

Billing Instructions for Contract Treatment Providers in the Eastern District of Texas

Invoice

Excel spreadsheets will be sent to each vendor in the new fiscal year to be able to complete their invoicing.

One invoice will be submitted for each BOC (2526, 2527, 2530, or 2548). These BOCs correspond to where the client is in the judicial process (pre-trial or post-conviction) and what type of services are provided (substance abuse, mental health, or sex offender treatment). Each of these invoices will have specific project codes that you can bill on them. Please see the attached breakdown of BOCs and their project codes for clarification.

Please note that you may only bill for services that have been authorized on the Treatment Services Contract Plan (Probation Form 45) for each client. **Billed services outside of those authorized will be declined.**

The invoice should be received by the U.S. Probation Office by the 10th of each month.

The invoice spreadsheet will consist of 2 parts. Part A and Part B.

- Part A (Prob.Summary tab)
 - This will be the page that you sign. Make sure that an authorized administrator signs the Contractor Certification. The invoice cannot be processed unless it bears a signature.
 - The only information you will need to edit on this page of the spreadsheet is the date at the top left, the total # individuals served at the top right, and the Service Delivery (Month and Year). The other information will be automatically populated based on the information you enter in Part B (Prob.Detail).
- Part B (Prob.Detail tab)
 - This part of the invoice can be several pages long, depending on the number of clients receiving services during a month. Part B contains treatment information for each client who has an active Treatment Services Contract Plan (Probation Form 45) on file at your agency.
 - List clients alphabetically by last name.
 - Leave one blank space between each person listed on Part B.

- Individuals with an active plan who do not receive services during the billing period do not need to be listed.
- The defendant's/offender's PACTS # should be listed beside their name on this portion of the invoice. (The PACTS # is printed at the top of the Treatment Services Contract Plan.)

	A	B	C	D	E	
1						
2						
3	ADMINISTRATIVE OFFICE OF THE UNITED STATES					
4	SERVICE PROVIDER INVOICE					
5	INVOICE DETAIL					
6	Fill-in the relevant information. The total units of each service rendered and their ur					
7				(PART B)		
8						
9						
10	Entries below will automatically total and carry to Prob. Summary Tab					
	1.CLIENT NAME	2.CLIENT NUMBER	3. DATES OF SERVICE	4. SERVICE RENDERED	QUANTITY (UNITS)	€
11						
12						
13	LastName, FirstName	123456789	1/2/2024	6010	2.00	\$
14			1/4/2024	6015	2.00	\$
15			1/6/2024	6010	2.00	\$
16						\$
17	LastName1, FirstName1	987654321	1/10/2024	5011	1.00	\$
18			1/15/2024	6010	2.00	\$
19						\$
20						\$
21						\$

Documentation

Each invoice should be accompanied by verification documentation of the services provided. This could be Urinalysis Testing Logs, Monthly Sign-in Logs, or both depending on the types of services you provide.

- Scan and email this documentation with your signed Part A and the invoice spreadsheet for each BOC.
- Retain these documents for your client's file.

- Please arrange these documents in the same order as they are listed on Part B of the invoice, which should be alphabetical order by last name.
- Please include the Urinalysis testing log or monthly sign in log for individuals with an active plan who do not receive services during the billing period. The missed date service should be listed and No Show or Excused should be listed in the signature line.

Revised 5-2023

MONTHLY SIGN IN LOG

Complete one form per person per month. Include all scheduled contacts. In the event the person does not attend a scheduled service, indicate "no show" in the comment column. In the event the person does not attend any services within the month, include a comment noting why no services were provided/received. If telemedicine is provided, print the defendant's/person under supervision's name within the signature field, and the comment section shall reflect the means in which the session was provided (i.e. teleconference, video conference, internet).

