



Complex Chronic Care Management

Our case managers have identified that quite a few of our "CCM" patients likely qualify for Complex CCM services, due to complexity and time spent over the course of the month. CCCM billing will yield a significantly higher reimbursement compared to standard CCM.

Requirements for CCCM:

- Two or more chronic conditions expected to last at least 12 months, or until the death of the patient
- Chronic conditions that place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline
- Establishment or substantial revision of a comprehensive care plan
- **60 minutes** of clinical staff time directed by a physician or other qualified health care professional, per calendar month
- Moderate- or high-complexity medical decision making (MDM)

When the case managers are ready for you to sign off on a CCM note, if they feel it meets the criteria for a Complex CCM note, they will send you this task. Just reply "yes" if you believe it meets the above requirements for Complex Chronic Care Management, and it will be billed at the higher level.

Assign To: User Team

Task: Chronic Care Management ▼

Priority: Routine ▼ Status: Active

Comment:

Hello,

I spent greater than 60 minutes of clinical staff time with this patient this month. If you participated in moderate- or high-complexity medical decision-making, we can bill this as a Complex Chronic Care Management note.

Please review and let me know if you believe we can bill at this higher level.

Thanks,