

# Care Management: Transitional Care Management Services

9/25/2024

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# Objective

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



# Today's Presenter

- Provider Outreach and Education Consultant
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# Agenda

- [Care Management Continued Series](#)
- [Care Management: Transitional Care Management](#)
- [Coding](#)
- [Billing](#)
- [Common Frequently Asked Questions](#)
- [Resources](#)

# Care Management Continued Series

# Care Management Continued Series

- Advanced Care Planning
- Behavioral Health Integration
- Cognitive Assessment
- Principal Care Management
- Chronic Care Management
- Transitional Care Management
- 2024 New Care Management Services

# 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

# TCM Discharge From Service Settings

- Discharged from
  - Inpatient Acute Care Hospital
  - Inpatient Psychiatric Hospital
  - Long Term Care Hospital
  - Skilled Nursing Facility
  - Inpatient Rehabilitation Facility
  - Hospital outpatient observation or partial hospitalization
  - Partial hospitalization at a Community Mental Health Center

# TCM Discharge To Service Settings

- Discharge to
  - Home
  - Domiciliary
  - Nursing Facility
  - Assisted Living Facility

# Transitional Care Management

- Reimbursable primary care service
- Maintain primary care continuity post-hospital discharge
  - Oversee management and coordination of services, as needed, for all medical conditions, psychosocial needs, and activity of daily living support
- Healthcare professional accepts care of patient without a gap, for 30 days



# Transitional Care Management: General (Cont.)

- 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
  - An Interactive contact

# The 30-day TCM Period

- TCM accounts for all the services your team delivers during the 30-day post discharge period, but
  - Report reasonable and necessary E/M services (other than the required face-to-face visit) to manage the patient's clinical issues separately
  - In the event the patient is re-admitted before the 30 days expire, the face-to-face visit should be recoded to the appropriate level E/M code for the services that were provided. The 30-day period starts over once the patient is discharged again

# 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 Components



**1. Interactive  
Contact**



**2. Certain Non  
Face-to-Face  
Services**



**3. Face-to-Face  
Visit**

# Component One: Interactive Contact

- Within two business days
- Telephone, email, or face-to-face
  - Can count two or more unsuccessful attempts
- Physician/NPP/clinical staff
  - Clinical staff - a person who works under the supervision of a physician or other qualified health care professional and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specified professional service; but who does not individually report that professional service

# Component Two: Certain Non Face-to-Face Services by a Physician/NPP

- Services provided by a physician/NPP
  - Obtain and review discharge information (for example, discharge summary or continuity-of-care documents)
  - Review need for, or follow-up on, pending diagnostic tests and treatments
  - Interact with other health care professionals who will assume or reassume care of the patient's system-specific problems
  - Provide education to the patient, family, guardian, and/or caregiver
  - Establish or re-establish referrals and arrange for needed community resources
  - Assist in scheduling required follow-up with community providers and services

# Component Two: Certain Non Face-to-Face Services by Auxiliary Personnel

- Services provided by auxiliary personnel under general supervision of physician/NPP
  - Communicate with the patient
  - Communicate with agencies and community service providers the patient uses
  - Provide education to the patient, family, guardian, and/or caretaker to support self-management, independent living, and activities of daily living
  - Assess and support treatment adherence and medication management
  - Identify available community and health resources
  - Assist the patient and family in accessing needed care and services



# Component Three: Face-to-Face Visit

- You must furnish one face-to-face visit within certain timeframes described by the following two CPT codes
  - 99495
  - 99496
- You must provide medication reconciliation and management on or before the face-to-face visit date

# Coding

# Transitional Care Management: Coding (99495)

- 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)

- 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



# Billing

# Transitional Care Management: Billing

- Only one health care professional may report
- Report once during the TCM period
- The same health care professional may discharge the patient from the hospital, report hospital or observation discharge services, and bill TCM services. The required face-to-face visit can't take place on the same day you report discharge day management services
- Report reasonable and necessary E/M services (except required face-to-face visit) to manage the patient's clinical issues 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, 90952, 90953, 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, 99491, 99439
- Care plan oversight codes G0181, G0182

# Transitional Care Management Billing: Codes That Can Be Billed Concurrently With TCM (cont.)

- Remote Therapeutic Monitoring codes 98975-98981
- Remote Monitoring of Physiologic parameter codes 99453-99454
- Remote Physiologic Monitoring treatment management services codes 99457-99458

# 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

- Levels of MDM are defined in the CPT E/M Guidelines
- 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 for TCM

