

Transitional Care Management 30-Day Worksheet

Patient name:		DOB:				
D/C physician:		D/C date:				
Records requested: Recor	ds received:	Reviewed:				
Diagnoses on discharge:						
Date of interactive contact (2 business days post D/	C): Phone [□ Email □ Direct	☐ Other			
Date of 7-day or 14-day, face-to-face visit:						
Family and/or caretaker present at visit:						
Medications on discharge	M	fledication changes/ac	djustments			
Diagnostic tests reviewed/disposition:						
Disease/illness education:						
Home health/community services discussion/referra	uls:					
Establishment or re-establishment of referral orders	or community recourse					
Establishment of re-establishment of referral orders	or community resource	es.				
Discussion with other health care providers:						
Assessment and support of treatment regimen adhe	rence:					
Appointments coordinated with:						
Education for self-management, independent living, a	and activities of doily live	ing:				
Ladeation for Seir-management, independent living, 8	ind activities of daily livi	IIIg.				
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Transitional Care Management 30-Day Worksheet, continued

			Medica	ıl Decision Makir	ng		
		DIAGNOSIS and I	MANAGEMENT		QTY	POINTS	TOTAL
Self-li	imited or mind	or — stable, improv, or	prog as expected			1	=
Established prob — stable, improving							=
Established prob — worsening 2							=
New	prob — no fur	ther workup planned				3	=
Vew	prob — additio	onal workup planned				4	=
			DIAGNO	OSIS and MANA	GEMENT TOTALS		=
			DA	TA REVIEWED			
Revie	ew/order of cl	inical lab tests (80000	code series)				1
Revie	ew/order of ra	diology tests (70000	code series)				1
Revie	ew/order of m	edicine tests (90000	code series)				1
Discu	uss test w/per	forming or interpretin	g physician				1
Deci	ision to obtain	old records or histor	y from someone o	ther than patient			1
		ary of old records and		tory from someon	e other than pt and,	or discussion	2
		lization of actual imag		imen (not simply	review of report)		2
					-	/IEWED TOTAL	
		TA	BLE OF RISK				
Moderate	Presenting Problem	new prob with uncerta (pyeloephritis, Pneum consciousness)					
odera	Diag Procedure Ordered	Physiologic tests undo or inc bx, Cardio imag	w/cont, no identifie				
Modera	Procedure		w/cont, no identifie racentesis) isk, Elec major sx (o nerapeutic nuclear n	d risk, Obtain fluid f ppen, perc, endos) v medicine, IV fluids w	rom body cavity		
	Procedure Ordered Mgmt	or inc bx, Cardio imag (lumbar puncture, tho Minor sx w identified i risk, Rx drug mgmt, T	w/cont, no identified racentesis) isk, Elec major sx (one perapeutic nuclear racentesis) c, prog, tx side effectiona, MI, pulm emb, side side racentesis and side side side side side side side sid	d risk, Obtain fluid f ppen, perc, endos) v medicine, IV fluids w manipulation cts; Acute/chr ill or i sev resp dist, prog s	v/no identified v/additives, nj posing threat sev rheum arth,		
	Procedure Ordered Mgmt Options Presenting Problem Diag Procedure	or inc bx, Cardio image (lumbar puncture, tho Minor sx w identified in risk, Rx drug mgmt, The Closed treatment of fix the fill w/severe exact to life/bodily func (training)	w/cont, no identifier racentesis) isk, Elec major sx (one rapeutic nuclear racentesis) c, prog, tx side effection, MI, pulm emb, so self or others, rend	d risk, Obtain fluid f ppen, perc, endos) v medicine, IV fluids w manipulation cts; Acute/chr ill or i sev resp dist, prog s al fail); Sz, TIA, weak pphysiological tests	v/no identified v/additives, nj posing threat sev rheum arth, tness, sens loss		
High Modera	Procedure Ordered Mgmt Options Presenting Problem Diag	or inc bx, Cardio image (lumbar puncture, tho Minor sx w identified in risk, Rx drug mgmt, The Closed treatment of fit of the chrill w/severe exact to life/bodily func (train psych ill w/pot threatment).	w/cont, no identified racentesis) isk, Elec major sx (or nerapeutic nuclear racentesis) isk, Elec major sx (or nerapeutic nuclear racentesis) isk, Elec major sx (or nerapeutic nuclear racentesis) isk, Elec major sx (or nerapeutic national) isk, Elec major sx (or nerapeutic national) isk, Elec major sx (or nerapeutic national) isk, pulm emb, so self or others, renational ractors; Discography isk, perc, endo w/risk itensive monitoring for	d risk, Obtain fluid f upen, perc, endos) v medicine, IV fluids w manipulation ets; Acute/chr ill or in sev resp dist, prog s al fail); Sz, TIA, weak uphysiological tests v k); Emerg major sx; or toxicity; Decision	rom body cavity w/no identified w/additives, nj posing threat sev rheum arth, sness, sens loss c; Diag endosco- Parenteral cont		
