



# 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 Stabilization-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 Svc NBC  
 580 Therapeutic Behavioral Svc 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 Proc'd by same person  
 77 Repeat Proc'd 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 & Develop Disabilities  
 60 Ethnic-Specific Service Strategy  
 61 Age-Specific Service Strategy  
 99 Unknown Evidence-Based Pratices/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.