

**San Bernardino County 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	<u>EBP/SS</u>	Preg "Y"	Emg "Y"	Dup Svc	Clk OK

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 \_\_\_\_\_

**Administrative**

201 No Show Intensive Day TX  
 300 No Show  
 307 Appt Rescheduling  
 308 Clinic Canceled  
 309 Patient Canceled  
 400 No Show Intake  
 403 Leave and Holiday  
 404 Training Given  
 405 Training Received  
 406 Dept Travel Time  
 408 Departmental Meeting  
 418 Approved Special Assignment  
 457 Supervision Provided  
 458 Supervision Received

**Adult Residential**

141 Adult Crisis Residential  
 166 Adult Residential

**Assessment**

331 Assessment  
 364 Diagnostic Int Eval w/Med Svcs

**CaLWORKs**

310 Collateral  
 320 Psychological Testing  
 330 Assessment  
 340 Individual Therapy  
 350 Group Therapy  
 360 Medication  
 370 Crisis Intervention  
 520 Plan Development  
 550 Rehab/ADL NB  
 550G Rehab/ADL NB Group

**Case Management**

541 Placement Services  
 561 Case Mgmt L&C  
 571 Case Mgmt Plan Dev

**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

**Conservatorship Invest**

621 Conservatorship Investigation

**Crisis Intervention**

371 Crisis Intervention  
 378 Crisis Intervention after first 74 mins

**Crisis Stabilization-Emergency Room**

151 Crisis Stabilization - ER

**Crisis Stabilization-Urgent Care**

153 Crisis Stabilization (Urgent Care)

**Day Treatment Intensive; Full Day**

285 Day Tx Intensive Full Day

**Day Treatment Intensive; Half Day**

283 Day Tx Intensive Half Day

**Day Treatment Rehabilitation; Full Day**

295 Day Rehabilitation, Full Day

**Day Treatment Rehabilitation; Half Day**

291 Day Rehabilitation, Half Day

**Group Billing**

351 Group Therapy

**Indirect (non-billable) Services**

411 Mental Health Promotion  
 421 Community Client Contact Adult  
 423 Interpretation Services  
 424 Non English Service  
 427 Community Client Contact Child  
 433 Day Treatment TX Support  
 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 Therapy

**Intensive Care Coordination**

576 Intensive Care Coordination

**Intensive Home Based MHS**

578 Intensive Home Based Svcs

**Medication (E/M)**

361 E/M Moderate Complexity, New CLT  
 363 E/M High Complexity, New CLT  
 366 E/M Low Complexity, EST CLT  
 368 E/M Moderate Complexity, EST CLT  
 369 E/M High Complexity, EST CLT

**Medication Education Group**

381 Med Educ & Training one (1) client  
 382 Med Educ & Training 2-4 clients  
 383 Med Educ & Training 5-8 clients

**Medication Visit**

385 MSS Service, Non-MD

**MHS Plan Development**

521 Plan Development

**Psych Testing Codes**

321 Psych Testing  
 324 Developmental Screening  
 325 Developmental Testing  
 326 Neurobehavioral Status Exam  
 327 Neuropsychological Testing

**Quality Assurance**

450 Administrative Chart Audit  
 454 Medi-Cal QA Chart Audit  
 456 QA Administration/Indirect

**Rehab/ADL Codes**

551 Rehab/ADL  
 551G Rehab/ADL Group

**TBS Services**

581 TBS  
 582 TBS Assessment  
 583 TBS Treatment Plan  
 584 TBS Collateral

**Therapeutic Foster Care**

195 Therapeutic Foster Care NB  
 196 Therapeutic Foster Care

**Treatment Support**

431 OP Tx Support

**Non-billable Direct Service**

140 Adult Crisis Residential NB  
 165 Adult Residential NB  
 280 Day Intensive NB  
 290 Day Rehab NB  
 310 Collateral NB  
 320 Psych Testing NB  
 330 Assessment NB  
 340 Individual Therapy NB  
 350 Group NB  
 360 Medication NB  
 370 Crisis Intervention NB  
 380 Medication Edu NB  
 384 MSS Service, Non-MD NB  
 520 Plan Development NB  
 540 Placement Services NB  
 550 Rehab/ ADL NB  
 550G Rehab/ ADL NB Group  
 560 Linkage & Consultation NB  
 570 Case Mgmt Plan Dev NB  
 575 Intensive Care Coordination NB  
 577 Intensive Home-Based Svcs NB  
 580 TBS NB  
 620 Conservatorship Inv NB

