

# Tips provided for transitional care management code usage

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(HealthDay)—In an article published Dec. 18 in *Medical Economics*, information is provided on transitional care management (TCM) codes and how to implement a process to use these codes.

In 2013, the Centers for Medicare & Medicaid Services estimated that two-thirds of all [hospital discharges](#) would be eligible for TCM services, and TCM reimbursements would generate increased payments for some physicians and non-physician practitioners.

According to the article, codes 99495 and 99496 are used to report physician and non-physician practitioner care management services following discharge from an inpatient hospital, partial hospital, observation status in a hospital, skilled or other nursing facility, or community mental health center. Codes do not apply to those who were only seen in the emergency department. Requirements for billing include

performance of services within 30 days of transition to community setting, accepting responsibility for beneficiary's post-discharge care, and patient having medical and/or psychosocial problems requiring moderate or high complexity medical decision-making.

Medicare's reimbursement makes it worth the time to establish a process for billing TCM codes. Proper billing must include communication with patient and/or caregiver within two business days of discharge; face-to-face visit within 14 or seven days (99495 and 99496, respectively); and medical decision-making of at least moderate or high complexity during the service period (99495 and 99496, respectively).

**More information:** [More Information](#)

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