

TRANSITIONAL CARE MANAGEMENT

<p>99495 – Transition Care Management</p> <p><input type="checkbox"/> Contact Patient/Care Giver w/in 2 business days</p> <p><input type="checkbox"/> Medical Decision Making – MODERATE</p> <p><input type="checkbox"/> Face-to-Face Visit w/in <u>14 Days</u></p> <p style="padding-left: 20px;"><input type="checkbox"/> MODERATE</p> <p>Discharge Date: _____</p> <p>Contact Date: _____</p> <p>Contact Means: <input type="checkbox"/> Phone, <input type="checkbox"/> Direct, <input type="checkbox"/> Electronic</p> <p>Add'l Documented Attempts: _____</p> <hr/> <p>Medication Reconciliation Included <input type="checkbox"/> Yes, <input type="checkbox"/> No (must occur no later than Face-to-Face Visit)</p> <p>VISIT WITHIN 14 DAYS: Date/Not billable</p>	<p>99496 – Transition Care Management</p> <p><input type="checkbox"/> Contact Patient/Care Giver w/in 2 business days</p> <p><input type="checkbox"/> Medical Decision Making – HIGH</p> <p><input type="checkbox"/> Face-to-Face Visit w/in <u>7 Days</u></p> <p style="padding-left: 20px;"><input type="checkbox"/> HIGH</p> <p>Discharge Date: _____</p> <p>Contact Date: _____</p> <p>Contact Means: <input type="checkbox"/> Phone, <input type="checkbox"/> Direct, <input type="checkbox"/> Electronic</p> <p>Add'l Documented Attempts: _____</p> <hr/> <p>Medication Reconciliation Included <input type="checkbox"/> Yes, <input type="checkbox"/> No (must occur no later than Face-to-Face Visit)</p> <p>VISIT WITHIN 7 DAYS: Date/Not billable</p>
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NON FACE-TO-FACE ELEMENTS:

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of D/C
- Communication with home health agencies and other community services utilized by the patient.
- Patient and/or family/caretaker education to support self-mgmt, independent living, and activities of daily living.
- Assessment and support for treatment regimen adherence and medication management.
- Identification of available community and health resources.
- Facilitating access to care and services needed by the patient and/or family.

NON FACE-TO-FACE PROVIDED BY THE PHYSICIAN OR OTHER QUALIFIED HLTH CARE PROVIDER may include:

- Obtaining & reviewing the D/C info (for example, discharge summary, as available, or continuity of care documents).
- Reviewing need for or follow-up on pending diagnostic tests and treatments.
- Interaction with other qualified hltcare prof. who will assume or re-assume care of the pts system-specific problems.
- Education of patient, family, guardian, and/or caregiver.
- Establishment or re-establishment of referrals and arranging for needed community resources.
- Assistance in scheduling any required follow-up with community providers and services.

MISCELLANEOUS

1. Code includes initial E/M – but canNOT be billed before 30 days
2. Billable by only ONE Provider (first claim in will be paid)
3. NOT Billable by Provider in a 10-90 Day GLOBAL Period
4. NOT Billable by RHC in a 10-90 Day GLOBAL Period
5. NOT Billable if Patient Discharged to a Nursing Home
6. ReAdmission within 30 Days does NOT “RESET” the Day Count
7. When Billing TCM cannot Also Bill:
 - Care Plan Oversight, • AntiCoag Management,
 - Home Health Oversight, • Hospice Care Plan Oversight