

Specialist or Subspecialist Telephone Consultation Form for Non-Face-to-Face Clinician-Directed Care Coordination Services Comprehensive Care Program (CCP)

Note: All sections of this form must be completed and the form retained in the specialist's or subspecialist's records. This form is subject to retrospective review.

Client Information	
Client Medicaid number:	Date:
Client name:	Time call started:
Date of birth:	Time call ended:
Part A	
Reason for call:	
The specialist's or subspecialist's medical opinion:	
Recommended treatment or laboratory services:	
Physician name:	Physician's fax number:
NPI:	Taxonomy:
Physician's signature:	Date:
Part B	
Referring medical home clinician:	Referring clinician's telephone number:
NPI:	Taxonomy:
Referring Clinician's Authorization Number:	