



## TRANSITIONAL CARE MANAGEMENT SERVICES



**Target Audience:** Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

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Learn about Transitional Care Management (TCM) services:

- TCM services
- Health care professionals who may furnish TCM services
- Supervision
- TCM services settings
- TCM components
- Billing TCM services
- Billing TCM Services Frequently Asked Questions (FAQs)
- Resources

## TCM SERVICES

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The requirements for TCM services include:

- Services during the beneficiary's transition to the community setting following particular kinds of discharges
- Health care professionals accepting care of the beneficiary post-discharge from the facility setting without a gap
- Health care professionals taking responsibility for the beneficiary's care
- Moderate or high complexity medical decision making for beneficiaries who have medical and/or psychosocial problems

The 30-day TCM period begins on the beneficiary's inpatient discharge date and continues for the next 29 days.

## HEALTH CARE PROFESSIONALS WHO MAY FURNISH TCM SERVICES

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These health care professionals may furnish TCM services:

- Physicians (any specialty)
- Non-physician practitioners (NPPs) legally authorized and qualified to provide the services in the State where they furnish them:
  - Certified nurse-midwives (CNMs)
  - Clinical nurse specialists (CNSs)
  - Nurse practitioners (NPs)
  - Physician assistants (PAs)

CNMs, CNSs, NPs, and PAs may furnish non-face-to-face TCM services "incident to" the services of a physician and other CNMs, CNSs, NPs, and PAs. When we use "you" in this fact sheet, we are referring to these health care professionals.

## SUPERVISION

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You must furnish the required face-to-face visit under minimum direct supervision, subject to applicable State law, scope of practice, and the Medicare Physician Fee Schedule (PFS) [incident to rules and regulations](#). You may provide the non-face-to-face services under general supervision. These services are also subject to applicable State law, scope of practice, and the PFS incident to rules and regulations. The practitioner must order services, maintain contact with auxiliary personnel, and retain professional responsibility for the services.

## TCM SERVICES SETTINGS

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You may provide TCM services, beginning the day of the beneficiary's discharge from one of these inpatient hospital settings:

- 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

After inpatient discharge, the beneficiary must return to their community setting:

- Home
- Domiciliary
- Rest home
- Assisted living facility

## TCM COMPONENTS

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When a beneficiary discharges from an approved inpatient setting, you may furnish the following three TCM components beginning the day of discharge up to 30 days:

### 1) An Interactive Contact

Within 2 business days following the beneficiary's discharge, you must make an interactive contact with them and/or their caregiver via telephone, email, or face-to-face. You or clinical staff can address patient status and needs beyond scheduling follow-up care. For more information about interactive contacts, refer to the CPT Codebook available from the American Medical Association at the [American Medical Association Store](#).

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Report the service if you make two or more unsuccessful separate attempts in a timely manner. Document your attempts in the medical record if you meet all other TCM criteria. Continue your attempts to communicate with the beneficiary until they are successful. If the face-to-face visit is not within the required timeframe, you cannot bill TCM services (for more information, see the Face-to-Face Visit section).

Additional resources are available to help you understand and identify disparities that may affect TCM:

- [Building an Organizational Response to Health Disparities](#) – Resource and concepts for improving equity and responding to disparities. Concepts include: data collection, data analysis, culture of equity, quality improvement, and interventions
- [Guide to Reducing Disparities in Readmissions](#) – An overview and case studies of key issues and strategies related to care coordination and readmissions for racially and ethnically diverse Medicare beneficiaries

## 2) Certain Non-Face-to-Face Services

You must furnish non-face-to-face services to the beneficiary, unless you determine they are not medically indicated or needed. Clinical staff under your direction may provide certain non-face-to-face services.

### Services Furnished by Physicians or NPPs

Physicians or NPPs may furnish these non-face-to-face services:

- 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 beneficiary's system-specific problems
- Provide education to the beneficiary, 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

### Services Provided by Clinical Staff Under the Direction of a Physician or NPP

Clinical staff under your direction may provide these services, subject to the State's supervision law, and other rules already discussed:

- Communicate with agencies and community services the beneficiary uses
- Provide education to the beneficiary, 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 beneficiary and family in accessing needed care and services

### 3) Face-to-Face Visit

You must furnish one face-to-face visit within certain timeframes described by the following two Current Procedural Terminology (CPT) codes:

- CPT Code 99495 – Transitional Care Management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 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
- CPT Code 99496 – Transitional Care Management services with the following required elements: 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

You should not report the TCM face-to-face visit separately.

### 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

Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option by considering these factors:

- The number of possible diagnoses and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed, and analyzed
- The risk of significant complications, morbidity, and/or mortality as well as comorbidities associated with the patient's presenting problem(s), the diagnostic procedure(s), and/or the possible management options

Table 1 shows the elements for each level of medical decision making. Note that to qualify for a given type of medical decision making, two of the three elements must be either met or exceeded.

