

FAMILY PSYCHOTHERAPY PP: 90846, 90847, 90847*AJ								
Provider:			Member ID:					
		Reviewer Name:						
1.	necess	re a behavioral health condition th ity for this service? (Note: If Question # ores 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 questions #3 & #4 also score 0.)				3	1.5	0	
*3.	Is the t	reatment strategy being implemented b	ased on assessed ne	ed?	3	2	1	0
4.		mily therapy treatment strategies more the in the member's clinical status are doc	-	cant	3	0		
*5.	(Note:	 Practitioner Signature with approp Practitioner Signature with approp Service start and stop times Date Location of service Code and/or descriptor? If there is no signature with appropriation of service 			3	2	1	0
*6.	Are family therapy 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, 9 also score 0.)			per's	3	2	1	0
*7.		member's individualized response to documented?	treatment intervent	ions	3	2	1	0
*8.		tinent interval history documented oms and functioning and addressing ?			3	2	1	0
*9.		rvices consistent with best practice sed at a frequency commensurate with as		they	3	2	1	0
10.	Does a	comprehensive review of the current cl edical necessity is met for continued sta	inical status substan	tiate	3	0		

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