

1999 - 2000
Ventura County Grand Jury Report
Mental Health Billing Follow-Up

Ventura County Behavioral Health Department

Mental Health Billing Follow-up

This report by the 2000-2001 Ventura County Grand Jury covers the efforts that the Ventura County Behavioral Health Department is undertaking to correct mental health billing irregularities. This report discusses the changes in procedures and policies and the progress in the implementation of training requirements mandated by the Integrity Agreement, which became effective on November 4, 1999.

Background

In the late 1980s through early 1990s, Ventura County received special funding from the State of California to develop and implement a system of care for children with serious mental illness. A team-oriented approach, termed the Ventura Model, served as a blueprint for several other counties under state sponsorship.

The team concept provided integration of social services as well as medical services for enrolled patients diagnosed with recognized mental illnesses. Under the auspices of a team comprised of experts in all areas of proposed treatment and support, patients had access to support services, not just for themselves, but for their families.

Initially, all teams included at least one psychiatrist and patient records reflected approved treatment plans as required by Medicare. Over time, more emphasis was placed on MediCal requirements and some teams operated without a psychiatrist in attendance. Eventually, this lack of direct psychiatrist involvement with the patient for Medicare billing was to prove a costly error for the County.

In April 1998, the Board of Supervisors voted to place the Behavioral Health Department into the Human Services Department. The fact that the professional psychiatrists were now seen to be under social services broadened the existing gulf between some medical professionals and some social service caregivers, and major morale problems developed. One medical professional became a “whistle blower” and filed suit against the County in federal court for filing false and fraudulent billing for Medicare claims.

As a result of the lawsuit, the County of Ventura was compelled to pay a consent judgment for 15.3 million dollars and submit to a 5-year Integrity Agreement for training and oversight to assure the correctness of all future billing.

Methodology

The 2000-2001 Ventura County Grand Jury reviewed the Integrity Agreement between the Ventura County Medical Center and the Office of the Inspector General (federal). Meetings were held with the Ventura County Medical Center (VCMC) Compliance Officer and the Manager of Patient Accounting for the VCMC. Documents which were reviewed included the VCMC Compliance Program Manual, Utilization Review Procedures, Utilization Review results, revised charge tickets and training implementation results.

Findings

- F-1 The Integrity Agreement was intended to correct Medicare Outpatient Mental Health billing problems. The Agreement covers the five-year period which commenced on November 4, 1999.
- F-2 The Integrity Agreement consists of two key elements:
 - 1. Compliance Training
 - 2. Production of a Policy and Procedures Manual.
- F-3 Ernst and Young, a consulting firm, was hired to conduct the mandated independent review of compliance and to audit billing. They will audit 5% of the charts, which is double the industry standard.
- F-4 Compliance Training started November 4, 1999, and trained 2,300 people during the first four months. Those trained included reimbursement personnel, providers and contractors.
- F-5 All contractors and employees are being screened and are removed from consideration if any fraudulent activity is uncovered in their background.
- F-6 A Policy and Procedures Manual was developed as a result of the Integrity Agreement and is referred to as the Compliance Program Manual. This manual does not replace Ventura County's General Administrative Manual, the Human Resources Manual, County and Health Care Agency Policies, applicable labor agreements or any other policies of VCMC that give specific guidance to the daily activities of VCMC and its departments. The Compliance Program Manual sets forth the key elements needed to implement VCMC's obligations under the Integrity Agreement. The Table of Contents of this manual is shown in Attachment 1.
- F-7 A confidential Compliance Hotline that guarantees no retaliation has been established; it documents all complaints and responses and utilizes specialized health care counseling for complaints.
- F-8 A Utilization Review Committee was established to review patient record charts. During the year 2000, 60% of all patient charts were reviewed which is double the industry standard. An example of a utilization review procedure is shown in Attachment 2.
- F-9 A summary chart for the outpatient 5% billing chart review is shown in Attachment 3.

