

Targeted Probe and Educate (TPE) – Transitional Care Management

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Agenda



- Definitions
- Overview CPT 99495-99496 - Transitional Care Management Services

Objectives



- Conduct an overview of care management services
- Enhance knowledge of billing and documentation requirements
- Review documentation tips

Transitional Care Management (TCM) Services



- Background:
 - ✓ Effective January 1, 2013, Medicare pays for TCM services for two CPT codes (99495 and 99496)
- Purpose:
 - ✓ Assists patient in returning to the community after a stay at certain facilities, such as a hospital or skilled nursing facility (SNF)
 - ✓ Manages and coordinates the patients care for the first 30 days after they return home
 - ✓ Works with patient and family, and caregiver(s), as appropriate, and with other health care providers.

Transitional Care Management



- TCM services are required during the beneficiary's transition to community setting following particular types of discharges
- Provider accepts care of the beneficiary post discharge from the facility setting without a gap
- Health care professional assumes responsibility for beneficiary's care
- Beneficiary has medical and/or psychosocial problems that require moderate or high complexity medical decision making
- Begins on discharge date and continues for the next 29 days

Health Care Professionals Furnishing TCM



The following health care professionals may furnish TCM services:

- Physicians (any specialty)
- The following non-physician practitioners (NPPs) who are legally authorized and qualified to provide the services in the State in which they are furnished:
 - ✓ Certified nurse-midwives
 - ✓ Clinical nurse specialists
 - ✓ Nurse practitioners
 - ✓ Physician assistants
- Non-physician practitioners may furnish non-face-to-face TCM services “incident to” the services of a physician and other non-physician practitioners

Supervision of TCM



- Required face-to-face visit must be furnished under a minimum of direct supervision:
 - ✓ Subject to applicable State law, scope of practice, and “incident to” rules and regulations
 - ✓ Physician must be physically present in the same office suite and be immediately available to render assistance if necessary
- Non-face-to-face services may be provided under general supervision:
 - ✓ Subject to applicable State law, scope of practice and “incident to” rules and regulations
 - ✓ Physician’s overall direction and control, but the physician’s presence is not required

TCM Place of Service



- TCM services furnished following the beneficiary's discharge from:
 - ✓ 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
- Following discharge the beneficiary must be returned to:
 - ✓ His or her home
 - ✓ His or her domiciliary
 - ✓ A rest home
 - ✓ Assisted living

TCM Components



During the 30 days beginning on the date the beneficiary is discharged from an inpatient setting, you must furnish these three TCM components:

- Interactive contact within two business days following the beneficiary's discharge to the community setting
- Certain non-face-to-face services
- A face-to-face visit

Interactive Contact



- The contact may be made via:
 - ✓ Telephone
 - ✓ Email
 - ✓ Face-to-face
- Contact can be made by the billing provider or by clinical staff
 - ✓ Clinical staff must have the capacity for prompt interactive communication addressing patient status and needs beyond scheduling follow-up care
- Attempts to communicate should continue after the first two attempts in the required 2 business days until successful
- Document all communication attempts and if all other TCM criteria are met, you may report the service
- Communication attempts should continue until successful

Non Face-to-Face TCM Services



- You must furnish non-face-to-face services to beneficiary, unless you determine they are not medically indicated or needed
- Clinical staff under your direction may provide certain non-face-to-face services
- Physicians or Non-physician practitioners (NPPs) may furnish the following:
 - ✓ Obtain and review discharge information
 - ✓ 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

TCM Services Under the Direction of a Physician or NPP



- Subject to supervision, State law, and other rules, licensed clinical staff may provide:
 - ✓ Communication 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 regimen adherence and medication management
 - ✓ Identify available community and health resources
 - ✓ Assist the beneficiary and/or family in accessing necessary care and resources

Face-to-Face Visit -TCM Codes



CPT Code 99495:

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

CPT Code 99496:

- Transitional care management services with high medical decision complexity
- Face-to-face visit within seven days of discharge
- The face-to-face visit is a component of the TCM service
- Should not report the face-to-face visit separately

Telehealth Services



May be billed as a telehealth service

- For eligible telehealth services, the use of a telecommunications system substitutes for an in-person encounter

TCM Medical Decision Making



Refers to the complexity of establishing a diagnosis and/or selecting a management option:

- Number of possible diagnoses and/or the number of management options that must be considered
- Amount and/or complexity of data reviewed:
 - Medical records
 - Diagnostic tests
 - Other information that must be obtained, reviewed, and analyzed
- Risk of significant complications:
 - Morbidity and/or
 - Mortality
 - Comorbidities

Levels of TCM Medical Decision Making (MDM)



Type of Decision Making	Number of Possible Diagnoses/Management Options	Amount/Complexity of Data	Risk Level
Straightforward	Minimal	Minimal or None	Minimal
Low Complexity	Limited	Limited	Low
Moderate Complexity	Multiple	Moderate	Moderate
High Complexity	Extensive	Extensive	High

This table depicts the elements for each level of medical decision making. To qualify for a given type of MDM, two of the three elements must either be met or exceeded.

Medication Reconciliation and Management



- Must furnish medication reconciliation and management no later than the date the face-to-face visit is performed

TCM Billing Summary



- Only one health care professional may report TCM services once per beneficiary during the TCM period
 - ✓ Same health care professional may perform hospital discharge: Report hospital or observation discharge services and bill TCM:
 - Required face-to-face visit may not take place the same day you report discharge day management services
- Report reasonable and necessary evaluation and management (E/M) services (other than the required face-to-face visit) to manage the beneficiary's clinical issues separately
- May not bill TCM services with post-operative global period services

TCM Billing Summary (continued)



When you report CPT codes 99495 and 99496, you may not also report these services during the TCM service period:

- Care plan oversight services
- End-stage renal disease services: CPT codes 90951-90970
- Home health or hospice supervision: HCPCS codes G0181 and G0182
- 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

TCM Documentation



- Date the beneficiary was discharged
- Date you made interactive contact with the beneficiary and/or caregiver
- Date you furnished:
 - ✓ Face-to-face visit
 - ✓ Non-face-to-face services
- The complexity of medical decision making:
 - ✓ Moderate
 - ✓ High

References



- [Transitional Care Management Services Fact Sheet](#)
- [Transitional Care Management Services FAQs](#)