

Checklist: Transitional Care Management

This checklist is intended to provide healthcare providers with a reference to use when responding to Medical Documentation Requests for Transitional Care Management (TCM) Services. It is not intended to replace published guidelines. Healthcare providers retain responsibility to submit complete and accurate documentation.

Check Documentation Requirements

Documentation is for the correct beneficiary.

Documentation contains a valid and legible signature.

Documentation includes evidence of the beneficiary has medical and/or psychosocial problems that require moderate or high complexity of medical decision making that require care during the beneficiary's transition to the community setting from the established TCM inpatient hospital setting.

Documentation includes evidence of the following components during the 30 days beginning on the date of discharge from the inpatient setting.

Evidence of an interactive contact made/attempted within 2 business days following discharge by the physician, qualified health care provider and/or licensed clinical staff, accompanied by their signature and credentials.

Evidence of furnished non-face-to-face services to the beneficiary that a medically indicated or needed.

Evidence of a face-to-face visit, including medication reconciliation and management.

Documentation of complexity of medical decision making (moderate or high).

If applicable and required, submitted documentation should include a beneficiary waiver of liability.

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