Kepro™

<table>
<tr><td colspan="2" align="center">SCREENING BY A LICENSED PSYCHOLOGIST
T1023 HE</td></tr>
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Provider:		**Member ID:**	
Review Date:		**Reviewer Name:**	

1.	Does the medically necessary purpose statement demonstrate the need for differential diagnosis and/or treatment recommendations rendered by a psychologist? **(NOTE: If Question #1 is scored 1.5, the purpose does not meet medical necessity but the documentation demonstrated medical necessity. If Question #1 is scored 0, then all remaining questions will be scored 0.)**	3	1.5	0	
2.	Does the evaluation meet service definition (to determine the appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol)? [This service must not be completed as part of the involuntary hospitalization process, on a routine basis to co-sign the H0031, or to render a diagnosis after completion of other assessments unless there is documented evidence of the need for differential diagnosis by a psychologist.] **(NOTE: If Question #2 is scored 0, then questions 3 and 4 will be scored 0.)**	3	0		
3.	Does the documentation demonstrate that additional symptomology and functional deficits were assessed during this service that was not obtained in previous assessments? **(NOTE: If Question #3 is scored 0, then all questions on this tool will be scored 0.)**	3	0		
4.	Does the report contain the following: • Date of the service • Location of the service • Start/stop times • Signature with appropriate credentials • Service code and/or descriptor? (**NOTE: If there is no signature with appropriate credentials, the entire tool scores 0.)**	3	0		

5.	Are there appropriate recommendations based upon the clinical data gathered in this evaluation?	3	1.5	0	

Total Score = _____ [Possible 15]