

GROUP PSYCHOTHERAPY PP: 90853, 90853*AJ

Provider:	Member	
	ID:	
Review	Reviewer	
Date:	Name:	

1.	Is there a behavioral health condition that establishes medical necessity for this service? (Note: If Question #1 scores zero, the entire tool scores zero.)	1	0		
2.	Is there an identifiable treatment strategy for group therapy 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	1.5	0	
*3.	Is the treatment strategy being implemented based on assessed need?	3	2	1	0
4.	Are group therapy treatment strategies modified when significant changes in the member's clinical status are documented?	3	0		
*5.	Does service documentation include:	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 topic and does the content and topic relate back to the treatment strategy and assessed need?	3	2	1	0
*8.	Is the member's individualized 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	3	2	1	0
	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]

- * 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