

## Diagnosis Determination Note

### REQUIRED FORM:

This form is required in client file for Drug Medi-Cal providers only

### WHEN:

Completed within thirty days of admission

### COMPLETED BY:

Counselor and Therapist, Physician Assistant, Nurse Practitioner, or Medical Doctor

### REQUIRED ELEMENTS:

- **Client Name:** Document client's full name.
- **Client ID:** Complete the client ID number as determined by agency guidelines.
- **Primary Counselor:** Complete name of client's primary counselor.
- **Date of Service:** The date evaluation was conducted with client by counselor.
- **Service Code:** Select the appropriate service code (e.g., 2-Individual Counseling-Intake)
- **Note Narrative:** Document the client's substance use history and medical necessity to justify treatment services; include all relevant symptoms, impairments, and timeframes to support the diagnostic impression below using criteria from the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
  - **Sobriety for More than 365 Days:** Documentation must clearly state the medical necessity as outlined in Title 22 CCR 51303:
    - "health care services... which are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through diagnosis of treatment of disease, illness or injury are covered by the Medi-Cal program, subject to utilization controls... Such utilization controls shall **take into account these diseases, illnesses or injuries which require preventative health services or treatment to prevent serious deterioration of health.**"
    - Document client specific potential risk factors for relapse (e.g., unstable living environment, physical and mental health issues, past behaviors, etc.)
- **Diagnostic Impression:** This is the initial diagnostic formulation by the counselor based on the client's presentation.
- **Counselor Signature and Printed Name:** Counselor who documented the note narrative and the diagnostic impression must sign and print their name.
- **Date:** The date the counselor signed the note.
- **Therapist, PA, NP, or MD Section:** A Therapist, Physician Assistant, or Nurse Practitioner, acting within their scope of practice, or a Medical Doctor must complete the bottom section of the form after reviewing the note narrative and diagnostic impression along with other chart

documentation to determine if services are medically necessary and diagnosis the client. (including DSM label and ICD-10 codes).

- **SERVICES FOR THE BENEFICIARY ARE NOT MEDICALLY NECESSARY:** If the Therapist, PA, NP, or MD determines the client does not have a medically necessary diagnosis for SUD services, then mark this box. The client must be discharged and provided appropriate referrals as needed.
- **The following have been considered:** Mark these check boxes to document the information that was considered as part of the basis for the diagnosis and medical necessity for services.
- **Basis for Diagnosis:** Per Title 22, CCR § 51341.1(h)(1)(A)(v)(a), the basis for the SUD diagnosis must be documented by a Therapist, PA, NP or MD. Document the basis or justification for the diagnosis using applicable DSM criteria.
- **Therapist, PA, NP, or MD Printed Name:** Printed name that accompanies signature below must be legible.
- **Therapist, PA, NP, or MD Signature/Date:** The Therapist, PA, NP, or MD that completed the form must sign and date when the form was completed.

**NOTES:**

- A Therapist is defined by Title 22 51341.1(b)(30) as the following:
  - A psychologist licensed by the California Board of Psychology
  - A clinical social worker or marriage and family therapist licensed by the California Board of Behavioral Sciences
  - An intern registered with the California Board of Psychology or the California Board of Behavioral Sciences
  - A physician
- This form will be reviewed at QAR for an initial, stay, extension, and discharge.