

Individual NYC EI Session Note Mapping

Attendance For: []

Start Date: 10/15/23
End Date: 12/31/24
Program: EI
Service: SP - IND
Frequency: 2.00x45 WEEKLY
Program Description:
Auth:
Total Remaining Sessions: 34

Service Date: 09/05/2024

Start: 10:30 AM End: 11:15 AM

Location: []

Attendance Code: P []

Show only absences with time remaining:

Makeup For: []

Session Details (click to show)

1 Assigned CPT Codes (Click to view)

Notes:

Please see additional information below

Parent/Crgiver Present

Parent Communication

Session Progress: []

Response: []

CoVisiting Therapist: []

Attendance Is Medicaid Eligible:

Override Group Size: []

Show Additional Info

Mark as Written Today

0 Assigned Goals (Click to view)

Guardian Signature (click to show)

Save Delete



NYC Early Intervention Program Session Note (Home/Facility) - Version 2

Child's Name: [] DOB: [] Sex at birth: Male Female

EI #: []

Interventionist's Name: [] Credentials: []

National Provider ID #: [] Service Type: []

Session Date: [] IFSP Service Location: []

Date Note Written: [] Session Time: From [] AM [] PM To [] AM [] PM

Intensity: [] Session delivered: In-person Telehealth

ICD-10 code: [] HCPCS Code (if applicable): []

1st CPT Code: [] 2nd CPT Code: [] 3rd CPT Code: [] 4th CPT Code: []

Session cancelled - List reason in #1. Session must be made up by: []

This is a make-up for a missed session on [] (must be within 2 weeks)

Session participants (Check all that apply): Child Parent/caregiver Other(s) specify: []

1. IFSP Outcome(s) and developmental step(s) addressed during this session:

[]

2. Describe what happened during today's session and the progress made toward the IFSP outcome(s). Include the routine activity and the strategies used in the session. When available, include the parent/caregiver feedback on how they incorporated the strategies between sessions.

[]

3. How did you work with the parent/caregiver? Observed parent/caregiver and child during routines Parent/caregiver tried activity; feedback exchanged Demonstrated activity to parent/caregiver Reviewed communication tool with parent/caregiver Other: []

4. What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child's learning and development between visits?

[]

Parent/Caregiver Signature: [] Date: []

Relationship to child: []

Interventionist Signature: [] Date: []

License/Certification #: [] Title: []

Supervising Clinician Signature (if applicable): [] Date: []

License/Certification #: [] Title: []

Parent/caregiver must sign both the Session Note and the Service Log after each service session. All session notes and service logs must be maintained for billing and audit purposes.

Additional Attendance Info

Session participants
Other session participants besides parent, child (if applicable):

[]

2. Describe what happened during today's session and the progress made toward the IFSP outcome(s). Include the routine activity and the strategies used in the session. When available, include the parent/caregiver feedback on how they incorporated the strategies between sessions.

[]

3. How did you work with the parent/caregiver?
 Observed parent/caregiver and child during routines
 Parent/caregiver tried activity; feedback exchanged
 Demonstrated activity to parent/caregiver
 Reviewed communication tool with parent/caregiver
 Other: []

4. What strategies/activities did you and the parent/caregiver collaboratively agree to do to support their child's learning and development between visits?

[]

Additional INFORMATION ON THE "Notes" section in Enterclaims:

For Cancelled Sessions: explanation/reason for absence- child sick, family had an appt, therapist on vacation, therapist sick, family did not answer door etc.

For present sessions with tech issues- use P2 and explain

For present sessions- add any other relevant information about the session that you could not fit into sections 2, 3 or 4