

OPTIMIZING TCM CODING

Better Billing, Better Reimbursement



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DISCLAIMER

This presentation is provided as general information only.

It does not constitute billing advice nor appropriate claims submission(s) and should not be used as a substitute for individual billing needs. Because billing services must be tailored to the specific circumstances of each case, nothing provided should be used as a substitute for advice of specified billers. Each billing cycle's outcomes may differ depending on specific facts.

Further, I do own a billing service - Physician Support Service. My affiliation with this group does not change nor alter the veracity of my statements but is a required disclosure so that you may have the full breadth of information at your disposal when choosing to engage our services.



Melissa Gilbert

President of Family Medicine of Michigan

- ✓ *20+ years serving as the practice administrator*
- ✓ *Leads Michigan-based multi-specialty practice*
- ✓ *Consistently delivers maximum value-based reimbursements*

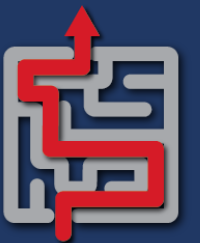
President of Physician Support Service, LLC

- ✓ *Highly credentialed US-based team*
- ✓ *Partner to practices helping them implement and deliver value-based programs to improve their revenue cycle management*



Why Implement a Program like TCM for Your Practice?

- Improves the quality of care for your patients
- Improves the productivity of your providers and staff
- Improves the value of the revenue cycle for your practice by reducing leakage and enhancing claim values





Myths & Truths

~~TCM and CCM can't be billed in the same month.~~

MYTH! You CAN bill both.

~~You have to speak with the patient within 2 days of discharge.~~

MYTH! A documented interactive contact after 2 days meets initial contact requirements if documented outreach was made every day until the patient is reached.

TCM services can be provided by someone other than a physician.

TRUE! Clinical staff can provide non-face-to-face services.

Scope of Work



Physicians & Non-Physician Practitioners

- Physicians
- Nurse Practitioners
- Physician Assistants


Licensed Clinical Staff

- Registered Nurses
- Licensed Practical Nurses

Medical Assistants (With Proper Scope of Work)

- MAs can assist with *non-face-to-face outreach* under *general supervision* of a billing provider.
- Practices must establish a written scope of work agreement outlining responsibilities.

	Face to Face	MedRec	Coordination	Outreach
Providers	●	●	●	●
Licensed Staff	●	●	●	●
MAs	●	●	●	●



MICMT
Michigan Institute for Care Management & Transformation

Standing Agreement Regarding Scope and Expectations

Practice / Organization Name:

Role Described:
Example: Medical Assistant

Targeted Population:
Examples: Patients who are discharged from the hospital, who visit the emergency department, who have gaps in care, who could benefit from self-management support.

Scope of Services: (Insert additional Services as needed)
Examples could include:

- Call patients within 48 business hours of discharge from the hospital to coordinate care.
- Call patients within 48 business hours of notification of an emergency department visit.
- Conduct patient assessments including: PHQ-9, Social Needs Assessment
- Call patients with identified gaps in care to support overall quality efforts, providing direction for completing any necessary tests/labs or scheduling an appointment with the provider.
- Serve as a point of contact, advocate and informational resource for patient, family, care team, payers, and community resources
- Cultivate and supports co-management with primary care/or subspecialty making referrals, reports and summaries as identified
- Completes concise, timely written documentation within medical record

Medical Emergency:
In the event of a medical emergency, follow the (Insert: Practice/Organization Name) medical emergency protocols.

Provider Name, Signature & Credentials: (Insert here)
(This may vary based on organizational structure. It is highly recommended that either a Medical Director or Physician/Practice leader sign on behalf of all providers.)

Date(s):

You're Already Doing The Work. Are You Missing Out On Higher Revenue?



Standard Practice

Value-Based Practice

Regular Codes	Reimbursement	TCM Codes	Reimbursement	Difference
99214	\$120.84	99495	\$192.73	60%
99215	\$169.85	99496	\$222.16	31%

