Transitional Care Management (TCM) Services



All providers are encouraged to provide transitional care management (TCM) services to prevent poor outcomes specifically associated with gaps in the transition of care. TCM services are available for CalOptima Health members who are discharged from an inpatient or similar setting, starting on the discharge date and lasting for 30 days.

Who can provide these TCM services?

- Physicians and nonphysician practitioners (NPPs) (e.g., nurse practitioner [NP], physician assistant [PA], clinical nurse specialist [CNS])

What does TCM include?

- Interactive Contact: Within two business days of discharge.
- Face-to-Face Visit:
  - ☑ CPT 99495: Moderate complexity, visit within 14 days
  - ☑ CPT 99496: High complexity, visit within seven days
- Medication Reconciliation: Must be completed on or before the face-to-face visit.
- Non-Face-to-Face Services: Includes reviewing discharge info, coordinating care and patient/caregiver education.
- Telehealth: TCM services may be delivered via telehealth.

How do I bill for TCM services?

Only one provider may bill for TCM per patient per 30-day period.

- Must document all of the following:
  - ☑ Discharge date
  - ☑ Date of first contact
  - ☑ Face-to-face visit date
  - ☑ Level of medical decision-making

Note for Concurrent Billing:

- Some care management services may be billed concurrently if not duplicative.
- Refer to Centers for Medicare & Medicaid Services (CMS) guidance

Where can I find more information?

www.cms.gov/files/document/mln908628-transitional-care-management-services.pdf

CalOptima Health

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