

Care Management: Transitional Care Management

2/24/2022





Today's Presenters

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Objectives

- Care Management: Making all-inclusive care plan a reality
- By offering these sessions, we hope that our J6 and JK providers have a better understanding on codes available that describe care management

Agenda

- Care Management Continued Series
 - Advanced Care Planning
 - Behavioral Health Integration
 - Cognitive Assessments
 - Principle Care Management/Chronic Care Management
 - Transitional Care Management
- General
- Coding
- Billing
- Documentation
- Resources

Care Management Team



Care Management: Transitional Care Management

Transitional Care Management: General

- TCM services are covered by Medicare during the beneficiary's transition to the community setting following particular kinds of discharges
 - New and/or established patients
 - Commences on date of discharge and continues for the next 29 days

Transitional Care Management: General

- Health care professional to oversee management and coordination of services, as needed, for all medical conditions, psychosocial needs, and activity of daily living support for full 30 day post discharge
- TCM is comprised of one face-to-face visit within specified timeframes, in combination with non-face-to-face services that may be performed by physician or other qualified health care professional and/or licensed clinical staff under physician/NPP direction

Health Care Professionals Who May Furnish TCM Services

- Physicians (any specialty)
- The following NPPs legally authorized and qualified to provide services in the state in which they are furnished
 - CNM, CNS, NP, PA
 - CNMs, CNSs, NPs and PAs may furnish non-face-to-face TCM services incident to **services of a physician and other CNMs, CNSs, NPs and PAs**

Supervision

- TCM codes are care management codes
 - Auxiliary personnel may provide the non-face-to-face services of TCM under general supervision of the physician or NPP under applicable state law and scope of practice, and the PFS “incident to” rules and regulations
 - CNMs, CNSs, NPs, and PAs, may also provide the non-face-to-face services of TCM incident to the services of a physician

TCM Services Provided By Auxiliary Personnel Under Physician or NPP General Supervision

- Non-face-to-face services
 - Communicate with patient, agencies and community service providers
 - Educate patient, family, guardian or caregiver to support self-management, independent living, and activities of daily living
 - Assess and support treatment adherence
 - Identify available community health resources
 - Help the patient and family access needed care/services

Transitional Care Management: Coding

- 99495: TCM with the following required elements
 - Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge; medical decision making of at least moderate complexity during the service period; face-to-face visit within 14 calendar days of discharge

Transitional Care Management: Coding

- 99496: TCM with the following required elements
 - Communication (direct contact, telephone, electronic) with patient and/or caregiver within two business days of discharge; medical decision making of high complexity during the service period; face-to-face visit within seven calendar days of discharge

Transitional Care Management: Billing

- Only one health care professional may report
- Report once during the TCM period
- Discharging physician may bill for TCM services
- Medically reasonable and necessary E/M (other than the required face-to-face visit) may be billed separately
- May not bill TCM if within a global period of a procedure **billed by the same practitioner**

Transitional Care Management Billing:

Codes That Can Be Billed Concurrently With TCM

- ESRD codes 90951, 90954-90970
- Patient/caregiver training for initiation of home INR 93792
- Anticoagulant management for patient taking warfarin 93793
- Collect and interp of physiologic data 99091
- Prolonged E/M service 99358-99359
- Complex chronic care 99487, 99489
- Chronic care management 99490, 99491, G2058
- Care plan oversight codes G0181, G0182

Telehealth Services

- You may furnish CPT codes 99495 and 99496 via telehealth
- Medicare pays for a limited number of Part B services a physician or practitioner furnishes to an eligible beneficiary via a telecommunications system
- Using eligible telehealth services substitutes for an in-person encounter

Medical Decision Making

- Consider the following
 - Number of possible diagnoses
 - Number of management options
 - Amount and/or complexity of medical records, diagnostic tests, and other information
 - Risk of significant complications, morbidity and/or mortality

Documentation

- Date the beneficiary was discharged
- Date you made an interactive contact
- Date you furnished the face-to-face visit
- Complexity of medical decision making
 - Moderate
 - High

Transitional Care Management: Resources

- [Transitional Care Management Services](#)
- MLN® Booklet: [*Transitional Care Management Services*](#)

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

