

**PSYCHIATRIC DIAGNOSTIC INTERVIEW WITH MEDICAL EVALUATION
90792**

Provider:		Member ID:	
Review Date:		Reviewer Name:	

1.	Does the purpose of the evaluation meet medical necessity criteria and was the report placed in the clinical record within 15 days? (NOTE: If Question #1 is scored 1.5, the purpose did 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 documentation reflect that the member was present for the evaluation? (NOTE: If Question #2 is scored 0, then all remaining questions will be scored 0.)	1	0		
3.	Does the report demonstrate a rationale for the diagnosis? (NOTE: If Question #3 is scored 0, then all remaining questions will be scored 0.)	3	1.5	0	
4.	Does the report include a medical evaluation, prescription of medications if necessary, and/or review and ordering of laboratory or other diagnostic studies? (NOTE: If Question #4 is scored 0, then all remaining questions will be scored 0.)	3	1.5	0	
5.	Does the report contain the following: <ul style="list-style-type: none"> • Date of the service • Location of the service • Signature with appropriate credentials • Service code and/or descriptor? (NOTE: If there is no signature by an approved clinician, within 15 days of the start of the service, all questions on this tool score 0).	3	1.5	0	
6.	Does the report contain documentation of the presenting problem and history of the member's presenting illness including: duration, frequency, and intensity of all symptoms?	3	2	1	0
7.	Does the report include a Screening, Brief Intervention, and Referral to Treatment (SBIRT) for members aged 10 or above? [If initial Assessment].	3	1.5	0	
8.	Does the report contain documentation of the current and past medications including efficacy and compliance as well as prescribed medications and what they are prescribed to treat?	3	1.5	0	
9.	Does the report contain documentation of the member's relevant psychiatric history up to the present day?	3	1.5	0	
10.	Does the report contain documentation of the member's pertinent medical history as related to the behavioral health condition?	3	1.5	0	
11.	Does the report contain documentation of a mental status examination that contains the following: <ul style="list-style-type: none"> • Appearance • Behavior • Attitude • Level of Consciousness 	3	2	1	0

	<ul style="list-style-type: none"> • Orientation • Speech • Mood & Affect • Thought Process/Form & Thought Content • Suicidality & Homicidality • Insight & Judgment 				
12.	Does the report contain documentation of the member's diagnosis as per DSM or ICD methodology?	3	2	1	0
13.	Does the report contain the member's prognosis for treatment including the rationale?	3	1.5	0	
14.	Does the report contain appropriate recommendations consistent with the findings of the evaluation?	3	1.5	0	

Total Score _____ [Possible 40]