

Transitional Care Management Services

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Authority: [32 CFR 199.4\(c\)\(2\)\(iv\)](#)

1.0 CPT¹ PROCEDURE CODES

99495, 99496

2.0 DESCRIPTION

2.1 Transitional care management services are for new or established patients whose medical or psychological problems require moderate or high complexity medical decision making during transitions in care from an inpatient setting, partial hospital, observation status or Skilled Nursing Facility (SNF) to the patient's community setting.

2.1.1 99495 - Transitional Care Management Services

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge.
- Medical decision making of at least moderate complexity during the service period.
- Face-to-face visit, within 14 calendar days of discharge.

2.1.2 99496 - Transitional Care Management Services

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge.
- Medical decision making of high complexity during the service period.
- Face-to-face visit, within seven calendar days of discharge.

2.2 Transitional care management is a bundle of services provided within a 30-day period following discharge. The required elements include communication with the patient (direct, telephonic or electronic), medical decision making, and a face-to-face visit.

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TRICARE Policy Manual 6010.57-M, February 1, 2008

Chapter 1, Section 15.1

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3.0 POLICY

3.1 Transitional care management services are covered by TRICARE one time per beneficiary within 30 days of discharge.

3.2 Telephone services may be provided as part of these codes which represent a bundle of service; however, the telephone service is incidental or in support of the medically necessary and appropriate primary service. As a result, the TRICARE exclusion for services and advice provided by telephone does not apply.

3.3 All CPT coding guidelines apply. See [Section 1.1, paragraph 3.4.1.2](#).

4.0 EFFECTIVE DATE

January 1, 2013

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