***Chronic Care Management Worksheet***

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| **Chronic Care Management Worksheet** |
| Reporting month/year Patient |
| DOB MR# Type of residencea |
| Chronic condition(s): |
| Other medical conditions: |
| Other needs (social, access to care): |
| Physician/QHP Date initial plan of care developed |
| Date plan of care provided to patient/caregiver |
| **Clinical Staff Documentation:** In the following table, include date of care management activity, time spent, and location of any associated documentation (eg, plan of care, call notes). See your *CPT* reference for eligible activities. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Activity (include reference to other documentation when indicated)** | **Time (start and stop)** | **Total Time** | **Clinical Staff ­Signature (legible/credentials)** |
|  | *Example:*  *Telephone call -see call notes in chart* |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | Total Time | min |  |

\_\_\_\_ 99487 first hour of clinical staff time with care plan establishment/substantial revision, per calendar month

\_\_\_\_ 99489 each additional 30 minutes of clinical staff time per calendar month (Enter number of units.)

\_\_\_\_ 99490 at least 20 minutes of clinical staff time per calendar month

\_\_\_\_994XX each additional 20 minutes of clinical staff time per calendar month (up to 2 units)

\_\_\_\_ 99491 at least 30 minutes of physician time per calendar month

**Supervising physician/QHP signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Abbreviations: DOB, date of birth; E/M, evaluation and management; MR, medical record; QHP, qualified health care professional.*

*a Specify if patient lives in a private residence, group home, or other type of domiciliary. Do not report chronic care management services for patients residing in a facility that provides more than minimal medical care (eg, nursing facility).*