

**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 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 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

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 Ind

Conservatorship Invest

621 Conservatorship Investigation

Crisis Intervention

371 Crisis Intervention

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

Indirect (non-billable) 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 Therapy

Intensive Care Coordination

576 Intensive Care Coordination

Intensive Home Based MHS

578 Intensive Home Based Svcs

Medication (E/M)

361 New Clt Mod-Hi Complex Mod DMC
 363 New Clt Mod-Hi Complex Hi DMC
 366 Estab Clt Low-Mod Complex Low DMC
 368 Estab Clt Mod-Hi Complex Mod DMC
 369 Estab Clt Mod-Hi Complex High DMC

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
 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 TBS
 582 TBS Assessment
 583 TBS Treatment Plan
 584 TBS Collateral

Treatment Support

431 OP Tx Support Adult
 435 OP Tx Support Child

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
 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

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 & Develp Disabilities
 60 Ethnic-Specific Service Strategy
 61 Age-Specific Service Strategy
 99 Unknown Evidence-Based Practice/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

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.