care provided via telehealth should be documented in the EHR. Coding and billing for tele-video visits are to follow current processes for in-person visits per current payer guidance.

Qualifying TOC settings:	Initial Communication must be completed within two business days:	Current Procedural Terminology (CPT) codes:				Initial Communication Documentation:	Coder Information:		
<ul style="list-style-type: none">Inpatient acute care hospitalObservation status in a hospitalLong-term care hospital (LTAC)Skilled nursing facility (SNF)Inpatient rehabilitation facilityInpatient psychiatric hospitalHospital outpatient observation or partial hospitalizationPartial hospitalization at a community mental health center	<p>May be done by direct contact face-to-face (F2F), telephone, or electronic means. Services may be provided by clinical staff (e.g., RN, LPN, pharmacist) under direction of physician, APP or QHP and may include:</p> <ul style="list-style-type: none">Review discharge information/continuity of care documents.Identify need for and/or follow up on pending diagnostic tests & treatmentsIdentify patient needs, support for treatment regimen adherence, & med managementIdentify, communicate, & facilitate access to care & services with other QHP, agencies, community services, & health resourcesEducate patient, family, guardian and/or caregiver	99495 (2.36 wRVUs: Increase from CY19 by 0.25) - TCM (medical decision-making of at least moderate complexity) requires:	99496 (3.10 wRVUs: Increase from CY19 by 0.05)- TCM (medical decision-making of high complexity) requires:			<ul style="list-style-type: none">Discharge dateDate of interactive contact and/or attempts to contact the beneficiary and/or caregiver within 2 business daysMed reconciliation, assessment, interventions, & plan of care <p><u>Physician/APP Encounter Documentation:</u></p> <ul style="list-style-type: none">F2F/telehealth visit dateConsent to participate in a telemedicine visit using audio & visual technologyMedication reconciliationDocumentation supports the E/M service	<p>CPT codes that cannot be billed concurrently (updated from 2019):</p> <ul style="list-style-type: none">Care plan oversight services (99339, 99340, 99374-99380)Home health/hospice supervision: HCPCS codes G0181 & G0182Prolonged services without direct patient contact (99358, 99359)Medical team conferences (99366-99368)Education & training (98960-98962, 99071, 99078)Telephone services (98966-98968, 99441-99443)ESRD services (90951-90970)Online medical evaluation services (98969, 99444)Preparation of special reports (99080)Analysis of data (99091)Complex chronic care coordination services (99487, 99489)Med therapy management services (99605-99607)		
		<ul style="list-style-type: none">Initial communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge (Monday-Friday, except holidays).If two or more separate attempts are made in a timely manner, but are unsuccessful and other TCM criteria are met, the service may be reported.Face-to-face or telehealth visit within 14 days of dischargeMedication reconciliation and managementDate of service reported on the claim is the date of the face to face visit or telehealth visit. Claims may be submitted after the visit is completed	<ul style="list-style-type: none">Initial communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge (Monday-Friday, except holidays)If two or more separate attempts are made in a timely manner, but are unsuccessful and other TCM criteria are met, the service may be reported.Face-to-face or telehealth visit within 7 days of dischargeMedication reconciliation and managementDate of service reported on the claim is the date of the face to face or telehealth visit. Claims may be submitted after the visit is completed						
		Insurance Payers: Medicare, Medicare Advantage / Commercial & Medicaid plans may vary by region							
		For Comparison –to standard Evaluation & Management WRVUs							
		99211 (Established pt.)		0.18 wRVUs	99214 (Established pt.)			1.50 wRVUs	
		99212 (Established pt.)		0.48 wRVUs	99215 (Established pt.)			2.11 wRVUs	
		99213 (Established pt.)		0.97 wRVUs					

Transitional Care Management Practice Workflow Example

Adapted from IHA of Ann Arbor practice workflow

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