



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

**Psychologist and Sex Offender
Treatment Provider Invoice**

CLIENT NAME		DATE(S) PROVIDED		YEAR
DDA CASE RESOURCE MANAGER				
Note: Services must be pre-approved by DDA.				
SERVICE PROVIDED	SERVICE CODE	CODE MODIFIER	DATE(S) PROVIDED	FEE
Psychological Evaluation / Non-Sexual Risk Assessment	99499	U3		
Psychological Evaluation / Sexual Deviancy Risk Assessment	99499	U1		
Brief Evaluation / Follow-up, Additional Testing (per hour)	99499	U4		
Individual Therapy	H2019			
Group Therapy	H2019	HQ		
Treatment Team Meeting (attendance and participation); or Special Consultation	99366			
Limited Consultation (DDA staff, family, contracted service providers; telephone calls, written reports (see Statement of Work – paid once per quarter)	S5115	U6		
Polygraph Examination	SA030			
Penile Plethysmograph Testing (with written report)	54240			
			Total	
NAME OF PERSON PERFORMING THE SERVICE			PROVIDER NUMBER	
COMPANY / AGENCY				
SIGNATURE			DATE SENT TO DDA CASE MANAGER	