

Commercial Reimbursement Policy

Subject: **Transitional Care Management - Professional**

Policy Number: **C-22002**

Policy Section: **Evaluation and Management**

Last Approval Date: **10/01/2022**

Effective Date: **01/01/2023**

Disclaimer

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Anthem Blue Cross (Anthem) benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or Revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Our policies apply to both participating and nonparticipating professionals and facilities as indicated.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem:

- *Reject or deny the claim*
- *Recover and/or recoup claim payment*

Anthem's reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, State, Federal or Centers for Medicare and Medicaid Services (CMS) contracts and/or requirements. System logic or set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations.

Policy

The Health Plan allows reimbursement for Transitional Care Management services, upon the discharge from the below locations to the member's community setting, unless provider, state, or federal contracts and/or requirements indicate otherwise.

When a member requires a transition to a community setting, the Transitional Care Management services period begins upon the member's discharge and continues for 29 days.

Reimbursable

Transition discharge from:

- Inpatient Hospital
- Acute Hospital

- Rehabilitation Hospital
- Long-Term Acute Care Hospital
- Partial Hospital
- Observation status in a hospital
- Skilled Nursing Facility
- Nursing Facility
- Emergency Room

Transition to Member community setting:

- Member's home
- Domiciliary
- Rest Home
- Assisted Living Facility

Related Coding

Code	Description	Comments
99495	Transitional Care Management Services with the following required elements: 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	
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	

Policy History

10/01/2022	Initial committee approval 10/01/2022 and effective 01/01/2023
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References and Research Materials

This policy has been developed through consideration of the following:

- AMA CPT 2022 Professional Edition
- CMS
- Optum EncoderPro 2022

Definitions

Transitional Care Management	Management and coordination of services as needed for all medical conditions, psychosocial needs, and activity of daily living support for the full 30-day post discharge as patient transitions back into community setting.
General Reimbursement Policy Definitions	

Related Policies and Materials

Scope of License - Professional

Use of Reimbursement Policy

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member's benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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