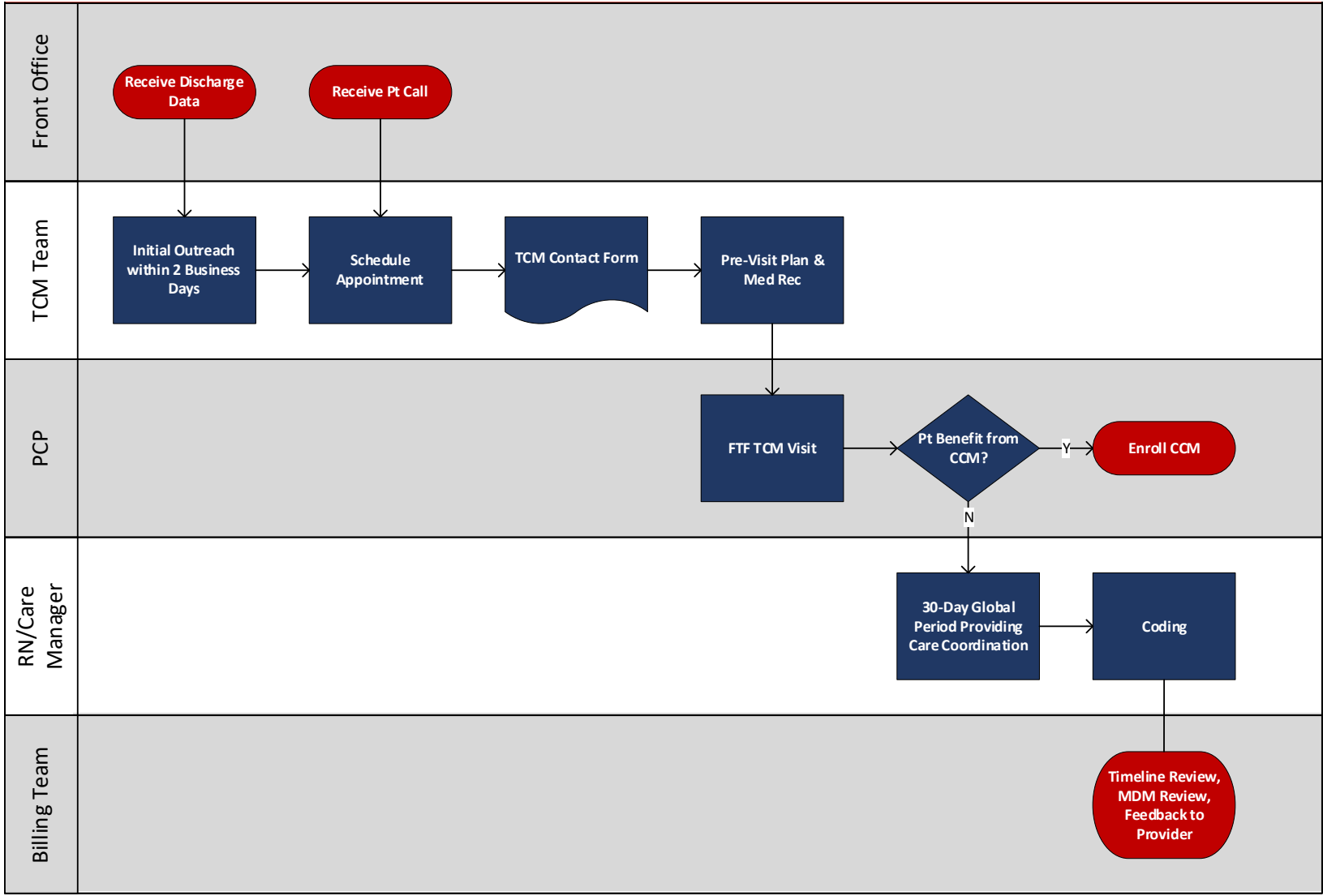
- Also, \$35 for Medicare Plus Blue / BCN Advantage when med rec is billed with code 1111F after hospital discharge.
- **Tip:** Bill immediately if med rec is completed during initial contact.
- Don't forget: Also bill for the Care Manager's (PDCM) time on the phone!

Is your practice ready to pursue TCM?

Is your billing partner capable to help you implement and operate your TCM program effectively?

What Does Your TCM Process Look Like?

