TOC & Advance Care Planning Codes Guide

Children's Mercy Health Network

		MO Medicaid	KS Medicaid	Aetna	BCBS	Cigna	UHC
99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	Non Covered	Non Covered	Covered	Covered In order to bill for the TCM services, the following criteria must be met: 1. Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge. 2. A face-to-face visit is scheduled within 7-14 calendar days of discharge based upon readmissions risk level. 3. The practice submits a claim using the appropriate TCM CPT code to bill: a) 99495 TCM - Medical decision-making of at least moderate complexity during the service period; face-to-face visit within 14 calendar days of discharge. b) 99496 TCM - Medical decision-making of high complexity during the service period, face-to-face visit within seven calendar days of discharge. If the patient is not eligible to be billed for TCM services, but the Provider still completed a face-to-face visit with the patient: 1. The practice submits a claim using the appropriate CPT code to bill (99211-99215).	Covered	Covered
99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	Non Covered	Non Covered	Covered	Covered (same as 99495)	Covered	Covered
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Non Covered	Non Covered	Covered	Covered dependent upon individual's benefit plan -Total time spent with patient/family/surrogate in counseling and discussion of an advance directive must be documented in order to be considered for reimbursement -May be reported separately if these services are performed on the same day as another Evaluation and management service. -Do not report 99497 and 99498 on the same date of service as critical and intensive observation codes 99291, 99292, 99468, 99469, 99471, 99472 99475, 99476, 99477, 99478, 99479, 99480, 99483)	Covered	Covered
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	Non Covered	Non Covered	Covered	Covered (same as 99497)	Covered	Covered