VCMC COMPLIANCE PROGRAM MANUAL
Table of Contents

- 8. Responding to External Investigations**
 - 8.1. Responding to Subpoenas and Search Warrants
 - 8.2. Responding to Fiscal Intermediary, Carrier and PRO Audits
 - 8.3. Responding to Government Investigations
- 9. Compliance with Federal and State Fraud and Abuse Laws**
 - 9.1. Anti-Kickback
 - 9.2. Self-Referral Laws
 - 9.3. Physician Recruitment
 - 9.4. State Corporate Practice of Medicine
 - 9.5. Inducements to Lower Utilization
 - 9.6. Provision of Inducements to Patients
 - 9.7. Waivers of Coinsurance
 - 9.8. Vendor Contracts
 - 9.9. Vendor Contracts – Off-Site Contractors
- 10. Patient Care and Rights**
 - 10.1. (This section deleted.)
 - 10.2. Patient Freedom of Choice/Disclosures of Financial Interest
 - 10.3. Independent Contractor Credentialing
 - 10.4. (This section deleted.)
 - 10.5. Treatment Plans
- 11. Business Office**
 - 11.1. Financial Records
 - 11.2. Medical Necessity – Patient Services
 - 11.3. Medical Necessity – Laboratory and Radiology Services
 - 11.4. Outpatient Billing prior to Inpatient Stay
 - 11.5. Refunding Overpayments and Credit Balances
 - 11.6. Laboratory Standing Orders
 - 11.7. Revenue & Usage Reports
- 12. Ethics**
 - 12.1. Entertainment and Gift Policy
 - 12.2. Prohibition Against Gifts to Federal, State or Fiscal Intermediary Employees
- 13. Medical Records/Coding**
 - 13.1. Continued Education Policy for Coding Staff
 - 13.2. Prohibition Against Contingency Based Coding Arrangements
 - 13.3. Coding Staff – Employee Orientation
 - 13.4. Availability of Coding Reference Materials
 - 13.5. Prohibition Against Incentive and Bonus Plans for Coding Employees
 - 13.6. Coding Related Documentation – Outpatient Services
 - 13.7. Provider Based Policy
 - 13.8. Reimbursement of Teaching Physician Services
- 14. Reimbursement**
 - 14.1. Cost Report Documentation
 - 14.2. Cost Report Disclosure Statements
 - 14.3. Reporting Cost Report Errors
 - 14.4. Independent Review of Cost Reports
 - 14.5. Fiscal Intermediary Audits of Cost Reports
 - 14.6. Treatment of Non-Allowable Costs
 - 14.7. Treatment of Protested Items
 - 14.8. Continuing Education Policy for Reimbursement Personnel
 - 14.9. Reimbursement Manual Policy
 - 14.10. Policy Regarding Cost Report Representation
 - 14.11. Physician Billing Numbers

Attachment 1- VCMC Compliance Program Manual Table of Contents

- F-10 An example of a Master Treatment Plan, which was developed as part of the Policy and Procedures Manual, is shown in Attachment 4.
- F-11 The error rate in chart preparation uncovered by the first review has been 40%.
- F-12 The Problem Oriented Record computer program used for outpatient billing has been significantly improved to facilitate out-patient billing for Medicare.
- F-13 Onsite training is being provided by outside experts from Ernst and Young, a consulting firm.
- F-14 Billing charts have been updated. (See example in Attachment 5.)
- F-15 Staffing of open positions is still a problem. Certain staff skills are difficult to find. Human Resources' hiring procedures can be lengthy.

Conclusions

The Grand Jury concludes as a result of its analysis of the above findings that:

- C-1 Compliance Training which began on November 4, 1999 is a key element of the Integrity Agreement and is proceeding and being accomplished as scheduled. F-1, F-2, F-4, F-12
- C-2 The Policy and Procedures Manual, which is the second key element of the Integrity Agreement, has been completed. This manual is an evolving document, which is changed as required. F-1, F-2, F-6
- C-3 Auditing of Charts is being accomplished as required by the Integrity Agreement. F-3, F-8, F-9, F-10
- C-4 Billing charts are more user friendly. F-14
- C-5 Staffing is a problem. Vacancies take an inordinate amount of time to be filled. F-15
- C-6 More scrutiny is being exercised in background screening of contractors and employees. F-5

Recommendations

- R-1 Revamp County hiring procedures so that appropriate priorities are established by Human Resources for filling critical vacancies. C-5

Commendations

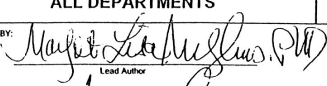
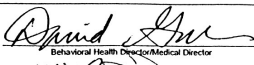


The VCMC Compliance Organization together with Patient Accounting are doing an outstanding job under difficult conditions. They are an excellent example of skillful and dedicated Ventura County personnel. C-1, C-2, C-3 , C-4 , C-6

