



Transitions of Care

Transitions of care occur when a patient moves from one care setting to another. Patients have an increased risk of adverse occurrences due to miscommunication and misunderstanding between patients and providers. It is the responsibility of the medical team taking care of the patient to effectively communicate during these transitions, assuring that their patient understands discharge instructions and any medication changes.

Measure description

The percentage of discharges for patients ages 18 and older who had the following:

Notification of inpatient admission – Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).

Receipt of discharge information – Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).

Patient engagement after inpatient discharge – Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.

Medication reconciliation post-discharge – Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

Key tips

- Develop a process of documenting notifications of inpatient admission and discharge.
- Ensure follow-up appointments, phone visits, e-visits or virtual check-ins are scheduled within 30 days after inpatient discharge.
 - Best practice: within 7 days of discharge.
- Medication reconciliation must be conducted by a prescribing practitioner, clinical pharmacist, physician assistant, or registered nurse.
- Documentation in the outpatient medical record must include a comprehensive medication list and medication reconciliation of current and discharge medications.
- If patients have multiple discharges, each discharge counts separately.
- Date and time stamp notification of inpatient admission in the patient’s outpatient medical record.
- Complete a patient engagement and document medication reconciliation within 30 days after discharge.
- Submit claims (CPT, CPT II codes, etc.) and encounter data in a timely manner, including diagnosis codes.

(continued)

Transitions of Care (cont.)

Complete criteria in this communication

Receipt of discharge information must include:

- Physician or other practitioner responsible for the patient’s care during the inpatient stay.
- Procedures or treatment provided.
- Diagnoses at discharge.
- Current medication list.
- Testing results or documentation of pending tests/no tests pending.
- Instructions for patient care post-discharge.

Receipt of discharge must also show the date received, be in the medical record on the day of discharge through 2 days after, and be integrated into the electronic medical record and accessible to the primary care physician or other practitioner.

Suggested codes

Description	Code
Medication reconciliation encounter	CPT: 99483, 99495, 99496
Medication reconciliation intervention	CPT II: 1111F

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