



<b>SCREENING BY A LICENSED PSYCHOLOGIST</b> <b>T1023HE</b>
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<b>Provider:</b>		<b>Member ID:</b>	
<b>Review Date:</b>		<b>Reviewer Name:</b>	

1.	Does the purpose of the evaluation meet medical necessity criteria? <b>(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.)</b>	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)? <b>(NOTE: If Question #2 is scored 0, then questions 3 and 4 will be scored 0.)</b>	3	0		
3.	Does the documentation contain the following: <ul style="list-style-type: none"> <li>• Date of the service</li> <li>• Location of the service</li> <li>• Start/stop times</li> <li>• Signature with appropriate credentials?</li> </ul> <b>(NOTE: If there is no signature with appropriate credentials, the entire tool scores 0.)</b>	3	0		
4.	Are there appropriate recommendations based upon the clinical data gathered in this assessment?	3	1.5	0	

Total Score = \_\_\_\_\_ [Possible 12]