Transitional Care Management Documentation Checklist

Use to verify documentation supports the use of these new codes – this checklist is not maintained as part of the medical record.

Patient Name _____   **Date of Discharge** _____

☐   **Phone call or personal visit within 2 business days**

☐   **Face-to-face office visit** date _____

    ☐   **Within 7 calendar days**, **99496** high complexity of medical decision making (**Post TCM01 on this date**)

    ☐   **Within 14 calendar days**, **99495** moderate complexity of medical decision making (**Post TCM01 on this date**)

☐   Review of discharge summary documented

☐   Reconciliation of medications documented

☐   Review need for or follow-up on pending diagnostic tests and treatments

☐   Referrals made to providers of care and community resources documented

☐   Patient and/or family education to support self-management, independent living and activities of daily living documented

☐   Transitional Care Management Code **99495 or 99496** billed 30th day after discharge

    Date to bill _____

It is expected that the non–face–to–face services listed will be routinely provided as part of transitional care management unless the practitioner's reasonable assessment of the patient indicates that a particular service is not medically indicated or needed. If not performed because not medically necessary, please document why.