

Transitional Care Management with Medication Reconciliation Post-Discharge

Keystone First VIP Choice values both its providers and members and, for that reason, we want to remind you to provide Transitional Care Management (TCM) with Medication Reconciliation Post-discharge (MRP) services for your patients. The Centers for Medicare & Medicaid Services (CMS) understands the importance of this service in providing quality care for your patients. Therefore, CMS adopted the MRP HEDIS® measure and has also designated it as a Star measure. Medication reconciliation is a review in which the discharge medications are reconciled with the most recent medication list in the outpatient record. Documentation must be in the outpatient medical record and include evidence of medication reconciliation; the date when it was performed by the prescribing practitioner, registered nurse or clinical pharmacist; and the provider signature.

If coding guidelines are met, MRP is reimbursed through two Transitional Care Management service codes 99495 and 99496; otherwise, it can be reported with a non-reimbursable CPT Category II code 1111F. The two TCM codes generally have the same requirements, with the primary difference being the level of decision-making involved, whether it is moderate or high complexity. In order to report these services, the following must be met:

1. The **initial direct contact** with the patient and/or caregiver (includes telephone/electronic) must occur within **2 days** of discharge.
2. The patient **must be seen** within **14 days** of discharge (99495) for those with moderate complexity and within **7 days** of discharge (99496) for those with high complexity.
3. **Medication reconciliation** must be performed and documented within **30 days** of discharge. Other necessary follow-up, such as reviewing labs and scheduling additional services, should also be performed within the 30 days.

We realize not all patients discharged from the hospital require the complex decision making required by TCM services; however, it is still important to perform MRP within 30 days. If you perform MRP without TCM, please document this service and submit claims using the appropriate CPT code.

We are here to help you and our members too. Our team of nurses, social workers, and non-clinical support staff are available to assist members with scheduling the post-discharge visit with your office as needed.



If you have questions or comments, please contact our Quality Department at 1-267-298-2450, via email at VIPQuality@amerihealthcaritas.com.

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