County of San Bernardino Department of Behavioral Health
Universal Charge Data Invoice (CDI) – Mental Health Program Outpatient Services

Clinic Name _____ **Reporting Unit** _____ **Service Date** _____ **Primary Staff No.** _____

Client Number	Client Name / Activity	Proc Code	Grp Cnt	Primary Staff Time	Co-Staff Number	Co-Staff Time	Svc Loc	EBP/SS	Preg "Y"	Emg "Y"	Dup Svc	Clk OK
	Daily Assigned Hours at this Reporting Unit	446										☐
												☐
												☐
												☐
												☐
												☐
												☐
												☐
												☐
												☐
												☐
												☐
												☐
												☐
												☐
												☐
												☐
												☐
												☐
												☐
												☐
												☐

Regarding the Medi-Cal eligible (including EPSDT Medi-Cal) clients above, I hereby certify, under penalty of perjury, that I provided the above services to the listed clients and that the above claim information is the same as that documented in client charts.

Staff Sign and Print Name _____

Data Entry Done By _____ Date Entered _____

County of San Bernardino Department of Behavioral Health

Administrative
201 No Show Intensive Day TX
300 No Show
307 Appt Rescheduling
308 Clinic Canceled
309 Patient Canceled
400 Intake No Show
403 Leave and Holiday
404 Training Given
405 Training Received
406 Dept Travel Time
407 Local Meeting
408 Departmental Meeting
409 Interagency Meeting
410 Other Meeting
413 Approved NB OT Duties

418 Approved Special Assignment

419 Administrative Duties NOS
457 Clinical Supervision Provided
458 Clinical Supervision Received
459 Admin Supervision Provided
460 Admin Supervision Received

Adult Crisis Residential
141 Adult Crisis Residential

Assessment
331 Assessment, non-MD eval
364 Assessment w/medical svcs

CalWORKs
310 Collateral
320 Psych Testing
330 Assessment
340 Family Therapy
350 Group Therapy
360 Eval & Mgmt
370 Crisis Intervention
520 MHS Plan Development
550 Rehab/ADL

Case Management
541 Placement Services
561 Linkage & Consultation
571 Plan Development Case Mgmt

Collateral
311 Collateral

Comprehensive Treatment
775 Referral Coordination
776 Screening
777 Non Mental Health Case Mgmt
778 Care Coordination
779 OT Assessment/Evaluation
780 OT Treatment Session
781 OT Consultation
782 SLT Assessment/Evaluation
783 SLT Treatment Session
784 SLT Consultation
785 Audiology Screening
786 Pediatric Assessment/Evaluation
787 Pediatric Follow-up
788 Psychological Testing
789 Psychological Testing Feedback
790 Parent/Family Partner Link/Sppt Ind

Conservatorship Invest
621 Conservatorship Investigation

Crisis Intervention
371 Crisis Intervention

Crisis Intervention
371 Crisis Intervention

Crisis Stablilization-Emergency Room
151 Crisis Stabilization

Crisis Stabilization-Urgent Care
153 Crisis Stabilization

Day Treatment Intensive; Full Day
285 Full Day

Day Treatment Intensive; Half Day

283 Half Day Intensive

Day Treatment Rehabilitation; Full Day
295 Day Rehabilitation, Full Day

Day Treatment Rehabilitation; Half Day
291 Day Rehabilitation, Half Day

Group Billing
351 Group/Family Group

Indirect (non-billed) Services
411 Mental Health Promotion Adult
417 Mental Health Promotion Child
421 Community Client Contact Adult
423 Interpretation Services
424 Non English Service
427 Community Client Contact Child
433 DT Tx Support Adult
437 DT Tx Support Child
442 Classroom Observation
446 Assigned Hours by Date
452 I.E.P.
453 Vocational Program
461 Placement Evaluation
462 Hosp. Liasion
463 Court Appearances
464 Medication Management
770 Referral Coord - Non Open Case
771 Screening - Non Open Case
772 Case Management - Non Open Case
773 Follow-up Care - Non Open Case
774 Other Nursing Care

Individual Therapy
341 Individual/Family

Intensive Care Coordination
576 Intensive Care Coordination

Intensive Home-Based MHS
578 IHBS

Medication (E/M)
361 E/M, mod complex, new client
363 E/M, high complex, new client
365 Brief Medication Follow-up
366 E/M, low-med complex, estab client
368 E/M, mod complex, estab client

369 E/M, high complex, estab client

Medication Education Group
381 Med. Ed & Training one (1) client
382 Med. Ed & Training 2-4 clients
383 Med. Ed & Training 5-8 clients

MHS Plan Development
521 Plan Development

Psych Testing Codes
321 Psych Testing
324 Developmental Screening
325 Developmental Testing
326 Neurobehavioral Status Exam for
Interpret Results & Prep of Report
327 Neurobehavioral Testing,
Administering to Client, Interpret Results &
Prep Report

Quality Assurance
450 Administrative Chart Audit
451 Non-Medi-Cal QA Chart Audit
454 Medi-Cal QA Chart Audit
455 QA Committee Meeting/Indirect
456 QA Administration/Indirect

Rehab/ADL Codes
551 Rehab/ADL

TBS Services
581 Therapeutic Behav Services
582 TBS Assessment
583 TBS Treatment Plan
584 TBS Collateral

