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| Transforming Lives |  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 | SERVICECODE | 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 |