

# Transitional Care Management Services

Dignity Health Medical Foundation  
– Physician Coding

# Agenda

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- Transitional Care Management (TCM) Services Definition
- When to Bill TCM Services
- Non-Face-to-Face Services
- Documentation Requirements
  - Initial contact
  - Face-to-Face Visit
    - Level of Medical Decision Making (Complexity of Care)
  - Sample Template

# Transitional Care Management

# What Are TCM Services?

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Services rendered to new and established patients that have a moderate or high medical decision making during their transition from an inpatient hospital setting to a community setting.

## **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

## **Community Settings:**

- His or her home
- His or her domiciliary
- A rest home
- Assisted living

## When can you bill for TCM Services?

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- TCM services can be billed when a patient is transitioning from one of the Inpatient Hospital settings to a Community setting.
- They can NOT be billed when a patient is in a post operative global period by the same practitioner.
- Only one healthcare provider may report TCM services.

## TCM Requirements

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- An interactive contact within two **(2)** business days following the patient's discharge.
- Certain non-face-to-face services
- A face-to-face visit no later than fourteen (14) calendar days following discharge.
  - Day of discharge counts as day one (1)
- Medication reconciliation no later than the face-to-face visit
- Moderate or High Medical Decision Making

# Non-Face-To-Face Services

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## **Services Furnished by Physicians or NPPs**

**You may furnish the following non-face to face:**

- 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; and assist in scheduling required follow-up with community providers and services

## **Services Furnished by Auxiliary Staff Under the Direction of a Physician or NPP**

**Auxiliary staff under your direction may furnish the following face to face services:**

- Communicate with agencies and community services used by the beneficiary;
- 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 regimen adherence and medication management;
- Identify available community and health resources; and
- Assist the beneficiary and/or family in accessing needed care and services.

# Initial Contact

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Initial contact can be any of the following:

- Telephone call
- Email
- Face-to-Face visit

This initial contact must be completed within two (2) **business days** from the date of discharge.

Telephone calls are the most common form of contact. If you are unable to reach the patient two business days after discharge, documentation must reflect two attempts, and when documentation reflect this, without the phone call with the patient, the service may still qualify for a TCM Service.

## **Services Furnished by Auxiliary Staff Under the Direction of a Physician or NPP**

**Auxiliary staff under your direction may furnish the following face to face services:**

- Communicate with agencies and community services used by the beneficiary;
- 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 regimen adherence and medication management;
- Identify available community and health resources; and
- Assist the beneficiary and/or family in accessing needed care and services.



## Face-to-Face Visit (Medical Decision Making)

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A TCM Service must have a Moderate or High level of Medical Decision Making (MDM). Determining this level of MDM, you will use the same process as you do with your other types of Evaluation and Management Services, which include:

- Number Of Problems
- Amount and/or Complexity of Data to be Reviewed
- Risk of Complication and/or Morbidity or Mortality Before Next Encounter

# Medical Decision Making *continued*

Number of Problems			
Problem(s) Status	Number	Points	Result
Self-Limited or Minor (stable, improved or worsening)	Max = 2	X1	
Est. Problem (stable, improved)		X1	
Est. Problem (worsening)		X2	
New Problem (no additional workup planned)	Max = 1	X3	
New Problem (additional workup planned)		X4	

## Definitions:

- Self Limiting or minor = A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status OR has a good prognosis with management/ compliance
- Established Problem = A problem/condition previously evaluated and managed
- New Problem = A problem / condition NOT previously evaluated and managed.
- Additional Work up = diagnostic tests (i.e. labs, RADs being ordered)

# Medical Decision Making *continued*

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## Amount and/or Complexity of Data to be Reviewed :

Data to be Reviewed	Points
Review and/or order of clinical lab tests	1
Review and/or order tests in radiology section CPT	1
Review and/or order tests in medicine section of CPT	1
Decision to obtain old records and/or history from someone other than patient (i.e. incapacitated)	1
Review and summarization of old records and/or discussion of case with another provider	2
Independent visualization of image, tracing or specimen	2

