# Transitions of Care (TRC)_2024

# Transition of Care (TRC) Med Rec & Patient Engagement

## Transitions of Care

Transition from the inpatient (hospital) setting back to home often results in poor care coordination.

Often times there are communication lapses between inpatient and outpatient providers; intentional and unintentional medication changes; incomplete diagnostic work-ups; and inadequate patient, caregiver and provider understanding of diagnoses, medication and follow-up needs.

With hospital stays costing the U.S. $377.5 billion per year and increased lengths of stay for Medicare beneficiaries, there is pressure for hospitals, health plans and providers to improve delivery and coordination of care and lower risks for these patients.

Transitional care refers to the actions taken by physicians and other healthcare providers to ensure coordination, resource management and continuity of care during these transitions.

# Transition of Care (TRC) Med Rec & Patient Engagement

**Measure Description**

The percentage of discharges during the current performance year, for patients 18 years of age and older, who had the following:

1) A Medication reconciliation performed on the date of discharge thru 30 days post discharge (31 days total) by an appropriate provider

   Providers may include: prescribing practitioner, clinical pharmacist, physician assistant or registered nurse

2) Patient engagement documented within 30 days of discharge. Patient engagement can be met by any of the following criteria: an outpatient visit, a telephone visit, transitional care management services, an e-visit or virtual check in.

   Note: Patient engagement **cannot** occur on the day of discharge.

Patients 18 years of age and older who had a discharge during the current performance year

1) Medication Reconciliation within 30 days (31 including discharge)
2) Patient engagement within 30 days of discharge

X1

Single Weighted Star Measure

Measure Steward: National Committee for Quality Assurance (NCQA)

# Transition of Care (TRC) Med Rec & Patient Engagement

## Required Exclusions

These exclusions can be verified via claims **or** supplemental data submissions.

- Patients using **hospice or hospice services** anytime during the current performance year
- Patients who **passed away** anytime during the current performance year

# Transition of Care (TRC) Med Rec

## TRC Medication Reconciliation Documentation and Submission

- Documentation in the outpatient medical record must include **evidence of medication reconciliation and the date when it was performed.** Any of the following meet criteria:
  - Documentation of the **current medications** with a **notation that the provider reconciled the current and discharge medications.**
  - Documentation of the **current medications** with a **notation that references the discharge medications** (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications).
  - Documentation of the patient's **current medications** with a **notation that the discharge medications were reviewed**.
  - Documentation of a **current medication list**, a **discharge medication list** and **notation that both lists were reviewed on the same date of service.**
  - Documentation of the **current medications** with **evidence that the member was seen for post-discharge hospital follow-up** with e**vidence of medication reconciliation or review**. Evidence that the member was seen for post- discharge hospital follow-up requires documentation that indicates the provider was aware of the member's hospitalization or discharge.
  - Documentation in the **discharge summary** that the **discharge medication was reconciled with the most recent medication list in the outpatient medical record.** There must be **evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days).**
  - Notation that **no medications were prescribed or ordered upon discharge.**
- Use the appropriate **CPT/CPT II codes** to capture engagement post-discharge and to reduce the burden of administrative chart review
- Develop a process to gather timely admission/discharge information for your patients.

# Transition of Care (TRC) Med Rec Post DC


## TRC: MRP Coding

| Type | Code Description | Code |
|---|---|---|
| CPT II | Discharge medications reconciled with current medications in outpatient record | 1111F |

**TRC-MRP:** Report the medication reconciliation post-discharge when performed either via a telephone call or during the Transitional Care Management office visit.

**Non-compliant documentation hint**

- Documentation of post-op/surgery follow-up **without** a reference to hospitalization, admission or inpatient stay does not meet compliance for medication reconciliation post-discharge numerator.

# Transition of Care (TRC) Patient Engagement

## TRC Patient Engagement Documentation and Submission

- Use the appropriate **CPT/CPT II/HCPCS codes** to capture engagement post-discharge and to reduce the burden of administrative chart review
- Documentation indicating a **live conversation occurred with the patient will meet criteria, regardless of provider type.** For example, medical assistants and registered nurses may perform the patient engagement; however, please note the scope of practice and assessment capabilities. Remember, the goal is  to keep the patient from being readmitted within 30 days of discharge.
- If the **patient is unable to communicate** with the practitioner, **interaction between the patient's caregiver and the provider** meets criteria.
- Develop a process to gather **timely admission/discharge information** for your patients.

# Transition of Care (TRC) Patient Discharge

## TRC: Patient Engagement Coding

*Outpatient Visits*

- **CPT®/CPT II :** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483
- **HCPCS:** G0402, G0438, G0439, G0463, T1015

*Telephone Visits*

- **CPT®/CPT II :** 98966, 98967, 98968, 99441, 99442, 99443

*Online Assessment (e-visit/virtual check-in)*

- **CPT®/CPT II :** 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457
- **HCPCS :** G0071, G2010, G2012

*Transitional Care Management*

- **CPT®/CPT II :** 99495, 99496

# Thank You!