

PSYCHIATRIC DIAGNOSTIC INTERVIEW- PSYCHIATRIST 90791

Provider:		Member ID:	
Review Date:		Reviewer Name:	

1.	Does the purpose of the evaluation meet medical necessity criteria? (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 contain the following: <ul style="list-style-type: none"> • Date of the service • Location of the service • Signature with appropriate credentials? (NOTE: if there is no signature with appropriate credentials, all questions on this tool score 0.)	3	1.5	0	
5.	Does the report contain documentation of the presenting problem and history of the member’s presenting illness including: duration, intensity, and frequency of symptoms?	3	2	1	0
6.	Does the report contain documentation of the current and past medications including efficacy and compliance?	3	1.5	0	
7.	Does the report contain documentation of the member’s relevant psychiatric history up to the present day?	3	1.5	0	
8.	Does the report contain documentation of the member’s pertinent medical history as related to the behavioral health condition?	3	1.5	0	
9.	Does the report contain documentation of a mental status examination?	3	1.5	0	
10.	Does the report contain documentation of the member’s diagnosis as per DSM or ICD methodology?	3	2	1	0
11.	Does the report contain the member’s prognosis for treatment including the rationale?	3	1.5	0	
12.	Does the report contain appropriate recommendations consistent with the findings of the evaluation?	3	1.5	0	

Total Score _____ [Possible 34]