

FAMILY PSYCHOTHERAPY PP: 90846, 90847, 90847*AJ

Provider:	Member ID:				
ReviewReviewerDate: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 family therapy that reflects the current clinical presentation/symptoms/issues of the member? (Note: If this question scores 0 then all remaining questions score 0.)		3	1.5	0	
need		3	2	1	0
	Are group therapy treatment strategies modified when significant changes in the member's clinical status are documented?		0		
(Note #5 th	 service documentation include: Practitioner Signature with appropriate Credentials Service start and stop times Date Location of service Code and/or descriptor? If there is no signature by an approved clinician, questions rough 10 score zero for those notes.) 	3	2	1	0
theore identi	amily therapy interventions grounded in a specific and identifiable etical base within the service note and related to the member's fied behavioral health condition? (Note: If this question scores in questions 3,7, 8, 9, and 10 also score 0.)	3	2	1	0
	e member individualized response to treatment interventions y documented?	3	2	1	0
	ertinent interval history documented including changes in toms and functioning and addressing appropriate high-risk s?	3	2	1	0
*9. Does	the documentation include a plan for continued family therapy?	3	1.5	0	
	ervices consistent with best practice standards and are they led at a frequency commensurate with assessed need?	3	2	1	0
	a comprehensive review of the current clinical status antiate that medical necessity is met for continued stay? Total Score =	3	0		e 311

* The scoring for these questions is 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