STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin
Governor

Bureau for Behavioral Health & Health Facilities
350 Capitol Street, Room 350
Charleston, West Virginia 25301
Telephone: (304) 558-0627 Fax: (304) 558-1008

Karen L. Bowling
Cabinet Secretary

Invoice for Forensic Mental Health Evaluation

Date(s) of Assessment: _____

Name of Evaluated Individual: _____

Judge/County: _____

Evaluator: _____

Type of Evaluation per WV Code §27-6A-1 et seq. (check as appropriate):

- ☐ Competency to Stand Trial
- ☐ Criminal Responsibility
- ☐ Diminished Capacity

Activities/ time spent:

1. Initial or reassessment evaluation

_____ Hour(s) of CPT 90791 Psychiatric Diagnostic Evaluation (Current Rate = _____) _____

2. Initial or reassessment evaluation with Medical Services

_____ Hour(s) of CPT 90792 Psychiatric Diagnostic Examination with Medical (Current Rate = _____) _____

3. Psychological testing with Interpretation and Report

_____ Hour(s) of CPT 96101 Psychological Testing with Interpretation and Report (Current Rate = _____) _____

4. Travel:

A. Qualified Professional Staff (____ Hours x $75.00 per hour) _____

B. ____ Miles x _____ per mile _____

TOTAL INVOICE $ _____

I certify that the above listed services were performed and that this invoice is accurate to the best of my knowledge.

_____
Evaluator Signature

Business Name/Pay to: _____

Address: _____

_____

_____

FEIN or SS #: _____

INVOICE #: _____

1 Activities contained in this document are based in approved Current Procedural Terminology (CPT) definitions and criteria for allowable services and the Medicaid Fee Schedule; however the Bureau for Behavioral Health and Health Facilities has allowed the modifications noted below solely for the purposes of invoicing WV Code §27-6A-1 et seq. forensic evaluations and those modifications are not applicable to any other evaluations performed under the purview of the Department or its Bureaus.

2 Medicaid rates are subject to revision and are reviewed annually and published at: http://www.dhhr.wv.gov/bms/Pages/WV-MedicaidPhysician%27sRBRVSFeeSchedules.aspx .

3 The maximum number of units of the service for CPT Codes 90791 and 90792 do not meet Medicaid criteria and are based on a review of previously invoiced forensic evaluation services. Evaluators who may exceed the allotted number of units of service must submit a justification and prior approval request prior to submitting and invoice for those services.

4 Units of Service for CPT Codes 90791 and 90792 do not meet Medicaid criteria and have been modified solely for the purposes of invoices related to forensic evaluations performed in accordance with §27-6A-1 et seq..

5 Reimbursement of forensic evaluations under WV Code §27-6A-1 et seq. may not exceed $3,000.00 without written prior authorization. Requests for consideration of Prior Authorization must be submitted in writing with justification to the Statewide Forensic Coordinator.

6 Travel time is based on a determination of the Bureau specifically for WV Code §27-6A-1 et seq. evaluations. All travel time must be invoiced using ¼ hour or 15 minute increments and must correspond to the level of the staff traveling.

7 Mileage Rates will be reimbursed at the state approved mileage rate which is reviewed twice annually and can be located at http://www.state.wv.us/admin/purchase/travel/mileage.html .

To ensure prompt payment for services rendered, authorized evaluators should ensure the following criteria are met:

- The invoice form must contain all requested information and be mathematically accurate;
- Rates contained on the invoices must be those that were applicable at the time the evaluation was performed and/or completed;
- The invoice form must contain an "Original" blue ink signature by the evaluator;
- The packet must contain a Court Order with a raised seal identifying the Department/BBHHF as the designated payor and reference to evaluations performed in accordance with West Virginia State Code §27-6A-1 et seq.;
- The packet must contain a finalized West Virginia State Code §27-6A-1 et seq. Forensic Evaluation that contains the signature of the evaluator;
- If applicable, the packet must contain documentation supporting all approved prior authorization requests;
- The complete invoice packet must be submitted within six (6) months of the completion of the evaluation; and
- The packet must be **mailed** to the following address:

  Deputy Commissioner of Operations
  Bureau for Behavioral Health and Health Facilities
  350 Capitol Street, Room 350
  Charleston, West Virginia 25301

Print Form