Use this form for dates of service on or after January 1, 2009.

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

(Specialist must keep form on file)	
Client Medicaid number:	Date: ____/____/_____
Client name:	Time call started:
Date of birth: ____/____/_____	Time call ended:

Parts A and B 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.

Part A

Reason for call:		
The specialist's or subspecialist's medical opinion:		
Recommended treatment or laboratory services:		
Physician's signature:	Date: ____/____/_____	
Physician name:	Physician's fax number:	
TPI:	NPI:	Taxonomy:

Part B

Referring medical home clinician:	Referring clinician's telephone number:	
TPI:	NPI:	Taxonomy:
Referring Clinician's Authorization Number:		