



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Specialized Evaluation and 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
SET: Risk Assessment	H2019	U3		
SET: Brief Evaluation / Follow-up	H2019	U4		
SET: Sex offender treatment (non-CP)	H2028			
SET: CPP Treatment: Individual therapy	H2019	U1		
SET: CPP Treatment: Group therapy	H2019	HQ		
SET: CPP Treatment: Treatment Team (Includes treatment team meeting attendance, report writing, and additional consultation. Billed in 15 minute increments)	H2019	U2		
SET: Polygraph (with written report)	SA030			
SET: Plethysmograph (with written report)	54240			
			Total	
NAME OF PERSON PERFORMING THE SERVICE			PROVIDER NUMBER	
COMPANY / AGENCY				
SIGNATURE			DATE SENT TO DDA CASE MANAGER	