- 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 One

## **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 Two

## **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 Three

## **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 Four

## **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 Five

**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 Six

## **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 Seven

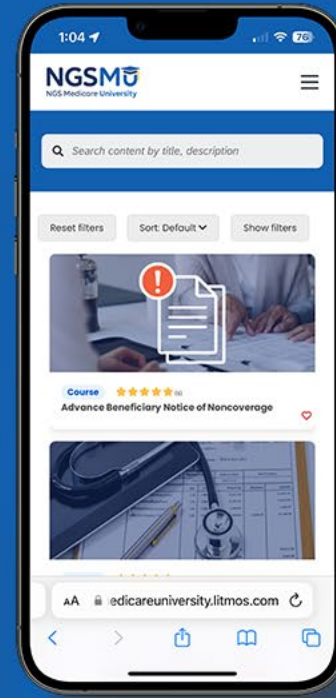
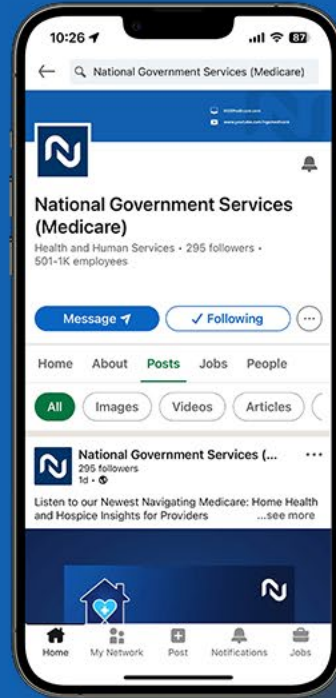
**If a patient is discharged on Monday at 4:30PM, does Monday count as the first business day and then Tuesday as the second business day, meaning that the communication must occur by close of business on Tuesday? Or would the provider have until the end of the day on Wednesday?**

- 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

# Resources

- [Care Management](#)
- [NGS Transitional Care Management FAQs](#)
- MLN<sup>®</sup> Booklet: [Transitional Care Management Services](#)
  - MLN 908628 July 2024



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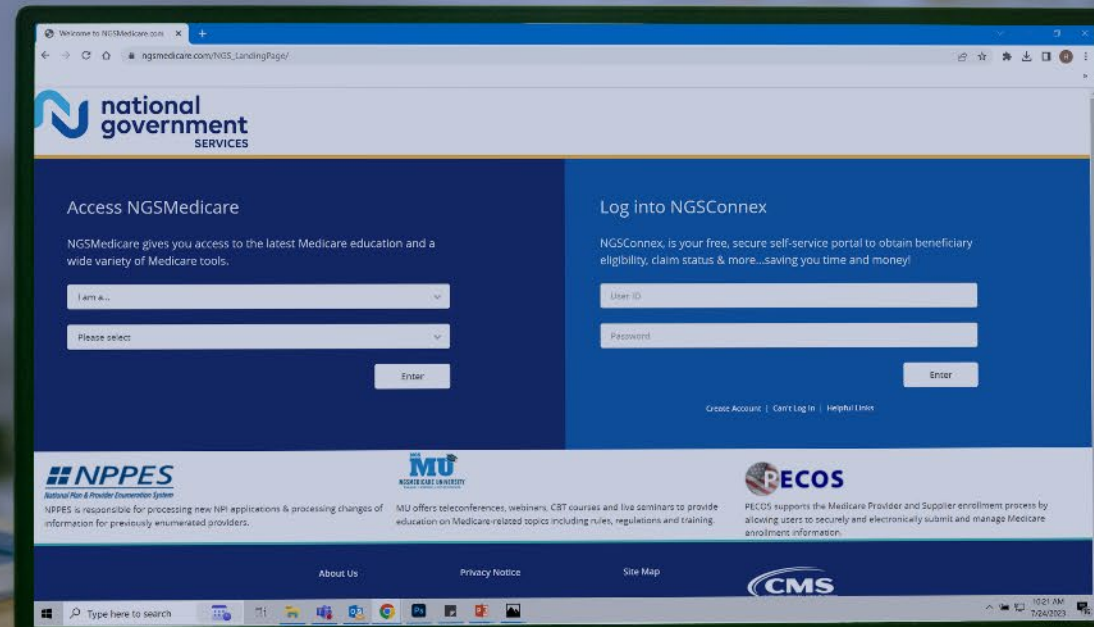
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# Questions?

Thank you!