Transitional Care Management Services

Claim Type: 1500 claims

Source: HMSA Administration

Line of Business: Commercial and QUEST

Description:

This policy applies to Transitional Care Management (TCM) services described by CPT® codes 99495 and 99496 for managing a patient's transition from an inpatient or institutional setting to the community following discharge. This policy addresses reimbursement of TCM services under HMSA Commercial and QUEST plans.

Effective for dates of service on or after **January 1, 2027**, HMSA will **not separately reimburse** CPT® Transitional Care Management (TCM) codes **99495** and **99496** under Commercial and QUEST plans. Providers should report the appropriate Evaluation and Management (E/M) service and/or other applicable CPT®/HCPCS codes that accurately describe the services rendered.

Transitional Care Management (TCM) Codes

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,
- At least moderate level of medical decision making during the service period,
- Face-to-face visit, within 14 calendar days of discharge.

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,
- High level of medical decision making during the service period,
- Face-to-face visit, within 7 calendar days of discharge.

Claims submitted with CPT® codes 99495 or 99496 for dates of service on or after January 1, 2027, will be denied as non-reimbursable under this payment policy, regardless of whether all code requirements have been met.

Version	Effective Date	Summary of Changes
1.0	Service dates on or after January 1, 2027	Initial release