# Risk of Complications and/or Morbidity or Mortality Before Next Encounter

Level of Risk	Nature of Presenting Illness/Problem(s)	Diagnostic Procedure Ordered	Management Options Selected
Minimal	One self-limited or minor problem(s); e.g., cold, insect bite, tinea corporis	Lab tests requiring venipuncture Chest X-rays EKG/EEG Urinalysis Ultrasound, e.g., echocardiography KOH prep	Rest Gargles Elastic bandages Superficial dressings
Low	Two or more self-limited or minor problems One stable chronic illness; e.g., well controlled HTN or NIDDM, Cataract, BPH Acute uncomplicated illness or injury; e.g., cystitis, allergic rhinitis, simple sprain	Physiological tests not under stress; e.g., pulmonary function tests Non-cardiovascular imaging studies with contrast; e.g., barium enema Superficial needle biopsies Clinical laboratory tests requiring arterial puncture Skin biopsies	Over-the-counter drug management Minor surgery with no identified risk factors Physical therapy Occupation therapy IV fluids without additives
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis, e.g., lump in breast Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis Acute complicated injury e.g., head injury with brief LOC	Physiologic tests under stress, e.g., cardiac stress test, fetal contract stress test Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsy Cardiac imaging studies w/contrast and no identified risk factors, e.g., arteriogram, cardiac catheterization Obtain fluid from body cavity, e.g., lumbar puncture thoracentesis, culdocentesis	Minor surgery w/identified risk factors Elective major surgery (open, percutaneous, or endoscopic)w/no identified risk factors <b><u>Prescription drug management</u></b> Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation
High	1 or more chronic illness(es) with severe exacerbation, progression, or side effects of treatment Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe RA, psychiatric illness w/potential threat to self or others, peritonitis, acute renal failure Abrupt change in neuro status, e.g., seizures, TIA, weakness, or sensory loss	Cardiac imaging studies w/contrast studies with identified risk factors Cardiac electrophysiological tests Diagnostic endoscopies with identified risk factors Discography	Elective major surgery (open, percutaneous, or endoscopic) with identified risk factors Emergency major surgery (open, percutaneous, or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity DNR or to de-escalate care because of poor prognosis

# Coding And Billing for TCM

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**The face to face visit is part of the TCM service and is not reported separately**

## **CPT Code 99495**

- Transition care management services with moderate medical decision making complexity
- Face to face visit within 14 days of discharge

## **CPT Code 99496**

- Transition care management services with high medical decision making complexity
- Face to face visit 7 days of discharge

### **Note:**

Any additional face-to-face visits after the TCM service has been rendered, are separately reportable. These services will be billed with Evaluation and Management codes per the setting the service is rendered.

# Sample Template – Nursing Note

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ADMIT DATE: \_

DISCHARGE DATE: \_

This was not ▼ a readmission.

Discharged from: MGH ▼

Discharge diagnosis: \_

Discharge records: have been received. ▼

First attempt called patient ▼

Date: \_ Within 48 hours of discharge. ▼

Second attempt called patient ▼

Date: \_ Within 48 hours of discharge. ▼

Patient has TCM appointment on enter date ▼ at enter time ▼ with enter clinician ▼

Patient has ▼ all of their discharge medications. [ List medications ]

-New medications: \_

-Continuing medications: \_

-Discontinued medications: \_

Using medications as directed? Yes ▼

Does anyone manage your medications? \_

Pt. does not have any current needs. ▼

Patient does not have questions regarding their discharge instructions. ▼

Patient does not have referrals. ▼

Patient does not have any pending diagnostic tests or treatments. ▼

Home Health was not ordered. ▼

DME was not ordered. ▼

Diet - no special diet ▼

Comments:

1) Covid testing done ?      Result

## Sample Template – Physician Note

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TCM HPI \*\* year old fe/male comes in for TCM visit after discharge from \*\* hospital for \*\*.

Discharge Date: \*\*\*

I have reviewed the discharge summary and other pertinent hospital records: Yes

Medication reconciliation completed: Yes

Diagnostic tests and/or treatments pending and/or needed: \*\*\*

TCM Plan

Problems needing to follow up: as below The problem list has been updated.

Coordination of care issues identified during the visit: Yes - as below

# References

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- Centers for Medicare & Medicaid Services Evaluation And Management Services Guidelines
- Centers for Medicare & Medicaid Services Transitional Care Management Services
- 2021 AMA CPT Professional Edition



Questions?  
&  
Thank You!

# Post Acute Care – Transitions of Care

How we can help



# Who We Are / How We Can Help

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## The Post-Acute Care, Transitions of Care (TOC)

- Team manages **VBC and other Risk Patients**, in Legacy Dignity Health, following patients after discharge from Inpatient setting (acute hospital, SNF, IRF, LTAC).
- They work to ensure patients have the tools needed during their transition to community settings or home environment and being good stewards of their resources.
- Goals are to provide seamless transitions and coordination for our patients. We connect with patients to provide support, TCM calls, encourage & enroll in Ambulatory Care Coordination (ACC) as appropriate, ultimately to ensure safety and reduce readmissions
- Transitions of Care Navigators will perform TCM call 1-2 business days post discharge from acute or post-acute and will share information with physicians per market process.
- Should patient's needs exceed the care capacity of TOC Navigator, they will collaborate with team RN's, Physician Office or ACC as appropriate (i.e. complex SDOH)

