

Transitional Care Management Checklist

- ☐ Patient was discharged from appropriate facility
 - ☐ Inpatient Acute Care Hospital
 - ☐ Inpatient Psychiatric Hospital
 - ☐ Long Term Care Hospital
 - ☐ Skilled Nursing Facility
 - ☐ Inpatient Rehabilitation Facility
 - ☐ Hospital Outpatient Observation or partial hospitalization
 - ☐ Partial hospitalization at a Community Mental Health Facility
- ☐ Patient was discharged to Home or equivalent
 - ☐ Home
 - ☐ Domiciliary
 - ☐ Rest Home
 - ☐ Assisted Living
- ☐ Has patient given consent
- ☐ Review medical record documentation from patient facility stay
- ☐ Patient needed level of medical decision-making
- ☐ I am the only one billing TCM
- ☐ Date of discharge
- ☐ Date of interactive contact
- ☐ Documentation of interactive contact
 - ☐ Who
 - ☐ What
 - ☐ How
- ☐ Determine open test results or needed additional testing
- ☐ Determine additional professionals involved in patient care
- ☐ Coordinate care with other professionals
- ☐ Assist with scheduling appointments
- ☐ Provide education
- ☐ Determine community services needed and available
- ☐ Make arrangements for community services
- ☐ Determine patient adherence to instructions and medication
- ☐ Date of face-to-face visit
- ☐ Documentation of medical decision-making
- ☐ Documentation of medication reconciliation and management
- ☐ Additional services provided during the 30 days

This information is for educational and informational purposes only. Medical review staff will review and make adjudication based on the CMS requirements and the information in the medical record. A completed checklist does not guarantee payment.