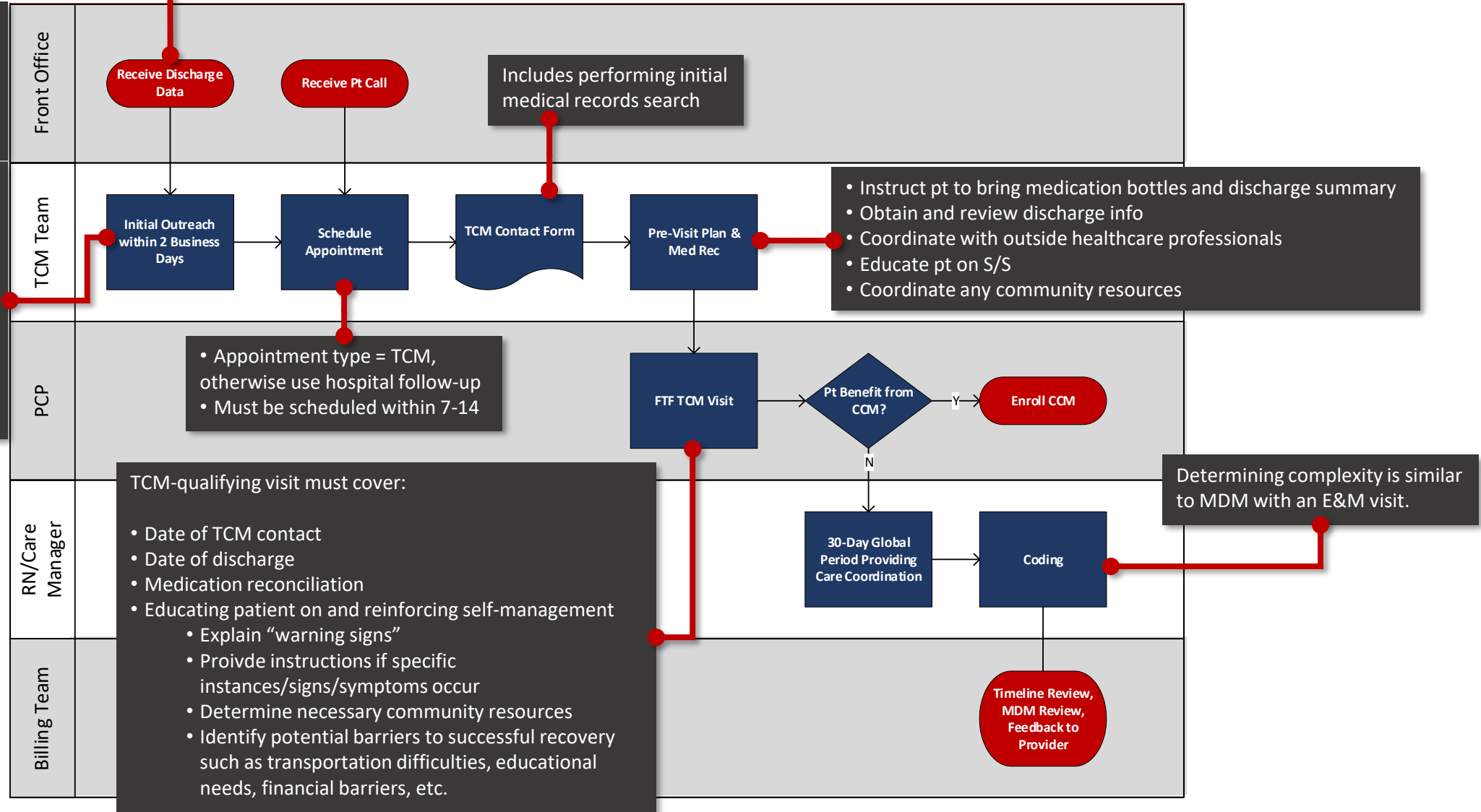
OVERVIEW



What Does Your TCM Process Look Like?

- Hospital/SNF/Rehab sends discharge info via ADT or Fax.
- Discharge must be from inpatient setting and discharge to community setting,
- 30-day period begins at D/C

- Initial outreach must occur within 2 business days (24-48 hours) from discharge
- Business day definition:
 - M-F 8am-5pm
 - Excludes nights, weekends, holidays
- If unable to reach pt, continue calling while documenting each attempt.



OV



TCM Medical Decision Making (MDM)



Complexity Level	Number & Complexity of Problems	Amount & Complexity of Data Reviewed	Risk of Significant Complications/Morbidity	TCM Code
Moderate	<ul style="list-style-type: none"> • 1+ chronic with exacerbation • 2+ stable chronic • 1 new problem with uncertain prognosis • 1 acute systemic illness • 1 acute complicated injury 	<p>Meet at least 1 category:</p> <ul style="list-style-type: none"> • Any combination of 3 of 4: 1. review prior external notes 2. review results of each unique test 3. ordering of each unique test or 4. assessment requiring independent historian • Independent Interpretation • Discussion 	<p>Prescription Drug Management</p> <p>Diagnosis or treatment significantly limited by SDOH</p>	99495
High	<p>1+ chronic with severe exacerbation or new problem requiring further workup</p> <p>1 acute or chronic illness or injury that poses a threat to life or bodily function</p>	<ul style="list-style-type: none"> • Same as above but must meet 2 or more categories 	<p>Drug therapy requiring intensive monitoring for toxicity</p> <p>Decision regarding hospitalization</p> <p>Decision for DNR</p>	99496

Game: '95 OR '96?



Scenario 1

68M with hypertension and diabetes discharged after heart failure exacerbation. Mild leg swelling but stable. PCP reviews discharge summary, orders two unique labs, and adjusts medications.

✓ Moderate Complexity (99495): 1+ chronic condition with exacerbation, moderate risk, data review.

