Transitional Care Management (TCM) Note Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

A transitional care management (TCM) note documents Medicare's 30-day post-discharge service (99495, 99496): interactive contact within two business days, a face-to-face visit within 14 or 7 days, and moderate or high complexity decision making. CMS names only four required data elements; the rest of any template is convention.

Discharge header whose discharge, whose claim
Do: record the discharge date and setting, the day-30 period end, and the billing practitioner; the discharge date anchors every deadline.
Pitfall: the discharge date is one of only four elements CMS names; a record without it cannot prove any timeframe.

Interactive contact 2 business days
Do: date the first two-way contact, its mode, patient or caregiver, and who made it; log every attempt and keep trying.
Pitfall: the discharge day never counts: a Monday discharge runs to Wednesday, a Friday discharge to Tuesday.

Face-to-face visit 7 days (99496) or 14 days (99495)
Do: date the visit, count the days from discharge, note the location.
Pitfall: the visit is bundled; billing it as a separate E/M, or holding it on the discharge-management day, fails.

Medication reconciliation by the visit date
Do: reconcile the discharge list against what the patient takes; date it, name the sources, close discrepancies.
Pitfall: a reconciliation dated after the visit; on-or-before is the payer rule.

Non-face-to-face services the dated 30-day log
Do: log summary review, referrals, education, and coordination, each with a date and named staff.
Pitfall: psychologists and LCSWs work here as clinical staff; they cannot be the billing practitioner.

Medical decision making moderate or high
Do: state the level and its basis: conditions managed, data reviewed, risk through the period.
Pitfall: 99496 needs high complexity and a visit inside 7 days; high complexity on day 10 is still 99495.

Billing check before the claim
Do: bill on the visit date; confirm one TCM per period, no telephone E/M (99441-99443), no global surgery overlap.
Pitfall: RAC topics 0225 (excessive units) and 0224 (unbundling) audit exactly these lines.

Before you sign

- [ ] All four elements dated: discharge, first contact, visit, MDM level
- [ ] Contact inside 2 business days, or every attempt documented
- [ ] Visit inside its window and not billed as a separate E/M
- [ ] Medication reconciliation on or before the visit date
- [ ] No other TCM this period; no 99441-99443; no global overlap
- [ ] Claim dated to the face-to-face visit, not day 30

Drafting with AI

Bring the discharge summary, the call log, and your visit recap however they exist.

"Draft a TCM note from this discharge summary and call log: discharged Monday, reached Wednesday by phone, seen day 9, meds reconciled at the visit: …"

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

250 to 600 words	10 to 20 min by hand	Once per discharge	Practitioner · payers · auditors
across the 30-day record	clinical team estimate	when it's written	who reads it

Full guide, sample note, and compliance notes:
bastiongpt.com/template/tcm-note

Transitional Care Management (TCM) Note Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Patient (initials): DOB: Discharge date:

Discharge setting: 30-day period ends:

Billing practitioner: Discharge summary reviewed (date):

Interactive contact

Within 2 business days of discharge · attempts (date, time, mode) · reached: date, mode, patient or caregiver, by whom

Face-to-face visit

Within 7 days (99496) or 14 days (99495) · date · days since discharge · location · bundled, not billed separately

Medication reconciliation

No later than the visit date · sources checked · discrepancies and actions

Non-face-to-face services

One line per activity: date · staff and credentials · activity

Medical decision making

Moderate (99495) or high (99496) · basis: conditions managed, data reviewed, risk

Billing check

Date of service = face-to-face visit date · one TCM per 30-day period · no 99441-99443 · no global surgery overlap

Code billed (99495 / 99496): Date of service (= visit date):

Practitioner signature / credentials: Date signed: