The Department of Medical Assistance Services / Local Education Agency Services

Psychiatric, Psychological and Mental Health Service
Therapy Progress Note

Student Name: _____ _____
DOB: (mm/dd/yy) Last First

Medicaid/FAMIS ID#: __ __ __ __ __ __ __ __ __ __ __ __ **LEA:**

Individual Therapy	**Play Therapy**	**Family Therapy**
☐ **90804 (20-30 min)**	☐ **90810 (20-30 min)**	☐ **90846 (w/o student)**
☐ **90806 (45-50 min)**	☐ **90812 (45-50 min)**	☐ **90847 (with student)**
☐ **90808 (75-80 min)**	☐ **90814 (75-80 min)**	

Group Therapy	**Interactive Group Therapy**
☐ **90853**	☐ **90857**

ICD-9 CM Code(s) (for billing purposes):

Interval History: _____

Current Medication: _____

Focus of Session/ Issues Addressed: _____

Plan of Treatment/ Intervention: _____

Frequency of treatment (as applicable): _____ **X/** _____

_____ _____
Clinician Signature / Title **Date**

_____
Print Name

DMAS 43
RVSD1010