

YOUTH DYNAMICS

CONTACT NOTES

Client:	Program: <input type="checkbox"/> FSA <input type="checkbox"/> Respite <input type="checkbox"/> Therapy <input type="checkbox"/> YCM <input type="checkbox"/> FBS <input type="checkbox"/> Guide Home <input type="checkbox"/> Shelter Care <input type="checkbox"/> Group Home <input type="checkbox"/> FST <input type="checkbox"/> TFC		
Recorder's Name:			
Goals and Objectives			
Status Codes: P = Progress N = No Change R = Regress			
Include in each contact note: Who, When, Where, and Length of Visit. Date, Type of Contact, and Initials are required for each entry.			
GOAL	DATE / CODE / LENGTH	DATA / ASSESSMENT / PLAN	STATUS
Contact Codes:		Therapy Billing Codes:	
CV - Community Visit	DC - Direct Contact	90801 30' Clinical Assessment	90846 45' Family Therapy w/o Patient #
OV - Office Visit	CC - Collateral Contact	90802 30' Clinical Assessment (interactive)*	90847 45' Family Therapy w/ Patient #
HV - Home Visit	TX - Tx Team Meeting	90804 30' Individual Psychotherapy (insight)#	90849 Multi Family Group Therapy
TC - Telephone Call	T - Travel	90806 45' Individual Psychotherapy (insight)#	90853 45' Group Therapy (insight)
EM - E-mail		90808 75' Individual Psychotherapy (insight)+	90857 45' Group Therapy (interactive)*
EC - Emergency Contact		90810 30' Psychotherapy (interactive)*#	(*) Medicaid- 12 or under only
RCA - Referral, Coordination, & Advocacy		90812 45' Psychotherapy (interactive)*#	(+) Medicaid - Can't use
S - Clinical Supervision		90814 75' Psychotherapy (interactive)+	(#) Subject to 24-session limit - Medicaid Only
Recorder's Signature / Title:		FSA Managers Signature:	Date: