Checklist for Child Medical Evaluation (CME) reporting

Upon an allegation of child abuse/neglect, child welfare/county department of social services may request a CME as a part of the assessment/investigative process. A CME is a specific outpatient medical consultation performed by a qualified medical expert (MD, NP or PA) rostered with the NC Child Medical Evaluation Program. The purpose of the CME is to assist with determining the most appropriate medical diagnoses and treatment plan for a child when it is suspected that a child is being abused or neglected by a parent or other caretaker.

General information

1

Date of service (mm/dd/yyyy) _____

Child's name _____

DSS Case number (SIS or Common Name Data Service (CNDS)) _____

Claim type: Medicaid as primary insurance   ◯ Yes   ◯ No

Medicaid identification number (MID) (If child has Medicaid) ☐☐☐☐☐☐☐☐

Complete the following **ONLY** if Medicaid is the primary insurance:

By submitting this claim into NCTracks, I certify that all **components of the bundled service** (including, the reason for referral, an interview with DSS worker, an interview from the non-offending caregiver, a physical exam of the child, any related phone calls, a review of outside medical records, recommendations and treatment plan for the child and family, and an impression and summary of concerns, if applicable. An interview with the child, if the child is greater than 3 years of age, if appropriate. Laboratory testing and radiology studies may be required, if applicable) **for CME reporting have been completed** for the above-named beneficiary. I have verified that on this date of service the beneficiary is covered by **Medicaid only**.

Providers information

2

Child Medical Evaluation Program (CMEP) National Provider Identifier (NPI) ☐☐☐☐☐☐☐☐☐☐

Providers printed name _____

Providers signature

| x | |

Questions regarding claims should be submitted to (please provide address/email)

Address line 1 _____   Address line 2 _____
Street, P.O. Box, etc.   Suite, Building, etc.

City _____   State _____   Postal code _____

Email _____

CMEP staff

3

CMEP staff verification performed by print name _____

CMEP staff signature

| x | |

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