

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

Universal CDI Code Set by Type (as of 12/27/2012)

Administrative

300 No Show
302 No Show Walk-In
306 Patient Canceled Walk-In
307 Appt Rescheduling
308 Clinic Canceled
309 Patient Canceled
400 Intake No Show
402 Intake No Show AB
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
418 Approved Special Assignment
419 Administrative Duties NOS
457 Clinical Supervision Provided
458 Clinical Supervision Received
459 Admin Supervision Provided
460 Admin Supervision Received

Assessment

331 Assessment
332 Assessment AB
334 Assessment Hosp Aftercare
337 Assessment Telemed
364 Assessment w/medical svcs

CalWORKs

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

Case Management

541 Placement Service
542 Placement Services AB
544 Placement Hospital Aftercare
561 Linkage & Consultation
562 Linkage and Consultation AB
564 Case Mgmt Walk-In
566 Link/Cons Hospital Aftercare
567 Linkage Telemed
571 Plan Development Case Mgmt
572 Plan Development AB
574 Plan Devel CM Hosp Aftercare
579 Plan Devel CM AB

Collateral

311 Collateral
312 Collateral AB
317 Collateral Telemed

Conservatorship Invest

621 Conservatorship Investigation
631 Conservatorship Administration

Crisis Intervention

371 Crisis Intervention
372 Crisis Intervention AB
377 Crisis Telemed

Group Billing

351 Group
351 Family Group
352 Group AB

Individual Therapy

341 Individual
341 Family/Individual
342 Individual AB
347 Individual Telmed

Indirect (non-billed) Services

411 Mental Health Promotion Adult
412 MH Promotion AB
417 Mental Health Promotion Child
420 AB Mediation/Due Process
421 Community Client Contact Adult
422 CC Contact AB
423 Interpretation Services
427 Community Client Contact Child
433 DT Tx Support Adult
434 DT Tx Support AB
437 DT Tx Support Child
442 Classroom Observation
452 I.E.P.
453 Vocational Program
461 Placement Evaluation
462 Hospital Liaison
463 Court Appearances

Evaluation and Management

361 E/M mod complex, new client
363 E/M high complex, new client
365 Brief Medication Follow-up
366 E/M low-mod complex, estab
367 Meds via Telemed
368 E/M mod complex, estab client
369 E/M high complex, estab client

MHS Plan Development

521 Plan Development
522 Plan Development AB
524 Plan Dev Hospital Aftercare

Psych Testing Codes

321 Psych Testing

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
554 Rehab/ADL Hospital Aftercare
557 Rehab/ADL Telemed

TBS Services

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

Treatment Support

431 OP Tx Support Adult
432 OP Tx Support AB
435 OP Tx Support Child

Unbilled Direct Service

330 Assessment NBC
339 Assessment AB NBC
310 Collateral NBC
319 Collateral AB NBC
620 Conservatorship Investigation
370 Crisis Intervention NBC
340 Individual NBC
349 Individual AB NBC
350 Group NBC
359 Group NBC AB
360 Eval & Mgmt NBC
320 Psych Testing NBC
560 Linkage & Consultation NBC
569 Linkage & Advocacy NBC AB
520 Plan Development NBC
529 Plan Development NBC AB
540 Placement Services NBC
549 Placement Services NBC AB
570 Plan Development Case Mgmt
550 Rehab/ADL NBC
580 Therapeutic Behavioral Service NBC

Evidence-Based Practices/Service Strategies EBP/SS

01 Assertive Community Treatment (ACT)
02 Supportive Employment
03 Supportive Housing
04 Family Psycho-education
05 Integrated Dual Diagnosis Treatment
06 Illness Management
07 Medication Management
08 New Generation Medications
09 Therapeutic Foster Care
10 Multi-systemic Therapy
11 Functional Family Therapy
12 Peer and/or Family Delivered Services
13 Psycho-education
14 Family Support
15 Supportive Education
16 Delivered in Partnership w Law Enforcement
17 Delivered in Partnership with Health Care
18 Delivered in Partnership with Social Services
19 Delivered in Partnership with
20 Substance Abuse Services
21 Integrated Services for Mental Health
And developmental Disability
22 Ethnic-Specific Service Strategy
23 Age-Specific Service Strategy
99 Unknown Evidence-Based
Practice/Service Strategy

Service Location

1 DBH Site
2 Field/OOC
3 Non Face-to-Face Service
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/Community
Treatment Facility
20 Tele-health
21 Unknown

Duplicate Service

59 Distinct Procedural Service
76 Repeat Procedure by Same Person
77 Repeat Procedure by Different Person

County of San Bernardino Department of Behavioral Health

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

Revised December 27, 2012

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 and DBH MAA definitions.

Please note Day Treatment billing is done using a printout from SIMON and is not included on this Universal CDI.

ENTRIES

1. Clinic Name
2. Reporting Unit in SIMON 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 SIMON staff number of the primary service staff.
5. Client Number is the SIMON 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. Please note that the same procedure code number is used in some cases for more than one service — e.g., 551 MHS-Rehab/ADL-Ind. and 551 MHS-Rehab/ADL-Grp.
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 SIMON 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 back of CDI or on chart forms. Must be same service location as entered on interdisciplinary note in chart for that service. For MAA service, please enter one of the two MAA Provider codes (SPMP provider 9, non-SPMP provider 8).
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.