Responses

Director of Behavioral Health, R-1

Director, Ventura County Health Care Agency, R-1

Director, Human Resources Division, R-1

VENTURA COUNTY BEHAVIORAL HEALTH POLICIES AND PROCEDURES			
JUCY:	UTILIZATION REVIEW FOR OUTPATIENT MENTAL HEALTH SERVICES CLINICS	PROCEDURE NO.: UR1	Page 1 of 2
DEPARTMENT:	UTILIZATION REVIEW	EFFECTIVE DATE:	REVISION DATES:
AFFECTS:	ALL DEPARTMENTS	8/21/00	REVIEW DATES:
APPROVED BY:	   		
<p>POLICY:</p> <p>Ventura County Behavioral Health (VCBH) continuously seeks to monitor and improve the quality of clinical documentation, to ensure that all services provided are medically necessary and appropriate. In addition, Utilization Review (UR) ensures that all charges for services rendered are fully supported by documentation, and that all subsequent billing is done accurately.</p> <p>To ensure an objective review, UR must be performed by individuals that are not involved in the service delivery for the client whose records are being reviewed.</p> <p>UR facilitates giving feedback to clinicians so they can improve the quality and accuracy of their documentation. UR data is reported in a monthly report (see attached) so that trends and summary data can be observed over time.</p> <p>PROCEDURE:</p> <ol style="list-style-type: none"> VCBH will conduct UR on a random sample of 5% of all charts open per site per month which have had at least one billable service in the previous month. This means that within the calendar year, approximately 60% of all open charts in Adult, Child, Senior and Crisis Team Outpatient Services with at least one billable service will be reviewed. Charts are selected randomly by the Information Systems Department according to client identification number, using billing and client record data. Lists of 5% of charts selected per site will be printed by client name and site and distributed to the Utilization Reviewers by the fifth of every month. The Utilization Review Committee, led by the Quality Management Medical Director, monitors the random lists to ensure 60% of unduplicated clients' charts are reviewed once each year. 			

Page 1 of 2

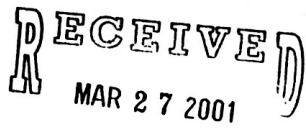
VENTURA COUNTY BEHAVIORAL HEALTH POLICIES AND PROCEDURES	
5.	Utilization Reviewers use a detailed UR checklist to inspect all charts (see attached). The checklist is comprised of elements to ensure medical necessity, and compliance with all State, Federal and Accreditation Guidelines. The checklist and any changes are the responsibility of the QM Medical Director and the QM Chief.
6.	If at the time of review, any item from the checklist is not complete or qualitative in the eyes of the UR Reviewer, this is noted on the review sheet, and the documentation is photocopied and attached to the review sheet.
7.	All potential deficiencies are forwarded to the Quality Management Physicians to review and make final determination. If it is determined that a charting deficiency can be corrected (please refer to Documentation Standards Policy and Procedure) this is done. If remediation is not possible, all charges affected by the deficiency are posted on the Utilization Review Non-Authorized Billing Form.
8.	The Non Authorized Billing Form is forwarded to the Billing Department to reverse charges.
9.	Non Authorized Billing is tallied by UR according to Clinic and Clinician to determine trends and training needs.
10.	Results of the 5% review are compiled into a Monthly Report and this report is reviewed at the monthly Utilization Review Committee. This data is used to compile significant trends or areas that require further training. The Medical Director of Quality Management is the Chair of this Committee. The monthly reports are forwarded to the Medical Directors and Chiefs of Adult and Child Outpatient and Crisis Services for distribution to the Physicians, Site Managers, and the clinical staff, so that they can obtain personal feedback on their documentation. Any action items are commented on and reviewed at the next month's meeting.
11.	The monthly report is also forwarded to the Compliance Office and the Billing Manager for review.
12.	UR data for individual sites and staff are compiled and forwarded to the appropriate Medical Directors for review. Clinicians who fail to document their services adequately may be subject to disciplinary action up to and including termination.
13.	Aggregate data obtained as a result of UR is referred to the Quarterly Quality Improvement Committee for summary and reporting, and to the compliance office.
14.	The Medical Director of the Utilization Review Committee may determine that an increased percentage of review is required if trending information indicates this is necessary. This increased review will be reported and tracked in the UR Monthly Report.

