

# Transitional Care Management



## What is Transitional Care Management (TCM)?

The goal of TCM is to provide more effective care during care transitions to decrease the percentage of avoidable readmissions. TCM is a program developed by the Centers for Medicare and Medicaid (CMS) to improve care transitions between care settings and provide significant payment for bundled care. Providers often use the E & M codes instead of the TCM CPT codes. CMS emphasizes the importance of TCM visits by reimbursing TCM codes at a significantly higher RVU and reimbursement rate.



## Eligible Beneficiaries

TCM is a covered benefit under Medicare fee-for-service (FFS) and some commercial plans. Eligible beneficiaries are those who are discharged **FROM** one of the following settings:

- Inpatient Acute Care
- Inpatient psychiatric hospital
- Inpatient rehabilitation facility (IRF)
- Long-term care hospital (LTAH)
- Skilled nursing facility (SNF)
- Hospital outpatient observation or partial hospitalization
- Partial hospitalization at a community mental health center



## Eligible Practitioners

The following providers are eligible to furnish and bill TCM services:

- Physicians- any specialty
- Clinical Nurse Midwife (CNMs)
- Clinical Nurse Specialist (CNSs)
- Nurse Practitioner (NPs)
- Physician Assistant (PAs)

The beneficiary must be discharged from one of the previous setting **TO** their community setting (home):

- The beneficiary's home
- Assisted Living
- Nursing Facility (Long Term/LTC)
- Domiciliary (i.e.. Group home)

## Required TCM Components

The 30-day TCM period begins on the patient's inpatient discharge date and continues for the following 29 calendar days. Patients qualify for TCM services when they following are met:

✓ Discharged from eligible setting (see page 1)

### ✓ Interactive Contact

- Provider or clinical staff (under the provider direction) must contact the patient or caregiver by phone, email, or face-to-face within **2 business days** after the patient's discharge.
- The interactive contact must be performed by clinical staff who can address patient status and needs beyond scheduling follow-up care.
- Provider may report the service if 2 or more unsuccessful separate contact attempts in a timely manner, continue trying to contact the patient until successfully reached.

**✓Non-Face-to-Face Services**

- Provider or clinical staff must provide patients medically reasonable and necessary non-face-to-face services within 30-day TCM service period

**✓Physician or NPP Non-Face-to-Face Services**

- Review discharge information (i.e., discharge summary or continuity-of-care documents)
- Review the patient’s need for, or follow up on, diagnostic test and treatments
- Interact with other health care professionals who may assume or reassume care of the patient’s system-specific problems
- Educate the patient, family, guardian or caregiver
- Establish or re-establish referrals and arrange needed community resources
- Help schedule required community providers and services follow-up

**✓Auxiliary Personnel Under Physician or NPP General Supervision Non-Face-to-Face Services**

- Communicate with the patient
- Communicate with agencies and community service providers the patient uses
- Educate the patient, family, guardian, or caregiver to support self-management, independent living, and activities of daily living
- Assess and support treatment adherence, including medication management
- Identify available community and health resources
- Help the patient and family access needed care and services

**✓Face-to-Face Visit**

Provider must have 1 face-to-face or telehealth visit within the timeframes described by these 2 CPT codes:

**TCM Codes**

The level of medical decision-making and the time frame for the face-to-face visit determines which CPT code to use (e.g., if the patient requires moderate complexity decision-making and is seen within seven days post-discharge, 99495 must be used.).

**✓Note: Medication Reconciliation and Management must take place no later than the face-to-face visit**

TCM CPT Code	Interactive Contact	Face-to-Face	Medical Decision-Making	Fee Schedule	RVU
99496	✓	Within 7 calendar days of discharge	High level of medical decision making during the service period	Non-Facility: \$284.20 Facility: \$192.40	3.79
99495	✓	Within 14 calendar days of discharge	At least moderate level of medical decision making during the service period	Non-Facility: \$209.84 Facility: \$147.17	2.78

2024 Medicare TCM Fee schedule  
TCM fee schedule varies by payer

<https://www.cms.gov/files/document/mln908628-transitional-care-management-services.pdf>