

TCM Documentation and Flow Sheet

**TCM Requirements for
Post-Discharge Contact Deadlines:**

2 days post discharge date ___/___/___

7 days post discharge date ___/___/___

14 days post discharge date ___/___/___

Note: To ensure all required documentation to support TCM services is completed, and so that none of these 4 pages get lost, reproduce this form on the front and back of 11x17 paper and fold it in half to 8 1/2 x 11 booklet size.

Patient Name: _____

Patient DOB: ___/___/___ **Discharge Date/Day:** ___/___/___ M Tu W Th F Sa Su

Patient's Physician: _____

Reason for Admission: _____

Contact Information: Patient Caregiver Name: _____ Relationship: _____

Preferred method of contact: phone cell text e-mail

Phone: Home: (_____) _____

Cell: (_____) _____

Work: (_____) _____

E-mail address (if applicable): _____

Is Home Health Involved? No Yes — if yes, please include home health contact information:

Contact person: _____ Company name: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail (if applicable): _____

Discharge Information:

Diagnosis(es) at discharge: _____

Discharging physician (name and phone #): _____

Discharge Information Obtained:

Discharge summary: _____ Date rec'd: ___/___/___

Copies of discharge instructions: _____ Date rec'd: ___/___/___

Most recent diagnostic test results: Test name: _____ Date rec'd: ___/___/___

Test name: _____ Date rec'd: ___/___/___

Test name: _____ Date rec'd: ___/___/___

Patient Current Location:

Home Family member home Non-family member home Assisted living facility Rest home

Other: _____

**Initial Communication
Post-Discharge:**

*First 2 attempts must be within 2 business days of discharge (see discharge date at top of page).
Continue attempting to reach the patient, even if the attempts during the first 2 days are unsuccessful.*

1st attempt: Date: ___/___/___ Time: ____:____ am pm Method: call fax e-mail mail Initial: _____

2nd attempt: Date: ___/___/___ Time: ____:____ am pm Method: call fax e-mail mail Initial: _____

Add'l attempts: Date: ___/___/___ Time: ____:____ am pm Method: call fax e-mail mail Initial: _____

Date: ___/___/___ Time: ____:____ am pm Method: call fax e-mail mail Initial: _____

Date: ___/___/___ Time: ____:____ am pm Method: call fax e-mail mail Initial: _____

Date: ___/___/___ Time: ____:____ am pm Method: call fax e-mail mail Initial: _____

** Once you reach patient or caregiver go to page 2.

Patient Name: _____ DOB: ____/____/____ Discharge Date: ____/____/____

Initial Communication Post-Discharge section continued ...

Disposition: _____

_____ initial: _____ date: _____

Summary of nursing/licensed clinical staff member's discussion with patient/caregiver during initial post-discharge communication:

_____ initial: _____ date: _____

First Face-to-Face Follow-up Visit:

First face-to-face follow-up visit must be no longer than 14-days post-discharge to qualify for TCM.

Review progress notes in patient's record for information:

First face-to-face visit occurred on: Date: ____/____/____ Time: ____:____:____ am pm
Location of visit: Office Home Rest Home Other _____
Number of calendar* days since discharge: 7 or fewer 8-14 15 or more
Medication reconciliation performed? No Yes (If yes, date: ____/____/____)
Level of medical decision-making: High Moderate Low/Straightforward
Face-to-face visit performed by (provider name and credentials): _____
Progress notes signed by the treating provider for the above date of service? Yes No

* Calendar days include weekends and holidays.

Summary of recommendations: _____

_____ initial: _____ date: _____

Patient Name: _____ DOB: ____/____/____ Discharge Date: ____/____/____

Additional Non-Face-to-Face Services section continued ...

Patient Non-Face-to-Face
Services Documentation Record:

Initial and Date
Each Entry:

Table with 2 columns: Patient Non-Face-to-Face Services Documentation Record and Initial and Date Each Entry. The table contains multiple horizontal lines for data entry.

Note: The person who signs below and closes this document has NO bearing on whose name the TCM services should be billed under. CMS states that TCM services should be billed under the physician or NPP who actually provides the mandatory face-to-face encounter. Ideally, to ensure continuity of care, it would also be the same person, but this is not required.

TCM 30-Day-Period Closure:

Date range included in this document: Start date: ____/____/____ End date: ____/____/____

Document reviewed and closed by: _____ /____/____
Physician or NPP Signature and Licensure Date