



## Newsletter—July 2023 Edition

### Greetings from our Executive Director

Success in our Health Plan collaborations is achieved by completing tasks that improve health outcomes and demonstrate efficient use of resources. Conducting a Transition of Care Management (TCM) for patients transitioning from a hospital, SNF or Rehab facility to the community is an important value-based activity. The process of transferring a patient's care from one setting to another presents a vulnerable time when patients and their families are often confused, stressed and/or overwhelmed. As the Primary Care Physician, you can help your patients experience a smooth transition. To help you in completing TCM services CSMS-IPA provides notification to you of patient discharges for the following collaborations:

**ACO REACH-Discharges** posted in CareScreen®

**Connecticare Medicare Advantage-Discharges** posted in CareScreen®

**Connecticare Commercial-Discharges** posted in CareScreen®

**Cigna-Discharges** are sent via email

**Anthem-Discharges** are sent via email

If you need help in establishing TCM workflow please reach out to your CSMS-IPA Resource or Tammy Johnson King, Clinical Services Director, Tking@csms-ipa.com or 203-675-2374.

Wishing you a happy and healthy summer!

Regards,

Neysa Stallmann Guerino

### Coding Corner: TCM Coding

Transitional care management (TCM) claim should be submitted once the face to face visit is furnished. The face to face visit should happen within 7 to 14 calendar days of discharge from an inpatient hospital setting. Below are the cpt codes:

#### 99495 Transitional Care Management Services:

- Communication (direct contact, telephone, electronic) with the patient/caregiver within two business day 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:

- Communication (direct contact, telephone, electronic) with the patient/caregiver within two business day of discharge
- Medical decision making of high complexity during the service period
- Face-to-face visit within 7 calendar days of discharge

<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/transitional-care-management-services-fact-sheet-icn908628.pdf>

*“This article is intended to provide a high-level, informational overview only and is not intended to constitute complete information on CMS codes or official payment guidance. Billing to CMS must follow all CMS guidelines and may be changed or updated at any time.”*

**Did you know?** Over 200,00 people die each year due to drowning. July 25th is World drowning prevention day.

### Help Patients beat the heat:

As the long days of summer have approached us, the heat will be rising. As much as everyone loves summer time it can bring many challenges to our chronically ill patients and the elderly. When seeing patients give them the reminder to hydrate, sit in the shade and use sunscreen. For patients who do not have access to air conditioning, promote the use of cooling centers.

Below are a few links to help guide your patients through the heatwaves.

<https://uwc.211ct.org/hotweather>

<https://portal.ct.gov/DEMHS/Emergency-Management/Resources-For-Individuals/Summer-Weather-Awareness/>

### Helpful information:

CMS has just released new detail on covering drugs for Alzheimer's. See the below link and learn more on how to help your patients with coverage for the new drugs on the market.

<https://www.cms.gov/newsroom/fact-sheets/cms-announces-new-details-plan-cover-new-alzheimers-drugs>

**Check out CSMS-IPA website link below:** There are some great documents on there about TCM

<https://www.csms-ipa.com/BusinessResources/TransitionalCareManagement.aspx>