

Physician Review Note

Recipient Name: _____

Date of Review: _____

Case Summary

(Include Age, Diagnosis, Time in MHRS, Medications, History of Present Illness, progress/significant events over last quarter and # of units used)

.

PA's Recommendations:

Requested Service Units

Level of Need Score: _____

Med Management: _____

Counseling: _____

Community Support: _____

Psychosocial Skills: _____

Reassessment: _____

Recommendations

(Include verified LOCUS/CALOCUS Scores, types of services recommended based upon current MHR Service Definitions, and specific rationale which support any decisions to limit requested units.) Include requests/expectations regarding need to refer client out or transition toward lesser intensive services.

.

Approved Service Units

Med Management: _____

Counseling:

Community Support: _____

Psychosocial Skills: _____

Patient-Family: _____

Reassessment: _____

Denial Codes

Denial Codes: Any/all denial codes referenced, must be explained above in "Recommendations" section.

MD Name: _____

PA Specialist: _____

MD Review Note

--