

## PSYCHOTHERAPY (Focused) LBHC: H0004 HO

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 remaining questions score zero.)	1	0		
2.	Is there an identifiable treatment strategy that reflects the current clinical presentation/symptoms/issues of the member? (Note: If this question scores 0 then questions # 3 and # 4 also score 0.)	3	1.5	0	
*3.	Is the treatment strategy being implemented based on assessed need?	3	2	1	0
4.	Are treatment strategies modified when significant changes in the member's clinical status are documented?	3	0		
*5.	Does service activity documentation include:	3	2	1	0
*6.	Are interventions grounded in a specific and 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, and 9 also score 0.)	3	2	1	0
*7.	Is the member's individualized response to treatment interventions clearly documented?	3	2	1	0
*8.	Is pertinent interval history documented including changes in symptoms and functioning and addressing appropriate high-risk factors?	3	2	1	0
*9.	Are the services consistent with best practice and provided at a frequency commensurate with assessed need?	3	2	1	0



10.	Does a comprehensive review of the current clinical status	3	0	
	substantiate that medical necessity is met for continued stay?			

Total Score = \_\_\_\_ [Possible 28]

- \* 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