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Attachment 2- Ventura County Behavioral Health Policies and Procedures

Ventura County Behavioral Health Utilization Review Adult Outpatient 5% February 23, 2001											
Review Period	Site	Client ID	Clinician	Items Reviewed	Deficiencies Comments	Minutes Disallowed	Action Plan	Responsible Person	Target Date	Remediation	Date Remediated
Nov. 2000	6912 West Ventura			Assessment MTP	17c, 19	0	Staff education	Dennis Cain Dr. Duncan		Staff education completed.	1/29/01
Nov. 2000	6912 West Ventura			Assessment MTP Prog. Notes	17b&c, 19, 23, 26	0	Staff education	Dennis Cain Dr. Duncan		Staff education completed.	1/29/01
Nov. 2000	6912 West Ventura			Assessment MTP	17c, 19	0	Staff education	Dennis Cain Dr. Duncan		Staff education completed.	1/29/01
Nov. 2000	6932 Dntn Oxnard			Assessment MTP Prog. Notes	Individual therapy notes do not contain required components (non-MD)	0	Staff education	Dennis Cain Dr. Duncan		Staff education completed.	1/26/01
Nov. 2000	6932 Dntn Oxnard			Assessment MTP Prog. Notes	17	0	Staff education	Dennis Cain Dr. Duncan		Staff education completed.	1/26/01
Nov. 2000	6932 Dntn Oxnard			Assessment MTP Prog. Notes	0	0	None.	None.		NA	
Nov. 2000	6932 Dntn Oxnard			Assessment MTP Prog. Notes	32 - Note 11/30 note miscoded	0	Staff education 1570 note should be 1560	Dennis Cain Dr. Duncan		Dr. notified of cod- ing errors. Corrected.	1/26/01
Nov. 2000	6932 Dntn Oxnard			Assessment MTP Prog. Notes	17, MTP signed late	0	Staff education	Dennis Cain Dr. Duncan		Memo to QA. Sta- ff education completed.	1/26/01
Nov. 2000	6932 Dntn Oxnard			Assessment MTP Prog. Notes	17	0	Staff education	Dennis Cain Dr. Duncan		Staff education completed.	1/26/01
Nov. 2000	6932 Dntn Oxnard			Assessment MTP Prog. Notes	17	0	Staff education	Dennis Cain Dr. Duncan		Staff education completed.	1/26/01
Nov. 2000	6932 Dntn Oxnard			Assessment MTP Prog. Notes	Individual therapy & CM not approved on MTP potential disallowances 12/00	0	Still within 60 day window	Dennis Cain Dr. Duncan	02/01/01	Dr informed of potential problem	1/26/01
Nov. 2000	6932 Dntn Oxnard			Assessment MTP	17	0	Staff education	Dennis Cain Dr. Duncan		Staff education completed.	1/26/01
Nov. 2000	6932 Dntn Oxnard			Assessment MTP	17	0	Staff education	Dennis Cain Dr. Duncan		Staff education completed.	1/26/01
Nov. 2000	6932 Dntn Oxnard			Assessment MTP Prog. Notes	17	0	Staff education	Dennis Cain Dr. Duncan		Staff education completed.	1/26/01
Nov. 2000	6932 Dntn Oxnard			Assessment MTP Prog. Notes	17	0	Staff education	Dennis Cain Dr. Duncan		Staff education completed.	1/26/01
Nov. 2000	6932 Dntn Oxnard			Assessment MTP Prog. Notes	17	0	Staff education	Dennis Cain Dr. Duncan		Staff education completed.	1/26/01
Nov. 2000	6932 Dntn Oxnard			Assessment MTP	16, 19 New admit	0	Staff education	Dennis Cain Dr. Duncan			
Nov. 2000	6932 Dntn Oxnard			Assessment MTP Prog. Notes	16, 17 2/22/00 Psych Eval incomplete	0	Staff education	Dennis Cain Dr. Duncan			
Nov. 2000	6932 Dntn Oxnard			Assessment MTP Prog. Notes	16, 17, 33 Therapy Services reason & time frames not specified	0	Staff education	Dennis Cain Dr. Duncan			

Attachment 3-Ventura County Behavioral Health Utilization Review

					Check if changed												
Principal Diagnosis:					<input type="checkbox"/>												
Secondary Diagnosis:					<input type="checkbox"/>												
Other Diagnosis:					<input type="checkbox"/>												
Other Diagnosis:					<input type="checkbox"/>												
Axis III Diagnosis:																	
Axis IV Diagnosis:					Axis V GAF:												
<p>Clinical Formulation and Statement Documenting Medical Necessity: Provide a summary of the biological, psychological, and social features found during examination, and any diagnoses to be ruled out. Patient must meet the criteria for DSM IV diagnosis and have either a significant impairment or probability of significant deterioration in an important area of life functioning.</p> <div style="text-align: right; margin-top: 20px;">  </div>																	
<p>Signatures: A Supervising Physician's signature is required to approve the diagnosis.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <p>Supervising Physician Signature</p> </div> <div style="width: 30%;"> <p>Please Print Physician Name</p> </div> <div style="width: 20%;"> <p>Date</p> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 15%;">Living Arrangement</th> <th style="width: 15%;">Dev. Disab. Factors Affecting MH</th> <th style="width: 15%;">Sub. Abuse Factors Affecting MH</th> <th style="width: 15%;">Phys. Hlth. Factors Affecting MH</th> <th style="width: 15%;">Conserv/ Court Status</th> <th style="width: 20%;">Data Entry:</th> </tr> <tr> <td></td> <td>Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td>Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td></td> <td>____/____/____</td> </tr> </table> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <p>Ventura County Behavioral Health Mental Health Services</p> <p>Confidential Patient Information Welfare & Institutions Code 5328 and Evidence Code 1014</p> </div> <div style="width: 30%; text-align: center;"> <p>Adult & Older Adult</p> <p>Master Treatment Plan:</p> <p>Diagnostic Summary</p> <p>Page 1 of 3</p> </div> <div style="width: 30%;"> <p>Name ID # Site</p> </div> </div>						Living Arrangement	Dev. Disab. Factors Affecting MH	Sub. Abuse Factors Affecting MH	Phys. Hlth. Factors Affecting MH	Conserv/ Court Status	Data Entry:		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		____/____/____
Living Arrangement	Dev. Disab. Factors Affecting MH	Sub. Abuse Factors Affecting MH	Phys. Hlth. Factors Affecting MH	Conserv/ Court Status	Data Entry:												
	Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		____/____/____												

Revised 10/30/00 DM

Control Periods: <input type="checkbox"/> 1-Jan/Jul <input type="checkbox"/> 2-Feb/Aug <input type="checkbox"/> 3-Mar/Sep <input type="checkbox"/> 4-Apr/Oct <input type="checkbox"/> 5-May/Nov <input type="checkbox"/> 6-Jun/Dec			
Service authorization ends on last day of each control period. <input type="checkbox"/> TBS Services <input type="checkbox"/> Psychological Testing			
Medication Service: Start Date ____/____/____ (Only for Meds) Number of Visits ____ Frequency: ____ per week/month/quarter* Symptoms and Functional Impairments: Medication with Psychotherapy	Goals SHORT TERM GOALS – LONG TERM GOALS – Completion Date ____/____/____		
<input type="checkbox"/> Individual and/or <input type="checkbox"/> Group Therapy: Start Date ____/____/____ Number of Visits ____ Frequency: ____ per week/month Symptoms and Functional Impairments: Case Management: Start Date ____/____/____ Needs:	Goals Goals <input type="checkbox"/> Housing <input type="checkbox"/> Benefits <input type="checkbox"/> Medical Services <input type="checkbox"/> Med Compliance Completion Date ____/____/____		
Rehabilitation Therapy: Start Date ____/____/____ Number of Visits ____ Frequency: ____ per week/month Identify strengths that need increased support:	Goals <input type="checkbox"/> Rehab potential demonstrated <input type="checkbox"/> Condition stable and stationary Relapse prevention indicated <input type="checkbox"/> <input type="checkbox"/> Custodial Care Completion Date ____/____/____		
<p>By Signing This Form, the Supervising Physician Certifies Medical Necessity. The Supervising Physician has determined that, consistent with generally accepted standards of medical practice, (a) services are needed to diagnose or treat a mental illness; (b) that the ordered services are clinically appropriate, reasonable and necessary in terms of type, frequency and duration for the patient's diagnosis as shown on Page 1 of this form; and (c) are reasonably expected to improve or maintain the patient's condition and functional level and/or to prevent relapse or hospitalization.</p>			
Signatures			
Service Clinician _____	_____ Date		
Team Leader _____	_____ Date		
Supervising Physician Signature _____	_____ Date		
Ventura County Behavioral Health Mental Health Services Confidential Patient Information Welfare & Institutions Code 5328 and Evidence Code 1014	<table style="width: 100%;"> <tr> <td style="text-align: center; vertical-align: top;"> Adult & Older Adult Master Treatment Plan: Treatment Services Page 2 of 3 </td> <td style="width: 30%; vertical-align: top;"> Name ID # Site _____ </td> </tr> </table>	Adult & Older Adult Master Treatment Plan: Treatment Services Page 2 of 3	Name ID # Site _____
Adult & Older Adult Master Treatment Plan: Treatment Services Page 2 of 3	Name ID # Site _____		
Revised 10/30/00 DM			

Attachment 4b-Ventura County Behavioral Health Utilization Review

Client Statement: ("I want . . .") and/or statements from others ("I/Others want . . . ", if applicable):	
Client Desired Result: (How would we know when result is achieved?):	
Client Areas of Focus: <input type="checkbox"/> Living Situation <input type="checkbox"/> Daily Activities and Functioning <input type="checkbox"/> Family <input type="checkbox"/> Social Relations <input type="checkbox"/> Finances <input type="checkbox"/> Education <input type="checkbox"/> Legal and Safety <input type="checkbox"/> Health <input type="checkbox"/> Work <input type="checkbox"/> Drugs and Alcohol Problems <input type="checkbox"/> Dependent Care	
Client's and/or Others' Plan: ("I/We will . . . ")	Team Plan: ("We will . . . ") <input type="checkbox"/> Treatment Services (If checked, Treatment Services must have been ordered on Page 2 of the MTP) <input type="checkbox"/> Case Management/Rehabilitation Services <input type="checkbox"/> Coordinate services with _____
<input type="checkbox"/> Client has been advised on how to access 24 hr Crisis Services	
Service Approved Dates: From: To: ____/____/____.	Signatures <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Client Signature _____ Coordinator _____ Supervising Physician Signature _____ </div> <div style="width: 35%;"> Date ____/____/____. Date ____/____/____. Date ____/____/____. </div> </div>
Ventura County Behavioral Health Mental Health Services Confidential Patient Information Welfare & Institutions Code 5328 and Evidence Code 1014	<div style="text-align: center;"> Adult & Older Adult Master Treatment Plan: Coordination and Service Plan Page 3 of 3 </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"></div> <div style="width: 35%;"> Name _____ ID # _____ Site _____ </div> </div>