	Procedure Ordered Mgmt Options Presenting Problem Diag Procedure Ordered Mgmt Options	or inc bx, Cardio image (lumbar puncture, tho Minor sx w identified in risk, Rx drug mgmt, The Closed treatment of fix to life/bodily func (train psych ill w/pot threatment of image). Cardio img w/cont and pies w/identified risk to life t	w/cont, no identified racentesis) isk, Elec major sx (or increase and	d risk, Obtain fluid for pen, perc, endos) was medicine, IV fluids was manipulation ets; Acute/chr ill or insev resp dist, prog sal fail); Sz, TIA, weak ophysiological tests was pen major sx; or toxicity; Decision or prognosis	rom body cavity w/no identified w/additives, nj posing threat sev rheum arth, kness, sens loss j; Diag endosco- Parenteral cont not to resusci-		
High	Procedure Ordered Mgmt Options Presenting Problem Diag Procedure Ordered Mgmt Options (2 of 3 elem MDM:	or inc bx, Cardio image (lumbar puncture, tho Minor sx w identified in risk, Rx drug mgmt, The Closed treatment of fix. The chrill w/severe exact to life/bodily func (train psych ill w/pot threat cardio img w/cont and pies w/identified risk to Elective major sx (opersubs; Rx therapy w/in tate or to de-escalate the cents must be met of the control of	w/cont, no identified racentesis) isk, Elec major sx (or incrapeutic nuclear racentesis) isk, Elec major sx (or incrapeutic nuclear racentesis) isk, Elec major sx (or increased effect racentesis) isk, Elec major sx (or incr	d risk, Obtain fluid for pen, perc, endos) was medicine, IV fluids was manipulation ets; Acute/chr ill or insev resp dist, prog sal fail); Sz, TIA, weak ophysiological tests was pen toxicity; Decision or prognosis Ievel of decision Mod	rom body cavity w/no identified w/additives, nj posing threat sev rheum arth, kness, sens loss j; Diag endosco- Parenteral cont not to resusci-		
High	Procedure Ordered Mgmt Options Presenting Problem Diag Procedure Ordered Mgmt Options (2 of 3 elements)	or inc bx, Cardio image (lumbar puncture, tho Minor sx w identified in risk, Rx drug mgmt, The Closed treatment of fit of the chronic life (losed) func (transport ill well by the cardio image) for t	w/cont, no identifier racentesis) isk, Elec major sx (one rapeutic nuclear racentesis) c, prog, tx side effections, MI, pulm emb, so self or others, render drisk; Cardio electrosicators; Discographystensive monitoring for care because of poor rexceeded for a Low 2	d risk, Obtain fluid for pen, perc, endos) we medicine, IV fluids we manipulation ets; Acute/chr ill or insev resp dist, prog stal fail); Sz, TIA, weak ophysiological tests were major sx; or toxicity; Decision or prognosis level of decision Mod 3	w/no identified w/additives, nj posing threat sev rheum arth, sness, sens loss c; Diag endosco- Parenteral cont not to resusci-		
High	Procedure Ordered Mgmt Options Presenting Problem Diag Procedure Ordered Mgmt Options (2 of 3 elem MDM:	or inc bx, Cardio image (lumbar puncture, tho Minor sx w identified in risk, Rx drug mgmt, The Closed treatment of fix. The chrill w/severe exact to life/bodily func (train psych ill w/pot threat cardio img w/cont and pies w/identified risk to Elective major sx (opersubs; Rx therapy w/in tate or to de-escalate the cents must be met of the control of	w/cont, no identified racentesis) isk, Elec major sx (or incrapeutic nuclear racentesis) isk, Elec major sx (or incrapeutic nuclear racentesis) isk, Elec major sx (or increased effect racentesis) isk, Elec major sx (or incr	d risk, Obtain fluid for pen, perc, endos) was medicine, IV fluids was manipulation ets; Acute/chr ill or insev resp dist, prog sal fail); Sz, TIA, weak ophysiological tests was pen toxicity; Decision or prognosis Ievel of decision Mod	rom body cavity w/no identified w/additives, nj posing threat sev rheum arth, aness, sens loss c; Diag endosco- Parenteral cont not to resusci- making) High		

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