

**MEDICAL CONSULTANT'S REVIEW
OF PSYCHIATRIC
REVIEW TECHNIQUE FORM**

SSN: _____	
NAME: _____	
NH's NAME (if DWB, CDB, or DC Claim): _____	
PRTF COMPLETED BY (Identify DDS or RO): _____	
DATE OF PRTF BEING REVIEWED: _____	
TYPE OF CLAIM: <input type="checkbox"/> Initial <input type="checkbox"/> CDR	LEVEL OF CLAIM: <input type="checkbox"/> Initial <input type="checkbox"/> Recon <input type="checkbox"/> DHU

This form is to be completed by the reviewing medical consultant (MC) **ONLY** when a signed **PRTF** is in file and it is determined that a **PRTF** was appropriate.

Part I below serves to record agreement/disagreement with Sections I, III, and IV of the **PRTF**.

Part II serves for the reviewing MC to explain in **DETAILED NARRATIVE FORMAT** the evidentiary bases for recording a disagreement in Part I.

Indicate agreement, disagreement, or not applicable by checkmark for **EACH** item below.
IMPORTANT - Indicate disagreement **ONLY** for **SUBSTANTIVE** issues.

I. SUMMARY OF AGREEMENT/DISAGREEMENT

	<u>AGREE</u>	<u>DISAGREE</u>	<u>NA</u>
A. Categories of Disorders (Section IIA-I of PRTF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Rating of Functional Limitations (Section IIIA 1-4 of PRTF)			
1. Daily Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Concentration, Persistence, or Pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Decompensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Listing 12.02C, 12.03C, or 12.04C in Remission (Section IIIB1 of PRTF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Listing 12.06C (Section IIIB2 of PRTF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medical Disposition (Section IB 1-8 of PRTF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL CONSULTANT'S SIGNATURE: _____ MC CODE: _____ DATE: _____

II. NARRATIVE DISCUSSION

Complete this section **ONLY** for discussion of areas of **SUBSTANTIVE DISAGREEMENT**. Present a complete and detailed **NARRATIVE** discussion of the basis for disagreement for **EACH** area.

Begin the **NARRATIVE DISCUSSION** with a statement of why the **PRTF** assessment is in question. Include a statement of the specific evidence that supports your conclusions, which differ substantively from those presented in the **PRTF** assessment. If the disagreement is due to missing or incomplete evidence, identify the evidence that is needed.

Continued On Attached Page

CENTRAL OFFICE REVIEW

Central Office (CO) Reviewing Medical Consultant (MC) AGREES DISAGREES with the assessment on this form.

In disagreements, the reviewing CO MC is to complete and attach Form SSA-416, discussing the disagreement issues(s).

MC CODE _____

CO MC Signataure _____

Date _____