San Bernardino County Department of Behavioral Health

Combined Services Charge Data Invoice

Clinic Name _____ 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

MHS and MSS

311	Collateral
313	Family Collateral
321	Psych Testing
331	Assessment
341	Individual
351	Group
361	Meds
371	Crisis Intervention
511	Evaluation
521	Plan Development
551	Rehab/ADL

Admin Codes

403	Vacation or Leave
404	Training Given
405	Training Received
406	Travel
407	Local Meeting
408	Dept Meeting
409	Interagency Meeting
410	Other Meeting
413	App. NB OT Svcs.
418	App. Special Assign
419	General Admin
457	Clinical Supv. Prov.
458	Clinical Supv Recvd
459	Admin Supv. Prov.
460	Admin Supv. Recvd

CM

541	Placement
561	L&C
571	L&C Plan Development

MAA

472	Medi-Cal Outreach
473	Eligibility Intake
475	Crisis Referral
478	SPMP CM
479	SPMP Prog. Planning
480	SPMP MAA Training
481	Non-SPMP CM
482	Non-SPMP Prog. Pln.

Case Codes

107	Unbilled Chart Audit
108	Unbilled Case Review
109	Unbilled Consultation

Indirect

300	Appt No Show
307	Reschedule
308	Cancel (Clinic)
309	Cancel (Client)
400	Intake No Show
411	Promotion
421	Comm Clt Contact
431	Tx Support
433	Day Tx Sup Adult
435	Tx Sup Child
442	Classroom Obs
452	IEP
453	Vocational
461	Placement Eval
462	Hosp. Liaison
463	Courtroom

URGENT CARE

302	No Show UC
306	Pt Cancel UC
316	Collateral UC
333	Assess UC
363	Meds UC
373	Crisis UC
563	CM Link UC

AB2726

312	Collateral
322	Psych Testing
332	Assessment
342	Individual
352	Group
362	Medications
372	Crisis Intervention
512	Evaluation
522	Plan Development
542	Placement
552	Rehab/ADL
562	L&C
572	CM Plan Dev

AB2726 Indirect

402	No Show AB2726
412	Promotion AB2726
422	CCC AB2726
432	Tx Support AB2726
434	DT Tx Sup AB2726

CalWORKs

310	Collateral
320	Psych Testing
330	Assessment
340	Individual
350	Group
360	Meds
370	Crisis Intervention
510	Evaluation
520	Plan Development
540	Placement
550	Rehab/ADL
560	CM L&C
570	CM L&C Plan Dev

Svc Location

1. Clinic (DBH Site)
2. Field
3. Phone
3. Non-Face-to-Face
4. Home
5. Satellite (see Clinic Supervisor)
6. School
7. Crisis in the Field

Client Number	Client Name / Activity	Proc Code	Gp Count	Primary Staff Time	Co-Staff Number	Co-Staff Time	Svc. Loc.	EBP/SS	Clk. OK
				:		:			
				:		:			
				:		:			
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				:		:			
		Total Daily Time		:					