



PSYCHOTHERAPY (Focused) LBHC: H0004 HO

Provider:		Member ID:	
Review Date:		Reviewer Name:	

1.	Is there a behavioral health condition that establishes medical necessity for this service? (Note: If Question #1 scores zero, the remaining questions score zero.)	1	0		
2.	Is there an identifiable treatment strategy that reflects the current clinical presentation/symptoms/issues of the member? (Note: If this question scores 0 then questions # 3 and # 4 also score 0.)	3	1.5	0	
*3.	Is the treatment strategy being implemented based on assessed need?	3	2	1	0
4.	Are treatment strategies modified when significant changes in the member's clinical status are documented?	3	0		
*5.	Does service activity documentation include: <ul style="list-style-type: none"> • Practitioner Signature with appropriate Credentials • Service start and stop times • Date • Location of service (Note: If there is no signature with appropriate credentials, questions 5 through 8 score 0 for those notes)	3	2	1	0
*6.	Are interventions grounded in a specific and identifiable theoretical base within the service note? (Note: If this question scores 0 then questions 3, 5, 7, 8, and 9 also score 0.)	3	2	1	0
*7.	Is the member response to treatment interventions clearly documented?	3	2	1	0
*8.	Is pertinent interval history documented including changes in symptoms and functioning and addressing appropriate high risk factors?	3	2	1	0
*9.	Are the services consistent with best practice and provided at a frequency commensurate with assessed need?	3	2	1	0
10.	Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?	3	0		

* The scoring for these questions are as follows:
3 – 100% of the documentation meets this standard,
2 – 99% to 75% of the documentation meets this standard,
1 – 74% to 50% of the documentation meets this standard,
0 – Under 50% of the documentation meets this standard

Total Score = _____ [Possible 28]

