

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

Clinic Name **CONREP** Reporting Unit _____ Service Date _____

Primary Staff Signature _____ Primary Staff Number _____

By signing this form, service provider certifies that chart notes have been completed for each billed service and filed in charts, and that billed times shown on this CDI are as indicated in the chart note.

Procedure Codes (PC)

MHS / MSS / CM 311 MHS-Coll. 313 MHS-Fam. Coll. 321 MHS-Psych. Test 331 MHS-Assess. 341 MHS-Ind. 341 MHS-Fam. Ther.-Ind. 351 MHS-Group 351 MHS-Fam. Ther.-Grp. 361 MSS-Meds Visit 361 MSS-Meds Supp. Grp. 371 Crisis Intervention 391 Drug Screen 521 MHS-Pl. Dev. 551 MHS Rehab/ADL-Grp. 551 MHS Rehab/ADL-Ind. 551 MHS Rehab/ADL-MedEd. 551 MHS Rehab/ADL-Voc. 541 CM-Place 561 CM-L & C 561 Pl. Dev.	INDIRECT - ADULT 300 No Show (non-billable) 307 Reschedule Q A DIRECT 395 Q A Case Reviews 308 Cancelled by Clinic 309 Cancelled by Client 400 Intake No Show 411 MH Promotion 421 Comm. Client Contact 431 MH Treatment Supp. 433 DT Treatment Supp 453 Vocational 461 Jail Placement Eval 462 Hospital Liaison 463 Courtroom Appearance TBS 581 Therapeutic Behav. Svc	MAA INDIRECT PC Activity Code & Desc. 472 A Medi-Cal Outreach 473 B Eligibility Intake 474 D Medi-Cal Contr. Admn 475 C Crisis Referral 476 B BHS Contr. Admn. 477 A Discounted Outreach 478 F SPMP Case Mgmt. 479 E SPMP Pgm. Planning 480 G SPMP MAA Training 481 F Non-SPMP Case Mgmt 482 E Non-SPMP Pgm. Plan 483 H MAA Coord/Claim Adm MAA Recipient Code 8 NON-SPMP Provider 9 SPMP Provider	SVC. LOCATION (Use only 3 if not face-to-face) 1. Clinic (DBH Site) 2. Field/OOC/Jail (If no other codes apply) 3. Phone 3. Non-Face-to-Face (preempts all other codes) 4. Home 5. Satellite (See Clinic Sup) 6. School 7. Crisis in the Field Evidence-Based Practices/Service Strategies EBP/SS 01 Assertive Community Treatment 02 Supportive Employment 03 Supportive Housing 04 Family Psychoeducation 05 Integrated Dual Diagnosis Trmt 06 Illness Management 07 Medication Mgmt 08 New Generation Medications 09 Therapeutic Foster Care 10 Multisystemic Therapy 11 Functional Family Therapy	50 Peer and/or Family Delivered Svc 51 Psychoeducation 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/ Soc Svc 57 Delivered in Partnership w/ Substance Abuse Services 58 Integrated Services for Mental Health 59 Integrated Services for Mental Health & Developmental Disability 60 Ethnic-Specific Service Strategy 61 Age-Specific Service Strategy 99 Unknown Evidence-Based Practice/service Strategy	Q A INDIRECT 455 Q A Meetings 456 Q A Administration Q A DIRECT 395 Q A Case Reviews
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Client Number	Client Name	Proc Code	Group Count	Primary Staff Time	Co-Staff #	Co-Staff Time	Svc Loc. Or MAA	EBP/SS	Ck Input	Input Verif	Ck Note Rvw		Sup Note Rvw		Ck File
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Revised July 2006

Supervisor's Signature _____

Date Signed _____