

Differences in transition care management (TCM) coding rules

	CPT coding	Medicare coding
Codes	99495–TCM services	99495–TCM services
Face-to-face visit	99496–TCM services Within 14 calendar days of discharge (99495) or within 7 days of discharge (99496). The first face-to-face visit is part of the TCM service and not reported separately. E/M services after the first face-to-face visit may be reported separately.	99496–TCM services Within 14 calendar days of discharge (99495) or within 7 days of discharge (99496). The first face-to-face visit is part of the TCM service and not reported separately. E/M services after the first face-to-face visit may be reported separately.
Relationship with patient	The reporting physician or nonphysician provider must have an established relationship with the patient. “Established patient” means a visit in the past three years.	The reporting physician or nonphysician provider may or may not have an established relationship with the patient.
Discharge management	A physician or nonphysician provider may report both the discharge code and appropriate TCM code.	A physician or nonphysician provider may report both the discharge code and appropriate TCM code.
Global services	The physician who reports a service with a global period of 10 or 90 days may not also report the TCM service.	The physician who reports a service with a global period of 10 or 90 days may not also report the TCM service.
Communication with patient	Communication (direct contact, telephone, electronic) with the patient and/or caregiver is required within 2 business days of discharge.	Communication (direct contact, telephone, electronic) with the patient and/or caregiver is required within 2 business days of discharge. CMS will allow TCM billing even after two unsuccessful attempts to contact the patient.
When should billing occur?	Within 30 days of patient discharge	After conclusion of the service (after the 30-day post-discharge period)
Who can bill TCM?	MD, DO, NP, PA, CNS, CNM	MD, DO, NP, PA, CNS, CNM
Billing limited by medical specialty?	No. Can be billed by primary care and other specialties.	No. Can be billed by primary care and other specialties.
Limited to certain diagnoses?	No	No