

## GROUP PSYCHOTHERAPY (Focused) LBHC: H0004 HO HQ

Provider:	Member	
	ID:	
Review	Reviewer	
Date:	Name:	

1.	Is there a behavioral health condition that establishes medical	1	0		
	necessity for this service? (Note: If Question #1 scores zero,				
	the entire tool scores zero.)				
2.	Is there an identifiable treatment strategy for group therapy	3	1.5	0	
	that reflects the current clinical				
	presentation/symptoms/issues of the member? (Note: If this				
	question scores 0 then questions # 3, # 4, and #7 also				
	score 0.)				
*3.	Is the treatment strategy being implemented based on	3	2	1	0
	assessed need?				
4.	Are group therapy treatment strategies modified when	3	0		
	significant changes in the member's clinical status are				
	documented?				
*5.	Does service documentation include:	3	2	1	0
	<ul> <li>Practitioner Signature with appropriate Credentials</li> </ul>				
	<ul> <li>Service start and stop times</li> </ul>				
	• Date				
	Location of service				
	<ul> <li>Code and/or descriptor?</li> </ul>				
	(Note: If there is no signature with appropriate				
	credentials, questions 5 through 9 score 0 for those				
	notes.)				
*6.	Are group therapy interventions grounded in a specific and	3	2	1	0
	identifiable theoretical base within the service note and				
	related to the member's identified behavioral health				
	condition? (Note: If this question scores 0 then questions 3,				
	5, 7, 8, 9, and 10 also score 0.)				
*7.	Does the content of the group therapy service notes identify a	3	2	1	0
	topic and does the content and topic relate back to the				
	treatment strategy and assessed need?				



*8.	Is the member's individualized response to treatment	3	2	1	0
	interventions clearly documented?				
*9.	Is pertinent interval history documented including changes in	3	2	1	0
	symptoms and functioning and addressing appropriate high				
	risk factors?				
*10.	. Are services consistent with best practice standards and are		2	1	0
	they provided at a frequency commensurate with assessed				
	need?				
11.	Does a comprehensive review of the current clinical status	3	0		
	substantiate that medical necessity is met for continued stay?				

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

- 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

<sup>\*</sup> The scoring for these questions are as follows: