Psychological Evaluation Log 2019-2020

Student's name:							Provider's Name:			
Student's date of birth:				PA Secure ID			Provider's Title:			
School:				Date:		Provider's Signature:				
Disability/Diagnosis:									Early Intervention School Age	
				Initial	Evaluation	Re-Evalua	ation			
Service		Treatmer	nt		Refer to the keys below for an explanation of the treatment codes					
Date	Start Time	End Time	Treatment Key (see Pg 2))	Description of Service					
				Date Evalua	ation Complete	ed:/	/			

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Treatment Key:

1	Direct	Administering Tests (face-to-face)			
2	Direct	Assessment of Student (face-to-face)			
3	Direct	Classroom Observation (face-to-face)			
4	Indirect	Consultation with a medical professional			
5	Indirect	Professional Responsibilities: Parent Consultation			
6	Indirect	Professional Responsibilities: Teacher/Staff Consultation			
7	Indirect	Report Writing			

Notes:

- All evaluations/assessments are paid based upon a "Per Evaluation" unit of service, effective March 1, 2015.
- In order for the evaluation log to be submitted as a compensable claim, at least one of the three face-to-face options from the Treatment Key must be selected.
- Only psychological evaluations/assessments that lead to and result in the creation of an IEP or the continuation of an IEP can be billed to Medical Assistance.
- Attach all documentation relating to the evaluation to this log.