



Care transition coordination

SERVICE CODE DATA SHEET

Note:

- Registered providers must only select service codes and modifiers that are available to them based on their fully executed contract(s) and contract subcode(s).
- See contract for additional details.
- See [WA Cares maximum rates](#) sheet posted in the [provider toolkit](#).
- Both available service codes require communication with the beneficiary and/or their caregiver within two business days of discharge (communication can be direct contact, telephone or electronic).
- Two calendar months means up to 62 days from discharge from an acute care hospital or nursing home.
- Date of discharge is day one.

SERVICE CODE/ MODIFIER	SERVICE CODE DESCRIPTION	UNIT TYPE	PAYMENT TYPE ⁱ	MAXIMUM LENGTH OF SERVICE	MAXIMUM NUMBER OF UNITS
CARE TRANSITION COORDINATION					
Payment for comprehensive discharge planning and coordination of health care services for up to two months after a beneficiary has been discharged from a hospital or nursing home with the goal of avoiding preventable poor outcomes as a Beneficiary returns to their place of residence.					
99495	Care transition coordination (moderate level of decision-making and face-to-face within 14 calendar days of discharge)	US	RB	2 calendar months	1 unit/month
99496	Care transition	US	RB	2 calendar	1 unit/

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SERVICE CODE/ MODIFIER	SERVICE CODE DESCRIPTION	UNIT TYPE	PAYMENT TYPE ⁱ	MAXIMUM LENGTH OF SERVICE	MAXIMUM NUMBER OF UNITS
	coordination (high level of decision-making and face-to-face within 7 calendar days of discharge)			months	month

ⁱ Monthly recurring (RB) means the units/dollars are for each month in the date span.
 Span multiple (MB) means if the authorization is for multiple months, the units/dollars are spread over the entire span of months and can be billed multiple times within the span.
 Span single (SB) means if the authorization is for multiple months, the units/dollars are for the entire span of months and can only be billed one time (on a single date of service).