Scenario 2

45F with rheumatoid arthritis and hypothyroidism follows up after pneumonia hospitalization. No lingering symptoms, no medication changes, and no additional workup needed.

✓ Not TCM Eligible: No ongoing risk or significant data review.

Scenario 3

72M with COPD discharged after pneumonia, now requiring home oxygen. Still experiencing shortness of breath. PCP feels that patient is not stable and discusses readmission to the hospital.

✓ High Complexity (99496): 1+ chronic condition with severe exacerbation, high risk, decision to return to hospital.



Time-Based Billing



Visit Level	New Patient Time	Established Patient Time
Level 2	15-29 minutes	10-19 minutes
Level 3	30-44 minutes	20-29 minutes
Level 4 <i>Moderate TCM 99495</i>	45-59 minutes	30-39 minutes
Level 5 <i>High TCM 99496</i>	60-74 minutes	40-54 minutes

Revenue Leakage – More Common Than You Think!

Example 1: Staff unaware of new TCM billing rules
→ **missed billing.**

Example 2: Not tracking discharges
→ **lost TCM opportunities.**

Example 3: Missed initial 2-day contact
→ **cannot bill TCM**

Example 4: Billing 99214 instead of 99495
→ **lower reimbursement**

Example 5: High complexity; visit scheduled too late
→ **lost 99496 revenue**

Example 6: Documentation errors
→ **rejected claims**



TCM Compliance Checklist



Confirm hospital discharge



Contact patient within 2 days



Schedule face-to-face visit (7 or 14 days)



Document all communication and care coordination



Ensure visit is with a qualified provider



Submit billing based on complexity level

TRANSITIONAL CARE MANAGEMENT CONTACT FORM

Patient name: _____ DOB: _____ Phone: (H) _____
Date of contact: ____/____/____ Provider: _____ (C) _____
Attempts to reach patient: _____

Source of info: Patient, family member, or caregiver Name/Relationship: _____
 Hospital discharge summary/other hospital fax
 DME _____
 Home Health Care: Home Care name: _____ SN HHA PT OT ST _____

Admit date ____/____/____ Dis: _____
D/C date: ____/____/____ from _____ to HOME (TCM Eligible) SNF Rehab _____
D/C diagnosis _____

REMIND PATIENT TO BRING ALL MEDICATION TO VISIT
Medication changes: Yes No
Does patient understand how to take his medication? Yes No Needs F/U referral or lab: Yes No

Circle: N=New C=Changed D=Discontinued If yes, referral/lab _____
N C D _____ Patient teach-back regarding worsening s&s and action to take _____
N C D _____ Assess and address barriers:
In-home help: YES NO If yes who _____
N C D _____ Transportation: Able to get medications YES NO
Get to appointments YES NO
N C D _____ Meals on wheels: YES NO
N C D _____ Financial: YES NO
N C D _____ Other: _____

N C D _____ Needs follow-up appointment:
Appointment made on ____/____/____ with _____
N C D _____ Provider: _____
 Additional information needed and requested Within seven days of discharge (highly complex visit)
 Yes Within 14 days of discharge (moderately complex visit)

Appointments with Specialists: _____
OTHER: _____

Patient voiced understanding to all information discussed
Clinical Professional Signature: _____

Provider Signature: _____

TCM Contact Form

12 TCMs: Tips for Your TCM Program



TRAINING

- ✓ Train Staff on TCM Workflow
- ✓ Capture Every Billable Component
- ✓ Use TCM Contact Form
- ✓ Bill Correctly & Optimize Revenue

COMMUNICATION

- ✓ Contact the Patient Within 2 Business Days
- ✓ Schedule Face-to-Face Visit ASAP
- ✓ Proper Documentation for MDM Level

MANAGE

- ✓ Confirm Every Eligible Discharge
- ✓ High: 7 Days
- ✓ Moderate: 14 Days
- ✓ Bill TCM & CCM Together Each Month
- ✓ Prevent Revenue Leakage



PSS is Here to Help

- Experts in value-based programs like TCM
- Help our practices with training, workflow optimization and coding/billing



PSS Can Help

FREE 3-hour Consultation
for All New Medical Billing Clients!

- ↑ **Billing Workflow Optimization** for clean claims
- ★ **Ratings Consultation** for value-based reimbursement
- ☑ **Doctor Credentialing** with insurance networks
- ☎ **Clinic Guidance** for upfront collections
- ↔ **Flexible Solutions** to work with your current system or seamless transition to ours



Feedback is a Gift!

Ask: I'd love to hear your input going back and forth on...

What went well today?

How could it have been better today?





THANK YOU

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Curing Claims for Healthier Outcomes



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