

Diagnosis Determination Note Instructions

REQUIRED FORM: This form is required in client file.

WHEN:

- **For Outpatient:** Completed within thirty (30) days from date of admission.
- **For Residential:** Completed within ten (10) days from date of admission.

COMPLETED BY: This form is to be completed by the Medical Director (MD) or a LPHA.

REQUIRED ELEMENTS:

- **Client Name:** Document client's full name.
- **Client ID:** Complete the client ID number as determined by agency guidelines.
- **Substance Use Disorder Criteria:** Identify the name of each substance and check off the DSM – 5 criteria that have occurred in the **past 12 months** related to each substance.
- **Total number of Criteria:** add checks from each column.
- **Basis for Diagnosis Narrative:** Document the basis or justification for diagnosis using applicable DSM – 5 criteria. The narrative should be individualized to capture the client's substance use history and medical necessity to justify treatment services. It should include all applicable DSM – 5 specifiers, including if a client has only maintained sobriety in a Controlled Environment. Document all relevant symptoms, impairments, and timeframes, etc.
 - **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.)
- **DSM – 5 Diagnosis(es)/ICD -10 codes:** Based on criteria documented in the narrative the MD or LPHA must document the diagnosis and matching ICD – 10 code(s).
- **Printed Name and Credentials:** MD or LPHA who completed the form print their name and credentials
- **Signature and date:** MD or LPHA who completed the form signs and dates it

NOTE: Must be reviewed by QAR for an initial, stay, extension, and discharge.