# TCM Form

Patient Name	DOB	Date of Admission	Date of Discharge
Click here to enter text.	Click here to enter a date.	Click to enter date.	Click to enter date.
Patient Phone Number	Date of Post Hospital DC Call	Readmission History	
PCP	Click for date. 1 <input type="checkbox"/> Attempt Click for date. 2 <input type="checkbox"/> Attempt Click for date. 3 <input type="checkbox"/> Attempt TCM call within Choose an item.	How many admissions in past 6 months Click here to enter text. How Many ED Visits in past 6 months Click here to enter text. Reason(s)(per pt) Click here to enter text.	
Call made by	Spoke to :		
Click here to enter text.	Patient <input type="checkbox"/> Caregiver <input type="checkbox"/> Caregiver/DPOA/Other support Name(s) <input type="checkbox"/> Click here to enter text. Caregiver/DPOA Relationship Click here to enter text. Permission to speak to family member? Yes <input type="checkbox"/> No <input type="checkbox"/> Consent to Amb CC Yes <input type="checkbox"/> No <input type="checkbox"/> Does pt have support system in place Yes <input type="checkbox"/> No <input type="checkbox"/>		
DC Disposition	Discharge facility type: Choose an item. Facility Name: Click here to enter text. Discharge diagnosis: Click here to enter text.		

### Appointments

- F/U Appt w/ PCP : Yes  No  Date of Appt Click here to enter a date. Time of Appt Click here to enter text.
- Have you had your annual wellness visit? Yes  No  Month/ year of last Click here to enter text.
- Specialist referrals? Yes  No  Date of Appt Click here to enter a date. Time of Appt Click here to enter text.
- Appointment assistance provided Yes  No
- Does pt have transportation to make these appointments? Yes  No 
  - o Transportation assistance provided Yes  No

### Other Resources

	Ordered	Company	Date of Delivery/ Start of Service	Pt has contact info	Contact info or assistance provided
HH	Y <input type="checkbox"/> N <input type="checkbox"/>		Click here to enter a date.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
DME O2 Walker	Y <input type="checkbox"/> N <input type="checkbox"/>		Click here to enter a date.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Other (Medication)	Y <input type="checkbox"/> N <input type="checkbox"/>		Click here to enter a date.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Additional information/needs/barriers:

# Covid TCM Form with Extra Elements

**COVID-19 positive patient** DCd from Inpatient  OBS  ED

Pt reported symptoms requiring immediate medical attn. (per Dignity Health Covid Care Guide)

Advised redirected to Emergency Dept/ call 911  Assisted with 911 call

Patient Name	DOB	Date of Admission	Date of Discharge
Click here to enter text.	9/11/2020	Click to enter date.	Click to enter date.
Patient Phone Number	Date of Post Hospital DC Call	Readmission History	
Click here to enter text.	Click for date. 1 <input type="checkbox"/> Attempt Click for date. 2 <input type="checkbox"/> Attempt	Within last 30 days? Yes <input type="checkbox"/> No <input type="checkbox"/>	
PCP			

transportation assistance provided

Other Resources	Ordered	Company	Date of Delivery/ Start of Service	Pt has contact info	Contact info or assistance provided
HH	Y <input type="checkbox"/> N <input type="checkbox"/>		Click here to enter a date.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
DME	Y <input type="checkbox"/> N <input type="checkbox"/>		Click here to enter a date.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Home O <sub>2</sub> L/min	Y <input type="checkbox"/> N <input type="checkbox"/>		Click here to enter a date.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Other (specify)	Y <input type="checkbox"/> N <input type="checkbox"/>		Click here to enter a date.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

Pt has pulse Pulse Ox?	Y <input type="checkbox"/> N <input type="checkbox"/>	Date/time last reading _____	%:	Covid care Guide Provided	Y <input type="checkbox"/> N <input type="checkbox"/>	Pulse Ox monitoring? Y <input type="checkbox"/> N <input type="checkbox"/>
Discharged w/ Incentive Spirometer (IS)	Y <input type="checkbox"/> N <input type="checkbox"/>	Currently Using IS	Y <input type="checkbox"/> N <input type="checkbox"/>	IS guide provided	Y <input type="checkbox"/> N <input type="checkbox"/>	

Symptom (Δ since DC)	Breathing difficulty	Cough	Diarrhea	Fever	Nausea
Date:	Same <input type="checkbox"/> Worse <input type="checkbox"/> Better <input type="checkbox"/> Resolved <input type="checkbox"/>	Same <input type="checkbox"/> Worse <input type="checkbox"/> Better <input type="checkbox"/> Resolved <input type="checkbox"/>	Same <input type="checkbox"/> Worse <input type="checkbox"/> Better <input type="checkbox"/> Resolved <input type="checkbox"/>	Same <input type="checkbox"/> Worse <input type="checkbox"/> Better <input type="checkbox"/> Resolved <input type="checkbox"/>	Same <input type="checkbox"/> Worse <input type="checkbox"/> Better <input type="checkbox"/> Resolved <input type="checkbox"/>

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## What We Need From You to Provide these Services

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- A process for communication including a Single Point Person and Backup Per Practice
- Practice Demographics (address, phone, fax etc)
- A list of all Physicians within the Practice
- How you would like the TCM form Sent (Fax, Cerner)
  - (i.e. person X to receive TCM forms sent via secure email/ dropped into Cerner/ sent via Cerner messenger/ Fax etc. )
- Backline Phone numbers – To help make appointments for patients who do not have a follow up already scheduled or do not have a timely follow up.