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.