



Care Management: Transitional Care Management

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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
 - Principal 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

- Patient/caregiver training for initiation of home INR 93792
- ESRD codes 90951, 90954-90970
- 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, 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

Common Frequently Asked Questions

Common FAQ's

What date of service should be used on the claim?

- The 30-day period for the TCM service begins on the day of discharge and continues for the next 29 days. The date of service you report should be the date of the required face-to-face visit. You may submit the claim once the face-to-face visit is furnished and need not hold the claim until the end of the service period.

Common FAQ's

What place of service should be used on the claim?

- The place of service reported on the claim should correspond to the place of service of the required face-to-face visit.

Common FAQ's

What if the patient is discharged from the hospital, but within the 30-day period is readmitted to an acute care hospital?

- Providers can bill TCM if the second day and the seventh or 14th day visit is done, or, start the TCM with the second discharge. If the face-to-face wasn't done before the readmission, the requirements were not met. Hospital visits cannot count as the face-to-face visit.

Common FAQ's

Can TCM services be reported if the beneficiary dies prior to the 30th day following discharge?

- Because the TCM codes describe 30 days of care, in cases when the beneficiary dies prior to the 30th day, practitioners should not report TCM services but may report any face-to-face visits that occurred under the appropriate E/M code.

Common FAQ's

Medicare will only pay one physician or qualified practitioner for TCM services per beneficiary per 30 day period following a discharge. If more than one practitioner reports TCM services for a beneficiary, how will Medicare determine which practitioner to pay?

- Medicare will only pay the first eligible claim submitted during the 30 day period that commences with the day of discharge. Other practitioners may continue to report other reasonable and necessary services, including other E/M services, to beneficiaries during those 30 days.

Common FAQ's

Can TCM be billed by the surgeon during the global period?

- If a surgeon is caring for the patient in the hospital after surgery, TCM cannot be billed for upon discharge as those services are part of the global period of the surgical procedure.

Common FAQ's

If a patient is discharged on Monday at 4:30, does Monday count as the first business day and then Tuesday as the second business day, meaning that the communication must occur by close of business on Tuesday? Or, would the provider have until the end of the day on Wednesday?

- In the scenario described, the practitioner must communicate with the patient by the end of the day on Wednesday, the second business day following the day of discharge.

Resources

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?

