



Transitional Care Management Services

Healthcare initiatives, such as payment for Transitional Care Management (TCM) services, implemented by Medicare in January 2013 focus on strategies to reduce readmission rates and pay practices for time spent proactively contacting and seeing patients and/or their caregivers to discuss follow-up care post-discharge.

CODE	DESCRIPTION	RATE
99495	Transitional Care Management Services with the following required elements: <ul style="list-style-type: none"> • Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 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 	\$130.26*
99496	Transitional care management services with the following required elements: <ul style="list-style-type: none"> • Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge • Medical decision making of at high complexity during the service period • Face-to-face visit, within 7 calendar days of discharge 	\$190.93*

Gateway HealthSM has been assessing ways to assist our primary care practices with managing their Gateway patient- population. Gateway Medicare AssuredSM has been reimbursing practitioners for the TCM codes (99495 & 99496) since they were added to the Medicare fee schedule however the codes are not yet payable on the PA Department of Public Welfare (DPW) Medicaid fee schedule. In order to support and encourage ALL primary care practices who see our Medicaid and Medicare Transitional Care Management Services beginning January 1, 2014 Gateway will reimburse our contracted Fee-for-Service (FFS) and capitated Medicaid practices for the TCM codes at the Medicare rates noted above.

The requirements for providing and billing for TCM services are somewhat involved. CMS has developed a comprehensive publication that provides information on the requirements, who can furnish TCM services, settings, billing and a FAQ. The following reference tool is available online at www.GatewayHealthPlan.com under Providers/Forms and Reference Material/TCM Tool and Reference Material.

➤ Medicare Learning Network – Transitional Care Management Services

Gateway recognizes it can be a challenge for PCP practices to coordinate post discharge follow-up care since office based physicians are not always the attending physician.

To further assist practices...

In March 2012 Gateway began faxing weekly a report to each PCP practice when members on their panel have been admitted and/or discharged during that week. The report includes the member's name, if they are linked to Gateway's Medicaid or Medicare AssuredSM product, facility name, attending physician, admitting diagnosis, and admission and discharge dates.

The report will also include any readmissions that have occurred within 30 days.

Our goal is to facilitate continuity and coordination of care. Communication is the key and the objective is to financially support and assist practices in identifying members that would benefit from contact and an office visit so that discharge instructions can be reviewed, medications can be reconciled, and any complications are addressed to avoid a re-admission and improve overall patient outcomes and experience.