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**Table 1. Elements for Each Level of Medical Decision Making**

Type of Decision Making	Number of Possible Diagnoses and/or Management Options	Amount and/or Complexity of Data to Be Reviewed	Risk of Significant Complications, Morbidity, and/or Mortality
<b>Straightforward</b>	Minimal	Minimal or None	Minimal
<b>Low Complexity</b>	Limited	Limited	Low
<b>Moderate Complexity</b>	Multiple	Moderate	Moderate
<b>High Complexity</b>	Extensive	Extensive	High

For more information about medical decision making, refer to the [1995 Documentation Guidelines for Evaluation and Management Services](#) or [1997 Documentation Guidelines for Evaluation and Management Services](#).

## Medication Reconciliation and Management

You must furnish medication reconciliation and management on or before the date of your face-to-face visit.

## BILLING TCM SERVICES

This list provides billing TCM services information:

- Only one health care professional may report TCM services.
- Report services once per beneficiary during the TCM period.
- The same health care professional may discharge the beneficiary from the hospital, report hospital or observation discharge services, and bill TCM services. The required face-to-face visit may not take place on the same day you report discharge day management services.
- Report reasonable and necessary evaluation and management (E/M) services (except the required face-to-face visit) to manage the beneficiary's clinical issues separately.
- You may not bill TCM services and services within a post-operative [global surgery period](#) (Medicare does not pay TCM services if any of the 30-day TCM period falls within a global surgery period for a procedure code billed by the same practitioner).

- When you report CPT codes 99495 and 99496 for Medicare payment, do not report the following codes during the TCM service period:
  - Care Plan Oversight Services
  - Home health or hospice supervision: HCPCS codes G0181 and G0182
  - End-Stage Renal Disease services: CPT codes 90951–90970
  - Chronic Care Management (CCM) services (CCM and TCM service periods cannot overlap)
  - Prolonged E/M Services Without Direct Patient Contact (CPT codes 99358 and 99359)
  - Other services excluded by CPT reporting rules
- At a minimum, document the following information in the beneficiary’s medical record:
  - Beneficiary discharge date
  - Beneficiary/Care Giver interactive contact date
  - Face-to-face visit date
  - Medical complexity decision making (moderate or high)

## BILLING TCM SERVICES FAQs

For more information on billing the PFS for TCM services, refer to [FAQs about Billing the PFS for TCM Services](#).

## RESOURCES

**Table 2. TCM Resources**

For More Information About...	Resource
Building an Organizational Response to Health Disparities	<a href="https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Health-Disparities-Guide.pdf">CMS.gov/About-CMS/Agency-Information/OMH/Downloads/Health-Disparities-Guide.pdf</a>
E/M Services	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243514.html">CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243514.html</a>
Guide to Reducing Disparities in Readmissions	<a href="https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/OMH_Readmissions_Guide.pdf">CMS.gov/About-CMS/Agency-Information/OMH/Downloads/OMH_Readmissions_Guide.pdf</a>
Medicare Learning Network® Catalog of Products	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf">CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf</a>
TCM Services	<a href="https://www.federalregister.gov/d/2014-26183">FederalRegister.gov/d/2014-26183</a>

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**Table 2. TCM Resources (cont.)**

For More Information About...	Resource
Telehealth Services	<a href="https://www.cms.gov/Medicare/Medicare-General-information/telehealth">CMS.gov/Medicare/Medicare-General-information/telehealth</a> <a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf">CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf</a>

**Table 3. Hyperlink Table**

Embedded Hyperlink	Complete URL
1995 Documentation Guidelines for Evaluation and Management Services	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/95Docguidelines.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/95Docguidelines.pdf</a>
1997 Documentation Guidelines for Evaluation and Management Services	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/97Docguidelines.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/97Docguidelines.pdf</a>
American Medical Association Store	<a href="https://commerce.ama-assn.org/store">https://commerce.ama-assn.org/store</a>
Building an Organizational Response to Health Disparities	<a href="https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Health-Disparities-Guide.pdf">https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Health-Disparities-Guide.pdf</a>
FAQs about Billing the PFS for TCM Services	<a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-TCMS.pdf">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-TCMS.pdf</a>
Global Surgery Period	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1256840.html">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1256840.html</a>
Guide to Reducing Disparities in Readmissions	<a href="https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/OMH_Readmissions_Guide.pdf">https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/OMH_Readmissions_Guide.pdf</a>
Incident to Rules and Regulations	<a href="https://www.ecfr.gov/cgi-bin/text-idx?SID=33784afa5665f473e5981f0e67d77957&amp;mc=true&amp;node=pt42.2.410&amp;rgn=div5#se42.2.410_126">https://www.ecfr.gov/cgi-bin/text-idx?SID=33784afa5665f473e5981f0e67d77957&amp;mc=true&amp;node=pt42.2.410&amp;rgn=div5#se42.2.410_126</a>

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