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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 | | 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 | | |