Vendor: *Vendor Name*

Agreement #: *0540 - 2024 - XXXX*

Defendant/Person Under Supervision: *LastName, FirstName*

PACTS #: *123456789* ☐ Pretrial ☒ Post-Conviction

Service Month/Year: *Month Year*

Required co-payment (if applicable):

Date	Defendant/Person under Supervision signature	Project Code	Time In	Time Out	Vendor Initials	Co-pay Received	Comments (i.e., no show, delivery method of telemedicine, no services)
<i>1/9/24</i>		<i>6010</i>	<i>—</i>	<i>—</i>	<i>VN</i>	<i>—</i>	<i>Officer Excused</i>

Urinalysis Testing Log

Complete one form per person per month - to be used for project codes 1010 and 1011

Defendant/Person Under Supervision Name: *LastName, FirstName*

PACTS #: *123456789*

Vendor Name & BPA #: *Vendor Name, 0540 - 2024 - XXXX*

Month/Year: *Month Year*

Date Collected	Defendant/Person Under Supervision Signature	Collector initials	Bar Code # (for 1010)	Special test (for 1010)	Meds taken	Test Result (for 1011 only)	Co-pay collected
<i>1/10</i>	<i>No Show</i>	<i>VN</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	
<i>1/12</i>	<i>Excused</i>	<i>VN</i>	<i>—</i>	<i>—</i>	<i>—</i>	<i>—</i>	

- Any treatment plan, polygraph, assessment, or evaluation will not be required in the documentation packet for invoicing, as these should be emailed to the officer and Invoicing@txep.uscourts.gov as they are finished throughout the month.
 - Do not bill for evaluations or reports that have not been received by the U.S. Probation Office. These charges are verified and cannot be paid until the officer and the financial specialist receives the evaluation/reports.

Invoices and questions regarding billing should be directed to:

Jessica Heflin or Vanessa Chavez

Financial Specialists

Jessica- (903) 566-9793

Vanessa- (469) 304-4939

Invoicing@txep.uscourts.gov

Invoice (BOC)	Project Codes
2526 Post-Conviction Substance Abuse	1011 – Urine Collection/NIDT Device Testing 2010 – Substance Abuse Individual Counseling 2011 – Substance Abuse Intake Assessment and Report 2020 – Substance Abuse Group Counseling 2030 – Substance Abuse Family Counseling
2527 All Pre-Trial Services	1011 – Urine Collection/NIDT Device Testing 2010 – Substance Abuse Individual Counseling 2011 – Substance Abuse Intake Assessment and Report 2020 – Substance Abuse Group Counseling 2030 – Substance Abuse Family Counseling 5011 – Mental Health Intake Assessment and Report 6010 – Mental Health Individual Counseling 6015 – Integrated Treatment for Co-Occurring Disorders Individual Counseling 6016 – Integrated Treatment for Co-Occurring Disorders Assessment and Report 6028 – Mental Health Cognitive-Behavioral Group 5012 – Sex Offense Specific Evaluation and Report 5023 – Polygraph- Maintenance Examination 5025 – VRT Measure of Sexual Interest and Report 5030 – Psychiatric Evaluation and Report 6012 – Sex Offense Individual Counseling 6022 – Sex Offense Group Counseling 6028 – Cognitive-Behavioral Group 6030 – Family Counseling 6051 – Medication Monitoring 7013 – Individual Specialized Treatment (PT SO) 7023 – Group Specialized Treatment (PT SO)
2530 Post-Conviction Mental Health	5011 – Mental Health Intake Assessment and Report 5030 – Psychiatric Evaluation and Report 6010 – Mental Health Individual Counseling 6015 – Integrated Treatment for Co-Occurring Disorders Individual Counseling 6016 – Integrated Treatment for Co-Occurring Disorders Assessment and Report 6028 – Mental Health Cognitive-Behavioral Group 6051 – Medication Monitoring
2548 Post-Conviction Sex Offender Treatment	5012 – Sex Offense Specific Evaluation and Report 5023 – Polygraph- Maintenance Examination 5025 – VRT Measure of Sexual Interest and Report 6012 – Sex Offense Individual Counseling 6022 – Sex Offense Group Counseling