County of San Bernardino
Department of Behavioral Health
Prevention and Case Management Charge Data Invoice

Agency Name _____ Service Date _____

Primary Staff Signature _____ Primary Staff Number _____

Co-Staff Name _____ Co-Staff Number _____

Procedure Codes

Type of Service (Procedure Code)		Agency Serviced		Agency Serviced		Age Group	
Charting Time	100	DBH/ADS – SBDO	3600	Drug/Alcohol Agency		Child	1
UR Quality Assurance	101	DBH/ADS – FONT	3601	Contract/Private	1010	Adolescent	2
Training	102	DBH/ADS – VV PERI	3629	Community	1011	Adult	3
Info Dissemination – One-Way	112	DBH/ADS – VV	3630	School/University	1012	Senior	4
Education – Two-Way	113	DBH/ADS – CHINO	3699	Shelter – Battered Women	1013	Mixed Ages	5
Alternatives	114	DBH/ADS – CHINO PERI	3699	Shelter – Homeless	1014		
Problem Identification	115	Criminal Justice	1003	Friend/Family	1015		
Community Based Planning	116	County Med Center	1004	Employer	1016		
Case Management	118	Public Health Dept	1005	Social Services	1017		
Outreach Intervention	119	Private Health Provider	1006	Other DBH/ADS Provider			
Available/Unused	120	Private MH/BH Provider	1007	Use Provider Code Other	1021		
Mentoring	125	Courts – Muni/Superior	1008				
		State Mental Hospital	1009				

Target Group		Language Spoken	
Teachers	1	English	1
Partners/Significant Others	2	Spanish	2
General Public	3	Asian	3
Perinatal Program Recipients	4	Indo-Chinese	4
Community Providers	5	Middle Eastern	5
Students	6	Sign Language	6
Professionals	7	Other	7
Other County Agenciess	8		
Others	9		

Client Number	RU	Agency Served	Event Length	Service Length	Prep Time	Proc Code	Group Size	Target Group	Age Group	Lang Spoken
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Data Entry Completed by: _____ Date: _____