KEPRO
INTELLIGENT VALUE

MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN
H0031

Provider:		**Member ID:**	
Review Date:		**Reviewer Name:**	

1.	Does the purpose of the evaluation or reassessment meet medical necessity criteria? **(NOTE: If Question #1 is scored 1.5, then the purpose did not meet medical necessity but the documentation demonstrated medical necessity. If Question #1 scores 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 scores 0, then all remaining questions score 0.)**	3	1.5	0	
4.	Does the report contain the following: • Date of the service • Location of the service • Clinician's signature with appropriate credentials • Signature, appropriate credential & date of licensed clinical professional when required • Service code and/or descriptor? **(Note: if there is no signature with appropriate credentials, all questions on this tool score 0.)**	3	1.5	0	
5.	Does the report include demographic data on the member including: • Name • Age/date of birth • Sex • Education level • Marital Status • Occupation	3	1.5	0	
6.	Does the report include documentation of the presenting problem that includes: • A description of the frequency, duration, and intensity of all symptoms? • (If a Re-Assessment: changes in situation and behavior are documented)	3	2	1	0
7.	Does the report detail how the symptoms impact the member's current level of functioning? This may include:	3	1.5	0	

	• How symptoms impact activities of daily living • How symptoms impact social skills including establishing and maintaining relationships • Role functioning • Concentration • Persistence and pace • For children, current behavioral and academic functioning • If a Re-Assessment – Changes [or lack of changes] in functioning since prior evaluation are documented.				
8.	Does the report include a history of both current and prior behavioral health treatment that includes the efficacy and compliance with those treatments? • If Re-Assessment a summary of treatment since prior evaluation including a description of treatment provided over the interval and the responsiveness of the member is documented.	3	1.5	0	
9.	Does the report include a discussion of high risk or self-injurious behaviors, including suicidal or homicidal ideation or attempts?	3	1.5	0	
10.	Does the report include a Screening, Brief Intervention, and Referral to Treatment (SBIRT) for members age 10 or above? [If initial Assessment].	3	1.5	0	
11.	Does the report include a medical history including: • Any pertinent medical conditions/problems and treatments in the member's history (current or remote) • Psychotropic or pertinent medications prescribed (current or remote) including efficacy and compliance?	3	2	1	0
12.	Does the report include a relevant social history?	3	1.5	0	
13.	Does the report include an analysis of available social support systems (including familial if available)?	3	0		
14.	Does the report include a mental status examination? • Appearance • Behavior • Attitude • Level of Consciousness • Orientation • Speech • Mood & Affect • Thought Process/Form & Thought Content • Suicidality & Homicidality • Insight & Judgment	3	2	1	0
15.	Does the report include a diagnostic impression as per DSM or ICD methodology?	3	2	1	0
16.	Does the report contain appropriate recommendations consistent with the findings of the evaluation? Or, if a Re-	3	1.5	0	

	Assessment, amendments in treatment/intervention and/or recommendations for continued treatment or discharge are documented?				

- **Medical necessity criteria suggestions (for full medical necessity criteria, please reference WV Medicaid Manual):**
  - **Suspected behavioral health condition that requires treatment – initial assessment**
  - **Proposed increase in level of care (Not bundled CSU) - reassessment**
  - **Critical treatment juncture or unusual or significant change in symptoms and**
    - **status that would indicate an increase in level of care - reassessment**
  - **Readmission after 90 days of no contact – reassessment—**

Total Score _________ [Possible 46]