

New Codes for Transitional Care Management and Chronic Care Coordination Services





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In response to evolving health care service payment models, the American Medical Association's Current Procedural Terminology (CPT) Editorial Panel recently developed and approved two new code sets within the existing Evaluation and Management (E&M) chapter. These code sets include complex chronic care coordination services (CCCCS) and transitional care management services (TCMS).

The codes were developed and approved in 2012 in preparation for release and publication in the *CPT 2013* and were designed to support team-based (multidisciplinary) patient care coordination. The codes are not limited to physicians and the panel clearly acknowledges their use by "other qualified health care professionals." The CCCC codes are structured as time-based billing codes and reported over a period of a calendar month. The TCMS codes represent a period of care, either seven days post-transition for high complexity patients, or 14 days post-transition for moderate complexity patients.

The two code sets may be used together for a single patient but may not be used simultaneously. The TCMS codes should be applied immediately following a health care facility discharge and include services that may focus on a complex chronic condition during the calendar month following a transition. The CCCC codes could then be used from the next month forward.

TCMS Codes

The TCMS codes are designed to report transitional care management services for an established patient with medical and psychological care requiring moderate or high complexity medical decision making. These codes are intended to report services that occur when patients are making transitions from an inpatient setting (including acute hospital, rehabilitation hospital, long-term care hospital), partial hospital, observation status in a hospital, or skilled nursing facility/nursing facility, to the patient's community setting (home, domiciliary, rest home, or assisted-living institution). The services may initiate on the date of discharge and extend for 29 days from that date. TCMS include face-to-face and non-face-to-face service elements.

The new TCMS codes include the following:

99495 Transitional Care Management Services with the following required elements:

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

99496 Transitional Care Management Services with the following required elements:

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



CCCCS Codes

CCCCS are patient-centered management and support services provided by physicians or other qualified health care professionals and clinical staff for patients who reside at home, in an assisted-living facility, nursing home, or other type of health care facility. CCCC codes are used when 31 minutes of physician or clinical staff time are provided to the patient in care and coordination, but these codes cannot be billed on the same day that the practitioner is billing an E&M code.

New CCCC codes include the following:

99487 - First hour of clinical staff time directed by a physician or other qualified health care professional with no face-to-face visit, per calendar month

99488 - First hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month

99489 - Each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)

Findings

These codes represent new multispecialty coding that may be used by a pharmacist, in conjunction with a multidisciplinary health care team, to provide services for the management or transitional patient care and coordination of chronic conditions.

In the background information for both code sets, it is clear that the codes can be used by “other qualified health care providers,” and that medication therapy management codes (99605, 99606, and 99607) should not be used by the same practitioner who is reporting the TCMS and CCCC codes for reimbursement purposes. This does not mean that if TCMS or CCCC codes are submitted by one practitioner (i.e., a physician), a pharmacist would be precluded from reporting a medication therapy management services code separately.

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