



Roadmap to TCM Billing Compliance

Accurately document and bill for Transitional Care Management (TCM) service visits using CMS and CPT® guidelines*

Patient Discharge

Patient must be discharged from a qualifying location to a community setting** in order to qualify for TCM services. 30-day TCM service period begins the day after discharge.

START



Face-to-Face Visit

Document face-to-face*** visit using SOAP note format; this ensures the visit can be remapped to a billable E/M level if TCM requirements are not met or if another provider also bills for TCM within the same 30-day period. Always include discharge date in documentation. Medication reconciliation must be captured by this visit.



Initial Interactive Contact with Patient or Caregiver

Must take place within two business days after discharge. May take place in-person, via electronic communication method, or phone. Communication must be above and beyond scheduling patient for follow-up visit and follow CMS guidance for qualifying components.



Ensure All Requirements Have Been Met

1. Verify interactive contact component was documented.
2. Double-check that patient was seen within correct timeframe for billing (see next step).
3. Confirm patient has not been billed for TCM services within the last 30-day service period.



Select Appropriate Billing Code

1. **Code 99495:** F2F visit must take place between 1 – 14 calendar days post discharge; MDM is Moderate Complexity****.
2. **Code 99496:** F2F visit must take place between 1 - 7 calendar days post discharge; MDM is High Complexity****.

Promptly Submit Claim

Do not hold claim until the 30-day period has concluded.



FINISH

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Important Information

* TCM services are billable to other third party payers; adhere to specific payer guidelines for proper reimbursement.

** Qualifying locations and community settings are further defined in CMS' MLN booklet on TCM services: [Transitional Care Management Services \(cms.gov\)](#)

*** Face-to-face visit can take place in-person or via audio/video telehealth; audio-only telehealth is not allowable per CMS. [List of Telehealth Services | CMS](#)

**** The billing timeframe and MDM must be accounted for; if patient is seen within 7 days but MDM is not High Complexity, downcode 99495 (Moderate Complexity).

Acronym Key

F2F: Face-to-Face
E/M: Evaluation & Management
MDM: Medical Decision Making
SOAP: Subjective, Objective, Assessment, Plan
TCM: Transitional Care Management



TCM FAQ

Q: Can this service be provided to new and established patients?

A: Yes.

Q: Are TCM services billable by specialists?

A: TCM services are meant for primary care providers, as the CPT® description states: "The reporting individual provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs, and activity of daily living support by providing first contact and continuous access." This does not exclude specialty care providers from billing TCM services, but CPT guidelines should be followed using the parties' best judgement.

Q: Can TCM services be provided even if the patient was discharged AMA?

A: Yes, in these situations these patients may be in need of TCM services even more so.

Q: Is TCM billable if we cannot reach the patient for the initial contact component?

A: Yes, at least two attempts must be made and documented in the medical record. It is encouraged to continue to try reaching out to the patient until successful.

Q: Can other services be billed with TCM?

A: Yes, services such as Prolonged Care (99358-99359), Complex Chronic Care (99487, 99489), Chronic Care Management (99490, 99491, 99439), Care Plan Oversight (G0181, G0182), ESRD Codes (90951, 90954-90970) may be billed concurrently with TCM services as long as all elements of each service are appropriately captured in the documentation. Time dedicated toward each service cannot overlap.

Q: Is the face-to-face visit billed separately with an office E/M code (99202-99215)?

A: In most cases, no. TCM codes are built with an E/M embedded in the code itself. Unless a significant new problem was addressed during the visit, bill the appropriate TCM code only.

Q: If the patient is seen again during the 30-day TCM time period, is an E/M billable?

A: Yes, only the first F2F visit is bundled into the TCM code. E/M can be conducted in-person or audio/video telehealth, but audio-only telehealth cannot be billed during a TCM period.

Q: What DOS should we use for billing?

A: The date of the face-to-face visit is the DOS that should be submitted on the claim.

Q: Is it possible to bill for TCM if the patient is discharged and presents to the clinic on the same day?

A: No, TCM cannot be billed on the date of discharge.

Q: Is TCM billable if the patient is in the global period for a procedure?

A: No, TCM cannot be billed during the global period of a procedure, either performed in the hospital or otherwise.

Q: Is TCM billable if the patient is discharged from the inpatient hospital setting to a SNF?

A: No, the patient must be discharged to their "home" setting, which includes their personal residence, domiciliary, nursing home, rest home, temporary lodging location, or assisted living. If the patient is discharged from a SNF to their "home" setting, TCM is applicable for this type of discharge.

Q: Is TCM billable if the patient expires within the 30-day timeframe?

A: No, the encounter should be remapped to an E/M code.

Q: How do we bill in situations where the patient is readmitted to the hospital within the 30-day timeframe?

A: One of the purposes of TCM services is to keep patients out of the hospital. In this scenario, it is suggested to bill the first visit as an E/M and try again for TCM billing after the second discharge.