Revised 10/30/00 DM

County of Ventura Behavioral Health Department Mental Health Services										Service Date: _____	
Psychiatrist Charge Ticket-Outpatient											
Clinician Name			Staff Code:		Special Population: <input type="checkbox"/> "C", AB3632 <input type="checkbox"/> "W", CalWORKs <input type="checkbox"/> "N", None			Yes		No	
CPT Code	TX Code	ASSESSMENT	CC Time	Total Time	CPT Code	Tx Code	MEDICATION MANAGEMENT	CC Time	Total Time		
90801	1530	Assessment/Office			90862	1560	Med Inter/Pharmacologic Mgmt-Office				
90899	1531	Assessment/Phone			90899	1561	Med Inter/Pharmacologic Mgmt-Phone				
90801	1532	Assessment/Field			90862	1562	Med Inter/Pharmacologic Mgmt-Field				
CRISIS INTERVENTION											
90801	1570	Crisis Intervention/Office			M0064	1568	Brief Med Monitoring-Office				
90899	1571	Crisis Intervention/Phone			90899	1563	Medication Given-Office				
90801	1572	Crisis Intervention/Field			90899	1564	Medication Given-Field				
EVALUATION AND MANAGEMENT					INTERACTIVE ASSESSMENT						
99201	1901	New patient-10 min			90802	1802	Assessment-Office				
99202	1902	New patient-20 min			90802	1803	Assessment-Field				
99203	1903	New patient-30 min			INTERACTIVE THERAPY						
99204	1904	New patient-45 min			90810	1810	Individual 20-30 min-Office				
99205	1905	New patient-60 min			90812	1812	Individual 45-50 min-Office				
99212	1912	Established patient-10 min			90814	1814	Individual 75-80 min-Office				
99213	1913	Established patient-15 min			90810	1824	Individual 20-30 min-Field				
99214	1914	Established patient-25 min			90812	1826	Individual 45-50 min-Field				
99215	1915	Established patient-40 min			90814	1828	Individual 75-80 min-Field				
99241	1941	Office Consult-new/estab-15 min			90857	1552	Group - Office				
99242	1942	Office Consult-new/estab-30 min			90857	1553	Group - Field				
99243	1943	Office Consult-new/estab-40 min			INTERACTIVE THERAPY WITH EVALUATION AND MGMT						
99244	1944	Office Consult-new/estab-60 min			90811	1811	Individual With E&M 20-30 min-Office				
99245	1945	Office Consult-new/estab-80 min			90813	1813	Individual With E&M 45-50 min-Office				
THERAPY					90815	1815	Individual With E&M 75-80 min-Office				
90804	1546	Individual 20-30 min-Office			90811	1831	Individual With E&M 20-30 min-Field				
90806	1540	Individual 45-50 min-Office			90813	1833	Individual With E&M 45-50 min-Field				
90808	1547	Individual 75-80 min-Office			90815	1835	Individual With E&M 75-80 min-Field				
REHABILITATION											
90899	1541	Individual-Phone			90899	1543	Rehabilitation/Office				
90804	1548	Individual 20-30 min-Field			90899	1544	Rehabilitation/Phone				
90806	1542	Individual 45-50 min-Field			90899	1545	Rehabilitation/Field				
90808	1549	Individual 75-80 min-Field			CASE MANAGEMENT/BROKERAGE						
90853	1550	Group-Office			90899	1500	CM/Broker Direct/Office				
90853	1551	Group-Field			90899	1501	CM/Broker Direct/Phone				
90846	1510	Family/Significant Other-W/O Client-Office			90899	1502	CM/Broker Direct/Field				
90899	1511	Family/Significant Other-W/O Client-Phone			99361	1961	Medical Conference With Team				
90846	1512	Family/Significant Other-W/O Client-Field			MANAGEMENT INFORMATION CODES						
90847	1513	Family/Significant Other-With Client-Office			9001		No Case Made				
90899	1514	Family/Significant Other-With Client-Phone			9010		Collateral: Family/Significant Other				
90847	1515	Family/Significant Other-With Client-Field			9030		Assessment				
THERAPY WITH EVALUATION AND MANAGEMENT					9035		Psych. Testing				
90805	1805	Individual With E&M 20-30 Min-Office			9040		Individual Therapy				
90807	1807	Individual With E&M 45-50 Min-Office			9045		Rehabilitation				
90809	1809	Individual With E&M 75-80 Min-Office			9050		Group Therapy				
90899	1837	Individual With E&M-Phone			9060		Medication Support				
90805	1825	Individual With E&M 20-30 Min-Field			9070		Crisis Intervention				
90807	1827	Individual With E&M 45-50 Min-Field			9004		Case management				
90809	1829	Individual With E&M 75-80 Min-Field			9005		Job Development				
		Other			9008		Job Coaching				

STATEMENT: I HEREBY CERTIFY under penalty of perjury that I am the clinician responsible for providing the services indicated on this claim, and to the best of my knowledge and belief this claim in all respects is true, correct, and in accordance with the law. The services were, to the best of my knowledge, provided in accordance with the client's written Master Treatment Plan, Preliminary Treatment Plan, or Physician orders. I certify that all information submitted on this claim is accurate and complete. I understand that payment of this claim will be from Federal and/or State funds, and any falsification or concealment of a material fact may be prosecuted under Federal and/or State laws. I understand that any information I submit regarding this certification of service will be kept for a minimum period of 3 years from date of service and can be, submitted upon request, to the California Department of Health Services; the Medi-cal Fraud Unit; California Department of Mental Health, California Department of Justice; Office of the State Controller, U.S. Department of Health and Human Services, or their duly authorized representatives. I also agree that service was offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.

Signature of Clinician <div style="border: 1px solid black; padding: 5px; text-align: center;"> Ventura County Behavioral Health Mental Health Services Confidential Patient Information Welfare & Institutions Code 5328 and Evidence Code 1014 </div>	Date: _____	Name: _____ ID #: _____ Site: _____
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Rev. 11/27/00DM

Attachment 5-Ventura County Behavioral Health Dept. Psychiatrist Charge Ticket Outpatient