***Care Management Tracking Worksheet Template***

|  |
| --- |
| Reporting month/year Patient DOB  |
| MR# Type of residence: Home**\_\_\_** Group home**\_\_\_** Other:**\_\_\_\_\_\_\_\_\_\_\_** |
| 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 |
| **Time 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 time and activities. |
| **Date** | **Activity (include reference to other documentation when indicated)** | **Time (start and stopa)** | **Total Time** | **Signature (legible/credentials)** |
|  | *Example:**Telephone call with mother -see call notes in chart* |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | Total Time | min |  |

\_\_\_\_ **99487** CCCM, at least 60 minutes of clinical staff time with moderate or high complexity MDM, per calendar month

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

\_\_\_\_ **99490** CCM, at least 20 minutes of clinical staff time per calendar month (any level of MDM)

\_\_\_\_**99439** each additional 20 minutes of clinical staff time per calendar month (up to 2 units)

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

\_\_\_\_ **99X21** each additional 30 minutes of physician time

\_\_\_\_ **99X22** PCM, at least 30 minutes of physician time per calendar month

\_\_\_\_ **99X23** each additional 30 minutes of physician time

\_\_\_\_ **99X24** PCM, at least 30 minutes of clinical staff time per calendar month

\_\_\_\_ **99X25** each additional 30 minutes of clinical staff time

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

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

*Abbreviations: CCM, chronic care management; CCCM, complex chronic care management; DOB, date of birth; E/M, evaluation and management; MDM, medical decision-making; MR, medical record; QHP, qualified health care professional; PCM, principal care management.*

*a Follow payer guidelines for documentation of time. Some payers may require start and stop times in addition to total time spent in activities.*