Treatment Support
431 OP Tx Support Adult
435 OP Tx Support Child

Unbilled Direct Service
140 Adult Crisis Residential NBC
280 Day Treatment Intensive NBC
290 Day Treatment Rehab NBC
310 Collateral NBC
320 Psych Testing NBC
330 Assessment NBC
340 Individual NBC
350 Group NBC
360 Medication (E/M) NBC
370 Crisis Intervention NBC
380 Medication Edu & Training NBC
520 Plan Development NBC
540 Placement Services NBC
550 Rehab/ADL NBC
560 Linkage & Consultation NBC
570 Plan Development Case Mgmt
575 Intensive Care Coordination NBC
577 Intensive Home-Based Srvc NBC
580 Therapeutic Behavioral Srvc NBC
620 Conservatorship Investigation

Service Location
1 DBH Site
2 Field/OOC
3 Non Face to Face Svc
4 Home
5 School
6 Satellite
7 [Not used]
8 Jail
9 Inpatient
10 Homeless
11 Faith-Based (Church, temple, etc)
12 Health Care/Primary Care
13 Age Specific Community Center
14 Client's Job Site
15 Licensed Care Residential Adult

16 Mobile Service

17 Non-traditional Service Location
18 Other Community Location
19 Residential Care/Facility Comm.
    Treatment Facility
20 Tele-health
21 Unknown

Duplicate Service
59 Distinct Procedural Service
76 Repeat Proced by same person
77 Repeat Proced by Different person

Evidence-Based Practices (EBP)
01 Assertive Community Treatment (ACT)
02 Supportive Employment
03 Supportive Housing
04 Family Psycho-education
05 Integrated Dual Diagnosis Treatment
06 Illness Management and Recovery
07 Medication Management
08 New Generation Medications
09 Therapeutic Foster Care
10 Multi-systematic Therapy
11 Functional Family Therapy
50 Peer and/or Family Delivered Services
51 Psycho-education
52 Family Support
53 Supportive Education
54 Delivered in Partnership w Law Enforcement
55 Delivered in Partnership w Health Care
56 Delivered in Partnership w Social Services
57 Delivered in Partnership w Sub Abuse Svc
58 Integrated Services for MH and Aging
59 Integrated Services for MH & Develp Disabilities
60 Ethnic-Specific Service Strategy
61 Age-Specific Service Strategy
99 Unknown Evidence-Based Pratice/Svc Strategy

Service Strategies (SS)
70 Assess, Coordination and Enhancement
71 Walk In
72 Healthy Homes General
73 Intensive Services (Katie A) Evaluation
74 Core Practice Model (CPM) Evaluation
80 PCIT/PCAT
81 EBP Collateral
82 Floortime
83 Dyadic Therapy
84 Theraplay
85 Wait, Watch & Wonder
86 Parent Child Movement
87 Filial Therapy
88 Infant Message
89 NCAST (Nursing Child Assessment Satellite
    Training)
90 Trauma Focused CBT

County of San Bernardino Department of Behavioral Health

GENERAL INSTRUCTIONS
Universal Charge Data Invoice (CDI) - Mental Health Services

Revised 06/09/2014

The Charge Data Invoice (CDI) provides data relevant to services that have been provided so that billing or other cost allocation may be done. All services and CDI categories are now combined on a single page.

The CDI is completed for each workday and is submitted no later than the next day.

Information provided on the CDI must be accurate. It is unethical to distort information provided on the CDI. Inaccuracies may be viewed by the Department's Compliance Unit and by the Federal government as fraud.

See Outpatient Chart Manual Section 11 for detailed billing information. For exact service definitions, see DBH Service Function/Scope of Practice Summary. Note that MAA billing has its own CDI and should not be included on this CDI.

Please note Day Treatment billing is done using a printout from DBH's billing system and is not included on this Universal CDI.

ENTRIES

1. Clinic Name

2. Reporting Unit in DBH's billing system used as tracking number for site or service type

3. Service Date is the date the billed service occurred

4. Primary Staff Number is the DBH billing system staff number of the primary service staff.

5. Client Number is the DBH billing system registration number of client.

6. Client Name as it appears in medical record.

7. Procedure Code - enter the procedure code for the service provided as identified in the chart note heading. Service type abbreviations on the CDI are the chart note headings that are to be used in chart notes.

8. Group Count is the number of clients in a group.

9. Primary Staff Time is the time spent on the service, related Plan Development, and charting for that service by the primary staff person, to the minute as near as possible — i.e., 126, 014 etc.; same as time entered on interdisciplinary note in chart for that person for that service.

10. Co-Staff Number is the DBH billing system number of co-staff if there was a co-staff for the service.

11. Co-Staff Time was time spent on the service, related Plan Development, and charting for that service by the co-staff person, to the minute as near as possible — i.e., 126, 014, etc.; same as time entered on interdisciplinary note in chart for that person for that service.

12. Service Location Please see service location codes on back of CDI or on chart forms. Must be same service location as entered on interdisciplinary note in chart for that service. Can only enter one code.

13. **EBP/SS Please see Evidence-Based Practices/Service Strategies codes on back of CDI. Can enter up to 3 codes.**

14. Pregnancy Indicator This indicator needs to be marked "Y" when the approved aid code is "Pregnancy Services Only".

15. Emergency Indicator This indicator needs to be marked "Y" if any of the following applies: when the approved aid code is "Emergency Services Only". Eligible services are crisis stabilization, crisis intervention and medication support (when emergency). 9 CCR 1810.216

    NOTE: When the approved aid code is "Emergency Services or Pregnancy Only" one or the other indicator must be selected.

16. Clk. OK is a check box used by clerical staff to keep track of data entry lines and/or for checking data entry.

17. Staff signature affirms that all entries meet the requirements of the certification statement.

18. Data Entry Done By and Date Entered for use by clerk entering CDI data into SIMON.