

CRISIS PSYCHOTHERAPY
PP: 90839, 90840

Provider:		Member ID:	
Review Date:		Reviewer Name:	

1.	Is there a behavioral health condition that establishes medical necessity for this service? Was the intervention: <ul style="list-style-type: none"> • unscheduled • face-to-face activity • intended to resolve a crisis related to acute psychological signs and symptoms? (Note: If Question #1 scores zero, the remaining questions score zero.)	1	0		
2.	Does service activity documentation included: <ul style="list-style-type: none"> • Practitioner Signature with appropriate Credentials • Service start and stop times • Date • Location of service • Code and/or descriptor? (Note: If there is no signature by an approved clinician, questions #2 through 8 score zero for those notes.)	3	2	1	0
3.	Does the documentation provide a description of the history of the member's acute psychiatric symptoms including the duration, intensity, and frequency as well as the history of symptoms?	3	2	1	0
4.	Does the documentation contain the therapeutic interventions used to de-escalate the crisis? (Note: If this question scores 0 then Questions #4,5,6,7 also score 0.)	3	0		
5.	Does the documentation contain a mental status exam that contains the following: <ul style="list-style-type: none"> • Appearance • Behavior • Attitude • Level of Consciousness • Orientation • Speech • Mood & Affect • Thought Process/Form & Thought Content • Suicidality & Homicidality • Insight & Judgment 	3	2	1	0
6.	Does the documentation contain a safety and/or linkage plan outlining appropriate follow-up?	3	0		
7.	Does the documentation contain the member's individualized response to treatment interventions?	3	0		

Total Score = _____ [Possible 19]