



Is consent for chronic care management (CCM) required regularly?

DEBUNKING THE MYTH

The Centers for Medicare and Medicaid Services (CMS) does not require physicians, other clinicians, or health care organizations to obtain patient consent for Chronic Care Management (CCM) on a particular regular, recurring schedule. Patient consent (verbal or written) is only necessary before the start of CCM services and if the patient changes to a new billing practitioner for these services.¹

BACKGROUND

CCM includes patient care coordination services such as care planning, care management, help with transitions of care, and support with achieving health goals while prioritizing continuity of care. CCM services are delivered by a care team led by a physician or other Licensed Independent Practitioner (LIP) and are typically conducted outside of regular office visits.

Eligible patients have two or more chronic conditions expected to persist for at least 12 months or until their death which place them at increased risk of acute exacerbation and/or decompensation, functional decline, or death. Physicians, physician assistants, clinical nurse specialists, nurse practitioners, and certified nurse midwives may bill for CCM monthly if the services continue.^{2,3}

SUCCESS STORY

A JGIM qualitative study analyzing practice experiences with CCM found that most billing practices reported few challenges obtaining consent, especially when the conversation was led by the patient's regular physician. While some non-billing providers and professional society representatives feared consent discussions might deter CCM uptake or strain physician-patient relationships, most billing providers and practices reported finding effective ways to engage patients. Additionally, support from professional societies such as access to consent templates was found to facilitate CCM uptake.⁴

TAKEAWAY

To reduce administrative burden and allow more time for patient care, physicians should only obtain patient consent for CCM before the start of services and if the patient changes to a new billing practitioner for these services.

Resources

- [CMS FAQs: Practitioner Billing for CCM Services](#). Accessed June 2023.
- [2025 CMS Medicare Learning Network Booklet: Chronic Care Management Services](#). Accessed July 2025.
- Download this myth: [Chronic Care Management Consent](#) (PDF)

References

1. CMS. Frequently Asked Questions About Practitioner Billing for Chronic Care Management Services. Published online August 16, 2022. Accessed June 30, 2023. <https://www.cms.gov/files/document/chronic-care-management-faqs.pdf>
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3. CMS. Chronic Care Management and Connected Care. CMS. Published March 30, 2023. Accessed June 30, 2023. <https://www.cms.gov/about-cms/agency-information/omh/downloads/ccm-toolkit-updated-combined-508.pdf>
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