**Service Location**

02 Telehealth  
 03 School  
 09 Jail  
 11 DBH Site  
 12 Home  
 13 Age Specific Community Center  
 15 Mobile Service  
 16 Non-traditional Service Location  
 17 Healthcare/Primary Care  
 18 Clients Job Site  
 20 Urgent Care  
 21 Inpatient  
 23 Emergency Room  
 27 Field/OOC  
 28 Non Face-to-Face  
 29 Homeless  
 30 Faith based-Church, Template, etc.  
 33 Licensed Care Residential Adult  
 53 Other Community Location  
 55 Residential Care/Community Location  
 72 Satellite  
 99 Other

**Duplicate Service**

XXX59 Distinct Procedural Service (e.g. 33159)  
 XXX76 Repeat Proced by same person (e.g. 33176)  
 XXX77 Repeat Proced by Different person (e.g. 33177)

**Evidence-Based Practices (EBP)/Service Strategies (CSI)**

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 Prattice/Svc Strategy

**Evidence-Based Practices (EBP) Non-CSI**

1 Brief Strategic Family Therapy (BSFT)  
 2 Families and Schools Together (FAST)  
 3 High Fidelity Wraparound  
 4 Positive Parenting Program (Triple P)  
 100 Alternatives For Families (AF-CBT)  
 101 Mental Health First Aid  
 102 Transition to Independence Process Model (TIP)  
 200 Attachment-Based Family Therapy (ABFT)  
 201 Child Parent Therapy (CPP)  
 202 Cognitive Behavioral Therapy (CBT) for Adolescent Depression  
 203 Dialectical Behavioral Therapy (DBT)- Child  
 204 Homebuilders  
 205 Multisystemic Therapy (MST)  
 206 Parent Child Interaction Therapy (PCIT)  
 208 Trauma Focused Cognitive Behavioral Therapy (TF-CBT) Child  
 209 Treatment Foster Care Oregon (TCFO)  
 300 Assertive Community Treatment (ACT)  
 301 Assisted Outpatient Treatment (AOT)  
 302 Cognitive Behavioral Social Skills Training  
 303 Cognitive Behavioral Therapy (CBT)  
 304 Cognitive Processing Therapy (CPT)  
 305 Cognitive-Behavioral Therapy for PTSD  
 306 Dialectical Behavioral Therapy (DBT)- Adult  
 307 Eye Movement Desensitization and Reprocessing (EMDR)  
 308 Prolonged Exposure Therapy for PTSD  
 309 Trauma Recovery and Empowerment Model (TREM/M-TREM)  
 310 Trauma Focused Cognitive Behavioral Therapy (TF-CBT) Adult  
 311 Cognitive Enhancement Therapy (CET)  
 400 Community Reinforcement and Family Training (CRAFT)  
 401 Functional Family Therapy (FFT)  
 500 Brief Marijuana Dependence Counseling  
 501 Broad Spectrum Treatment (BST) Naltrexone for Alcohol Dep.  
 502 Medication-Assisted Treatment (MAT)  
 600 Adolescent Community Reinforcement Approach (A-CRA)  
 620 Family Urgent Response System (FURS)

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

Revised 10/12/2016

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.

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. Duplicate Code This indicator is needed when there is more than one service provided on the same day. All services entered after the initial service will need to have a Duplicate Code entered.
  17. Clk. OK is a check box used by clerical staff to keep track of data entry lines and/or for checking data entry.
  18. Staff signature affirms that all entries meet the requirements of the certification statement.
  19. Data Entry Done By and Date Entered for use by clerk entering CDI data into SIMON.