Patrius Health

TRANSITIONAL CARE MANAGEMENT CODING GUIDE

When to File Transitional Care Management Services CPT Code 99495 or 99496

Transitional care is a critical step in ensuring quality outcomes after a patient is discharged from a healthcare facility. Transitional Care Management (TCM) Services CPT code **99495** or **99496** is filed on a claim when the patient's care is transferred to a physician or other qualified healthcare provider (MD, DO, NP, etc.) after discharge from an inpatient facility.

CPT Code	Transitional Care Management Services Codes with the Following Required Elements:
99495	Medical decision-making from the physician of at least **moderate complexity** during the face-to-face visit, within **14** calendar days after discharge from an inpatient facility.
99496	Medical decision-making from the physician of **high complexity** during the face-to-face visit, within **7** calendar days after discharge from an inpatient facility.

To report TCM code 99495 or 99496 on a claim, certain specific criteria by CMS guidelines must be met and documented in the patient's medical record. The following information can provide assistance with these codes:

- **Only physicians and qualified healthcare providers can file the TCM 99495 or 99496 code**, ***not*** LPNs, RNs, or medical assistants, etc.
- TCM code 99495 or 99496 should only be filed for the face-to-face "transfer of care" visit, which includes medication reconciliation and management and not just medication reconciliation alone.
- The TCM code can only be charged one time within the 30 days after discharge.
- An E/M service filed for the same date of service as a TCM service will be denied.
- A Chronic Care Management service filed within the same 30-day period as a TCM service will be denied.
- TCM begins on the date of discharge and runs through 30 days after discharge (total of 31 days) for patients 18 years of age and older.
- The patient or caregiver must be contacted by phone or electronically within two business days to set up an appointment for the patient visit within 7-14 days after discharge for the face-to-face visit with the provider. The two-day contact date and attempts to contact must be documented in the medical record. If at least two attempts are made to contact the patient within the two-day period and are documented in the record, the appropriate TCM code can still be billed if the patient comes for the face-to-face visit within 7-14 days after discharge.
- The TCM codes are for both new and established patients.

When to Use CPT II Code 1111F

If the patient or visit does not meet the above criteria to file a TCM code (99495 or 99496), medication reconciliation of the patient's current and new medication still needs to take place within 30 days after discharge and be documented in the patient's medical record. In this case, the **CPT II code 1111F** should be reported on the claim using the date of service that the service was performed. Medication reconciliation can be performed and reported by the prescribing practitioner or a registered nurse using code 1111F and documenting the service in the medical record.

(For more information, see the CPT coding manual for the complete description of the codes.)

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PRV20184PAT-2312