LOGGING CCM SERVICES – The Audit Trail

What might an auditor be interested in seeing in order to verify that your practice has delivered the minimum 20 minutes of qualified services for CCM?

In order to bill under CPT 99940, CMS has outlined many requirements. However, the method and format of the log used to CCM services time from which it is determined that the 20 minute minimum of non-patient facing services has been met remains a topic for discussion.

Electronic Health Records (EHRs) generally do not specify the format for this time logging. To date, there is no definitive literature that explains how to aggregate the time or what the log contents must be.

CMS is pursuing the discovery of non-compliance intelligently and with enthusiasm. It is in the best interests of participating medical practices to comply and make the relevant time expenditures easy to prove.

For CCM, the regulation is untested and the requirements in some aspects are formative. CMS may ramp up their audits to see that practices will comply with those aspects published and finalized in the Rule and clarified in subsequent CMS publications. However, there are currently no published specifications for logging the time accumulated to meet the 20-minute per month minimum.

In the CMS world, as in other regulatory environments, consequences for audit "finds" yield penalties that are material in nature and must always be mitigated to the best of anyone's ability. Certainly, monetary fines and Medicare fraud isn't on anyone's agenda.

Log data can be buried in a chart or kept on a spreadsheet. Since CMS allows outsourcing of CCM tasks. your practice and patients can benefit immediately from the ability to provide and track services.

Dulcian offers credentialed staff and computer applications that capture and aggregate data about qualifying actions. Additionally, we can integrate with any current or future EHR interface. This can remove a tremendous burden from your staff and free their time to perform patient-facing care. Auditors will appreciate the traceability that these services and the documentation offer. Your medical practice will realize the immediate benefits of the service and the lessened administrative burden on your staff.

Whether automated or not, the following is a suggested template for the layout and data elements to capture for each billing period and CCM qualifying tasks in your Log. Outsourcing of services and a programmatic solution for the documentation are recommended.

Title: Practice Name
         Log of CCM Non-Face-To-Face Services

Each Month, for each patient as the Care Plan is carried out and for any activity in the Plan:

Log Header
Billing Period
Patient ID
Patient Name
Qualifying Conditions Names
Qualifying Conditions Diagnosis Codes
Date of CCM Consent
Effective Date of CCM Revocation

Log Detail:
Supervising Clinician: Name, Designation
Performing Clinician: Name, Designation
Task Date
Task Description
Start time
End time
Derived task duration

Outcome/Status of Task

Assessments:
{Medical, functional, psycho-social needs, Management of Care Transition, Medical Reconciliation}
{Follow-ups Required: Doc referrals, Comments on Meds, Other Task Descr: By Date, Assigned to Initials}
General Comments:

Derived Total CCM minutes for Patient X to bill code 99490

Additionally, I suggest that practices map logged actions to the patient's Care Plan. This would add Care Plan Item# for each task performed and revisions would be reflected in follow-up items. This may be an unrequired administrative burden, but mapping the solution to requirements is never a bad idea. I'd welcome your opinion.

Please add to this discussion. Any comments or thoughts are greatly appreciated?

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Total Clinician Chronic Care Management for Patient X Month of X bill code 99490