

TCM: 30 Day Timeline

Interactive Contact

48 Hours Post Discharge	<p>An interactive contact must be made with the beneficiary and/or caregiver within 2 business days following the discharge* into the community setting.</p> <ul style="list-style-type: none"> ○ This contact may be via telephone, email, or face-to-face ○ Attempts to communicate should continue after the first two attempts in the required 2 business days until they are successful ○ If you make two or more separate attempts in a timely manner and document it in the record and all other TCM criteria are met, you may report the service with the expectation of continuing to contact the beneficiary until being successful
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Non-Face-to-Face Services

Any time after initial contact until the face-to-face appointment	<p>Professionals must furnish non-face-to-face services to the beneficiary, unless deemed not medically necessary. Clinical staff under direction of the professional may provide certain non-face-to-face services.</p> <p><u>Furnished by **Professionals:</u></p> <ul style="list-style-type: none"> ○ Obtain and review discharge information ○ Review need for or follow-up on pending diagnostic tests and treatments ○ Interact with other professionals who will assume or reassume care of the beneficiary ○ Provide education to the beneficiary and/or caregiver ○ Establish or re-establish referrals and arrange for needed community resources ○ Order required follow-up appointments and services <p><u>Furnished Under Direction of Professional:</u></p> <ul style="list-style-type: none"> ○ Communicate with agencies and community services the beneficiary uses ○ Provide education to the beneficiary and/or caregiver ○ Assess and support treatment regimen adherence and medication management ○ Identify available community and health resources ○ Assist the beneficiary and/or family in accessing needed care and services
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Face-to-Face Visit

7 Days Post Discharge	Professionals must furnish one face-to-face visit within 7 days after being discharged based on the high complexity of the medical diagnosis. CPT Code 99496.
14 Days Post Discharge	Professionals must furnish one face-to-face visit within 14 days after being discharged based on the moderate complexity of the medical diagnosis. CPT Code 99495.

from Hospital Inpatient/Observation, SNF, Inpatient rehab, Inpatient Psych, Long term care Hospital

Professionals who may furnish TCM services are as followed: Physicians (any specialty), NPs, and PAs

Elements for Each Level of Medical Decision Making			
Type of Decision Making	Number of Possible Diagnosis and/or Management Options	Amount and/or Complexity of Data to Be Reviewed	Risk of Significant Complications, Morbidity, and/or Mortality
Straightforward	Minimal	Minimal or None	Minimal
Low Complexity	Limited	Limited	Low
Moderate Complexity (99495)	Multiple	Moderate	Moderate
High Complexity (99496)	Extensive	Extensive	High

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

Billing TCM Services	
Date of Service on the Claim	<p>The 30-day period for the TCM service begins on the day of discharge and continues for the next 29 days. <i>The date of service you report should be the date of the required face-to-face visit.</i></p> <ul style="list-style-type: none"> • The same health care professional may discharge the beneficiary and bill for the TCM service; however, the face-to-face visit may not occur on the same day as the discharge. • You may submit the claim once the face-to-face visit is furnished and need not hold the claim until the end of the service period.
Place of Service On the Claim	The place of service reported on the claim should correspond to the place of service of the required face-to-face visit.
Minimum Documentation Required in Medical Record	<ul style="list-style-type: none"> • Date the beneficiary was discharged • Date you made an interactive contact with the beneficiary's medical record • Date you furnished the face-to-face visit • The complexity of medical decision making (moderate or high)
Codes NOT Reportable During the TCM Service	<ul style="list-style-type: none"> • Care Plan Oversight Services • Home health or hospice supervision: HCPCS codes G0181 and G0182 • End-Stage Renal Disease services: CPT codes 90951-90970 • 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 services cannot be paid if any of the 30-day period falls within a global period for a procedure code billed by the same practitioner.