Chronic Care Management (CCM) Note Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

A chronic care management (CCM) note is the monthly documentation behind Medicare's CCM billing: a consent record, a comprehensive electronic care plan, and a time log showing at least 20 minutes of care coordination for a patient with two or more chronic conditions. The elements are payer policy; the monthly narrative is a convention.

Patient & month header whose claim, which month
Do: record the patient, the service month, the billing practitioner whose claim this record supports, and who logged time.
Pitfall: two practitioners billing the same patient's month; duplicate billing was the largest slice of the OIG's $1.9 million finding.

Eligibility & diagnoses the two-condition test
Do: state two or more chronic conditions with the duration and risk language, matching the claim's diagnoses.
Pitfall: a bare problem list; the duration-and-risk framing is the eligibility test.

Consent record once, four disclosures, verbal is fine
Do: record date, mode, who obtained it, and the disclosures: availability, cost sharing, one practitioner monthly, right to stop.
Pitfall: re-consenting on a schedule while the disclosures were never documented.

Comprehensive care plan a living document
Do: keep goals, interventions, medications, and the review schedule current; share with the team and offer the patient a copy.
Pitfall: a plan untouched since enrollment; sharing it is on the element list, a signature is not.

Time log date, staff, activity, minutes
Do: log each contact: date, named staff with credentials, activity, minutes; practitioner minutes count if not used for 99491.
Pitfall: identical 20-minute entries across patients; unsupported time is what False Claims Act cases are built on.

Concurrent services check no double-counted minutes
Do: rule out overlaps: no shared minutes with E/M, TCM, RPM/RTM; not a CoCM month; no hospice or home health oversight.
Pitfall: the CO-97/M15 bundling denial, a contractual write-off you cannot bill to the patient.

Month-end summary & codes minutes to codes
Do: total the month's minutes and map them: 20 supports 99490, 40 adds one 99439, 60 adds two (the ceiling).
Pitfall: 99439 without 99490, a third add-on unit, or filing before the threshold is met.

Before you sign

- [ ] Two or more qualifying conditions, with duration and risk stated
- [ ] Consent on file: date, mode, and all four disclosures
- [ ] Care plan current, shared, and copy offered to the patient
- [ ] Every entry dated, attributed to named staff, tied to an activity
- [ ] No minutes shared with E/M, TCM, RPM, or another practitioner
- [ ] Total minutes support the code(s) billed this calendar month

Drafting with AI

Capture the month however it exists: call notes, portal threads, a dictated recap.

"Draft a CCM month-end entry from this call log: patient with diabetes and depression, five contacts in July, 43 minutes, plan updated after the A1c result: …"

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

150 to 400 words	5 to 12 min by hand	Every enrolled month	Practitioner · payers · auditors
across the month's entries	clinical team estimate	when it's written	who reads it

Full guide, sample note, and compliance notes:
bastiongpt.com/template/ccm-note

Chronic Care Management (CCM) Note Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Patient (initials): DOB: Service month:

Billing practitioner: Care manager(s), credentials:

Eligibility & diagnoses

Two or more chronic conditions · expected to last 12 months or more · risk of death, exacerbation, or functional decline · initiating visit if required

Consent record

Obtained: date, verbal or written, by whom · disclosed: availability, cost sharing, one practitioner per month, right to stop

Care plan status

Updates this month · shared with the care team · copy offered to the patient · next review date

Time log

One line per contact: date · staff and credentials · activity · minutes

Concurrent services check

No minutes shared with E/M, TCM, RPM/RTM · not a CoCM month · no hospice or home health oversight (G0181/G0182)

Month-end summary

Sum the month's minutes · 99490 at 20 · one 99439 at 40, two at 60 (max 2 units)

Total minutes this month: Code(s) supported:

Care manager signature / credentials: Date signed: