

UnitedHealthcare Community (UHCCP) Louisiana

Clinical Program Guidelines Record Supplemental Tool

Facility Name:

Primary Dx:

Member Gender:

Member Age:

Reviewer Name:

Date of Facility Review:

Rating Scale: NA = Not Applicable Y = Yes N = No

Y

N

NA

Major Depressive Disorder

1	MDD Diagnosis: The provider found sufficient evidence to support the diagnosis of MDD by ruling out medical conditions that might cause depression and/or complicate the treatment.			
2	MDD Diagnosis: The provider delivered education about MDD and its treatment to the member, and if appropriate, to the family.			
3	MDD Diagnosis: If psychotic features were found, the treatment plan included the use of either antipsychotic medication or ECT, or clear documentation why not.			
4	MDD Diagnosis: If MDD was of moderate severity or above, the treatment plan used a combination of psychotherapy and antidepressant medication, or clear documentation why not.			
5	MDD Diagnosis: The psychiatrist delivered education about the medication, including signs of new or worsening suicidality, and the high risk times for this side effect.			
6	MDD Diagnosis: If provider was not an M.D., there was documentation of a referral for a medical/psychiatric evaluation if any of the following are present: psychotic features, complicating medical/psychiatric conditions, severity level of moderate or above.			

ADHD				
7	ADHD Diagnosis: Diagnosis was determined based on input/rating scales from family members/caregivers, teachers, and other adults in the member's life.			
8	ADHD Diagnosis: Record indicated that the medical evaluation was reviewed to rule out medical causes for the signs and symptoms.			
9	ADHD Diagnosis: Psychoeducation was delivered to all members with ADHD and in the case of minors, to the parents/caregivers.			
10	ADHD Diagnosis: The treatment plan and rationale as well as available treatments, including medications and their benefits, risks, side effects, were discussed with the member and the parent/caregiver in the case of minors.			
11	ADHD Diagnosis: Record indicated the use of family interventions that coach parents on contingency management methods.			
12	ADHD Diagnosis: Record indicated a comprehensive assessment for comorbid psychiatric disorders was conducted.			
Substance Use Disorder				
13	SUD Diagnosis: Education was delivered about substance-use disorders.			
14	SUD Diagnosis: A plan for maintaining sobriety, including strategies to address triggers was developed, and the role of substance use in increasing suicide risk was discussed.			
15	SUD Diagnosis: The treatment plan included a referral to self-help groups such as AA, Al-Anon, and NA.			

16	SUD Diagnosis: Evaluation included the consideration of appropriate psychopharmacotherapy.			
17	SUD Diagnosis: For MD providers, evidence that abstinence-aiding medications were considered.			
18	SUD Diagnosis: If provider was not a MD, there was evidence that a referral for abstinence-aiding medication or a diagnostic consultation was considered.			
Schizophrenia				
19	Schizophrenia Diagnosis: Assessment for other psychiatric disorders and medical conditions that may cause symptoms and/or complicate treatment was completed.			
20	Schizophrenia Diagnosis: Education was delivered regarding schizophrenia and its treatment to the member and the family.			
21	Schizophrenia Diagnosis: If significant risk was found, the provider implemented a plan to manage the risk, including a plan for diminishing access to weapons/lethal means.			
22	Schizophrenia Diagnosis: If provider was a not an MD, documentation of a referral for a psychiatric evaluation was included in the record.			
23	Schizophrenia Diagnosis: If a psychiatric referral was made, the provider documented the results of that evaluation and any relevant adjustments to the treatment plan.			
24	Schizophrenia Diagnosis: If provider was an MD, and if there was several unsuccessful medication trials and/or severe suicidality, then the member was considered for ECT and/or Clozapine.			

<i>Generalized Anxiety Disorder</i>				
25	GAD Diagnosis: Diagnosis for GAD based on DSM-5 criteria.			
26	GAD Diagnosis: Member received education from physician about GAD, options for treatment and general prognosis.			
27	GAD Diagnosis: CBT based psychotherapy and/or psychopharmacotherapy considered as first line treatment.			
28	GAD Diagnosis: Ongoing monitoring of symptoms that are accessed for severity.			
<i>Bipolar Disorder</i>				
29	Bipolar Disorder Diagnosis: Diagnosis is documented by type (acute manic, hypomania, mixed, or acute depressive episode).			
30	Bipolar Disorder Diagnosis: Complete psychological assessment documented First-line treatment: psychotherapy using trauma-focused therapy or stress management and/or pharmacotherapy.			
31	Bipolar Disorder Diagnosis: Psychoeducation, psychotherapy and family intervention provides as indicated.			
32	Bipolar Disorder Diagnosis: Evidence of monitoring medication and managing adverse effects.			
<i>Suicide Risk</i>				

33	Suicide Risk: High to intermediate level of acute risk for suicide and Risk Assessment documented.			
34	Suicide Risk: Psychosocial evaluation completed.			
35	Suicide Risk: Assessment of lethal means and limited access to lethal means if needed.			
36	Suicide Risk: Assessment for indications for inpatient admission.			
37	Suicide Risk: Safety plan development if risk is not imminent including social support.			
38	Suicide Risk: Continued monitoring of patient status and reassessment of risk in follow-up contacts.			