

**GROUP PSYCHOTHERAPY**  
**PP: 90853, 90853AJ**

|                     |  |                       |  |
|---------------------|--|-----------------------|--|
| <b>Provider:</b>    |  | <b>Member ID:</b>     |  |
| <b>Review Date:</b> |  | <b>Reviewer Name:</b> |  |

|      |   |   |     |   |   |
|------|---|---|-----|---|---|
| 1.   | Is there a behavioral health condition that establishes medical necessity for this service? <b>(Note: If Question #1 scores zero, the entire tool scores zero.)</b>   | 1 | 0   |   |   |
| 2.   | Is there an identifiable treatment strategy for group therapy that reflects the current clinical presentation/symptoms/issues of the member? <b>(Note: If this question scores 0 then all remaining questions also score 0.)</b>  | 3 | 1.5 | 0 |   |
| *3.  | Is the treatment strategy being implemented based on assessed need?   | 3 | 2   | 1 | 0 |
| 4.   | Is the treatment strategy modified when significant changes in the member's clinical status are documented?   | 3 | 0   |   |   |
| *5.  | Does service documentation include: <ul style="list-style-type: none"> <li>• Practitioner Signature with appropriate Credentials</li> <li>• Service start and stop times</li> <li>• Date</li> <li>• Location of service</li> <li>• Service Provided (CPT code or Name of Service)</li> </ul> <b>(Note: If there is no signature with appropriate credentials, questions 5 through 9 score 0 for those notes.)</b> | 3 | 2   | 1 | 0 |
| *6.  | Are interventions grounded in a specific and identifiable theoretical base within the service note? <b>(Note: If this question scores 0 then questions 5, 6, 7, 8, 9, and 10 also score 0.)</b>   | 3 | 2   | 1 | 0 |
| *7.  | Do the group therapy notes identify a topic of the session and does the topic relate back to the treatment strategy and assessed need?  | 3 | 2   | 1 | 0 |
| *8.  | Is the member's response to treatment interventions clearly documented?   | 3 | 2   | 1 | 0 |
| *9.  | Is pertinent interval history documented including changes in symptoms and functioning and addressing appropriate high risk factors?  | 3 | 2   | 1 | 0 |
| *10. | Are services consistent with best practice standards and are they provided at a frequency commensurate with assessed need?  | 3 | 2   | 1 | 0 |
| 11.  | Does a comprehensive review of the current clinical status substantiate that medical necessity is met for continued stay?   | 3 | 0   |   |   |

**Total Score = \_\_\_\_\_ [Possible 31]**

- \* 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