

2019 NC Farmworker Health Program Behavioral Health Encounter Form

Patient Name: _____ Service Date: _____
 Patient DOB: _____ Primary Care Provider: _____
 Phone: _____ Place of Service: _____
 Interpreter: _____ Language: Español Ingles Creole Other
 New Pt. Est. Pt. FHASES ID (optional): _____

Service (Billing/CPT) Codes

- 90791 Biopsychosocial; Mental Status Exam
- 90832 Psychotherapy, 30 minutes
- 90834 Psychotherapy, 45 minutes
- 90837 Psychotherapy, 60 minutes
- 90846 FAM PSYCTX W/O PT PRESENT
- 90847 FAM PSYCTX W/ PT PRESENT
- 90853 GRP PSYCTX
- 90862 Pharmacologic MGMT MIN Medical PSYCTX
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Diagnosis (ICD-10) Codes look-up:

Recommended app: MTBC ICD 9-10
 Download link for iOS:
<https://itunes.apple.com/us/app/mtbc-icd-9-10/id821550817?mt=8>
 Download link for other OS:
<https://play.google.com/store/apps/details?id=com.mtbc.converter>

Diagnoses ICD-10 Codes

Code:	Description (optional)
_____	_____
_____	_____
_____	_____
_____	_____

Referred by (name, position): _____

Reason for Referral: _____ (opt.)

Notes: _____ (opt.)

