

THERAPEUTIC BEHAVIORAL SERVICES-IMPLEMENTATION (BEHAVIOR MANAGEMENT) H2019

Provi	ider:	Member ID:				
Revie Date:		Reviewer Name:				
						
1.	Does the documentation demonstrate medical necessity? (Note: If questions on this tool score 0.)		1	0		
2.	Does the Therapeutic Behavioral Service 65% or higher? (Note: If question #2 questions score 0.)			0		
3.	Is the implementation provided by resource? (Note: If question #3 scores 7 score 0).		3	1.5	0	
4.	Is there documentation that training implementing the plan has occurred on If question #4 scores 0, questions 6, a	the current plan? (Note:	3	1.5	0	
*5.	 Does the documentation contain the followant of the location of service Date of service Start/stop times Provider signature with appropriate Service code and/or descriptor? (Note: If there is no signature by questions 5, 6, and 7 score 0 for thos) 	owing: ate credentials an approved clinician	3	2	1	0
*6.	Does the documentation indicate what in current plan was utilized? (Note: If que question 7 scores 0).		3	2	1	0
*7.	Does the documentation indicate the response to the interventions utilized?	member's individualized	3	2	1	0

Total Score =	[Possible 20]
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8.

- 3 100% of the documentation meets this standard
- 2 99% to 75% of the documentation meets this standard

Does a comprehensive review of the current clinical status

substantiate that medical necessity is met for continued stay?

- 1-74% to 50% of the documentation meets this standard
- 0 Under 50% of the documentation meets this standard

^{*} The scoring for these questions is as follows: