

Transitional Care Management (TCM) Services

CPT[®] Code Descriptions

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

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

CPT[®] Coding Guidelines

The CPT coding guidelines for Transitional Care Management (TCM) services are published in the American Medical Association CPT[®] Professional Edition 2020. CPT guidance may vary from payer reporting guidelines, so it is important to check each payer's policies.

TCM services describe care provided to a new or established patient who is being transferred from an inpatient hospital setting (such as an acute hospital, rehab hospital, or long term acute care hospital), partial hospital, observation status in a hospital or skilled nursing facility to the patient's community setting (home, rest home, domiciliary, or assisted living). The services may only be reported by **one** provider **once** per patient within 30 days of discharge from the inpatient hospital setting.

The service begins on the date of the patient's discharge and continues for the next 29 days. Within two business days, a physician, qualified healthcare professional, or licensed clinical staff under the direction of a physician must conduct an interactive communication with the patient either via a face-to-face visit, phone call, or electronic communication.

A face-to-face service is required within the timeframe specified in the code description (either 7 or 14 business days). The face-to-face service is considered part of the TCM "bundle" and may not be separately reported. However, if another face-to-face service is provided *after* the initial patient visit, it can be separately reported with the appropriate CPT[®] code.

Medicare Coverage and Reimbursement Guidelines

The Centers for Medicare and Medicaid Services (CMS) guidance regarding TCM services varies from CPT guidelines, and should be adhered to when reporting to this entity. As of January 1, 2020, CMS now allows the following services to be reported concurrently with TCM services: Prolonged Services without Direct Patient Contact (99358 and 99359), Complex Chronic Care Management Services (99487 and 99489), Care Plan Oversight Services (G0181 and G0182), Home and Outpatient International Normalized Ratio (INR) Monitoring Services (93792 and 93793), End Stage Renal Diseases Services (90960-90970), Analysis of Data (99091). These new guidelines may not apply to private payers, since CPT guidance states these codes should NOT be reported with TCM Services.

The date of service reported for the TCM service should be the date of the required face-to-face visit. The claim may be submitted once the face-to-face visit is provided. Like CPT guidance states, the services may only be reported by **one** provided per patient within 30 days of discharge. Medicare will only pay the *first* eligible claim submitted during the 30-day period that begins with the day of discharge. E/M services may be reported by other providers.

TCM services may be provided by both physicians and non-physician practitioners, subject to applicable state law and scope of practice regulations. The face-to-face visit must be provided under a minimum of direct supervision, while the non-face-to-face services can be provided under general supervision.

When reporting a TCM service to Medicare, the patient's medical record should include at a minimum:

- Date patient was discharged
- Date the provider made interactive contact with the patient and/or caregiver
- Date the face-to-face visit was provided
- The complexity of medical decision making (moderate or high)

Coverage, Coding, and Reporting Resources

American Medical Association. 2020. *CPT Professional Edition*.

[Medicare Physician Fee Schedule Final Rule 2020](#)

[MLN Fact Sheet: Transitional Care Management Services \(January 2019\)](#)

Questions

Questions regarding Transitional Care Management Services or other coding inquiries may be sent to ASCO at billingandcoding@asco.org.