Transitions of Care (TRC) - Patient Engagement After Inpatient Discharge 2024

Medicare

Measure Description

The percentage of discharges between Jan. 1, 2024-Dec. 1, 2024, for patients 18 years of age and older, who had 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.

Required Exclusions

- Patients using hospice or elect to use a hospice benefit any time during 2024
- Patients who passed away any time during 2024

Documentation Tips

- Use the appropriate **CPT/CPT II/HCPCS codes** to capture engagement post-discharge and to reduce the burden of administrative chart review
- Remember that a medication reconciliation will need to be completed on this patient as well for the TRC measure. Code appropriately. See tip sheet: TRC- MRP for more information.
- 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.

Important Measure Note

This measure consists of 4 different rates:

1) **Notification of Inpatient Admission** - documentation of receipt of notification of inpatient admission on the day of admission through 2 days after admission (3 days total)
2) **Receipt of Discharge Information**-Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).
3) **Patient Engagement After Inpatient Discharge**-Documentation of patient engagement (office visits, visits to the home, telehealth) provided within 30 days after discharge.
4) **Medication Reconciliation Post-Discharge-**Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

QUESTIONS? Please reach out to **EMAIL:** carepartnersquality@privahealth.com

Common Codes

Outpatient Visits

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

Transitional Care Management

- **CPT®/CPT II :** 99495, 99496

Resources

HEDIS MY2024 Technical Specs Vol 2. Pg.294-303