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	Gp Count	Primary Staff Time	Co-Staff Number	Co-Staff Time	Svc. Loc.	EBP/SS	Clk. OK
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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 Sig. and Printed Name _____

Data Entry Done By _____ **Date Entered** _____

Universal CDI Code Set by Type (as of 1 July 2006)

Administrative Codes
300	No Show
302	No Show Walk-In
304	Rescheduled
305	Clinic Canceled
306	Patient Canceled Walk-In
307	Appt Rescheduling
309	Patient Canceled
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
418	Approved Special Assignment
419	Administrative Duties NOS
457	Clinical Supervision Provided
458	Clinical Supervision Received
459	Admin Supervision Provided
460	Admin Supervision Received

Assessment Codes
331	Assessment
332	Assessment AB2726
333	Assessment Walk-In
334	Assessment Hosp Aftercare
337	Assessment Telmed
684	Assessment Healthy Homes

CalWORKs Codes
310	Collateral
320	Psych Testing
330	Assessment
340	Family Therapy
340	Individual Therapy
350	Group Therapy
360	Medications
370	Crisis Intervention
520	MHS Plan Development
550	Rehab/ADL

Case Management Codes
541	Placement Service
542	Placement Services AB2726
544	Placement Hospital Aftercare
561	Linkage & Consultation
562	Linkage & Consultation AB2726
564	Case Mgmt Walk-In
566	Link/Cons Hospital Aftercare
567	Linkage Telmed
571	Plan Development Case Mgmt
572	Plan Development AB2726
574	Plan Devel CM Hosp Aftercare
579	Plan Devel CM AB2726
693	Healthy Homes Placement
696	Link/Consultation Healthy Homes
697	Plan Devel CM Healthy Homes

Collateral Codes
311	Collateral
312	Collateral AB2726
313	Family Collateral
314	Collateral HAS
315	Collateral
316	Collateral Walk-In
317	Collateral Telmed
681	Collateral Healthy Homes
683	Family Colll Healthy Homes

Conservatorship Invest
621	Conservatorship Invest
631	Conservatorship Admin

Crisis Intervention Codes
371	Crisis Intervention
372	Crisis Intervention AB2726
373	Crisis Walk-In
377	Crisis Telmed
688	Crisis Healthy Homes

Day Treatment Codes
286	Half Day Intens Day Tx AB
291	Day Tx Habil Half Day
292	Day Care Habil AB2726
295	Day Tx Habil Full Day
296	AB Day Tx Habil Full

Group Billing Codes
351	Group
351	Family Group
352	Group AB2726
686	Group Healthy Homes

Individual Therapy Codes
341	Individual
341	Family/Individual
342	Individual AB2726
347	Individual Telmed
685	Individual Healthy Homes

Indirect (non-billed) Services
411	Mental Health Promotion Adult
412	MH Promotion AB2627
417	Mental Health Promotion Child
420	AB2627 Mediation/Due Process
421	Community Client Contact Adult
422	CC Contact AB2726
423	Interpretation Services
427	Community Client Contact Child
433	DT Tx Support Adult
434	DT Tx Support AB2726
437	DT Tx Support Child
442	Classroom Observation
452	I.E.P.
461	Placement Evaluation
462	Hospital Liaison
463	Court Appearances
661	Case Mgmt Support
662	Case Mgmt Support AB2726

TBS Service
581	Therapeutic Behavioral Service

Medication Support Codes
361	Medication
362	Medication AB2726
363	Medication Walk-In
367	Meds via Telmed
687	Meds Healthy Homes

MHS Plan Development Codes
521	Plan Development
522	Plan Development AB2726
524	Plan Devel.Hospital Aftercare
691	Plan Development Healthy Homes

Psych Testing Codes
321	Psych Testing
322	Psych Testing AB2726

Quality Assurance Codes
395	QA Case Review/Direct
451	Non Medi Cal QA Chart Audit
454	MediCal QA Chart Audit
455	QA Committee Meeting/Indirect
456	QA Administration/Indirect

Rehab/ADL Codes
551	Rehab/ADL
552	Rehab/ADL AB2726
554	Rehab/ADL Hospital Aftercare
557	Rehab ADL Telmed
695	Rehab/ADL Healthy Homes

Unbilled Direct Service Codes
339	Assessment AB2627 NBC
330	Assessment NBC
310	Collateral NBC
319	Collateral AB2627 NBC
620	Conservatorship Investigation
379	Crisis Inter AB2627 NBC
370	Crisis Intervention NBC
539	Emergency Inter AB2627 NBC
530	Emergency Intervention NBC
519	Evaluation AB2726 NBC
510	Evaluation NBC
359	Group AB2627 NBC
350	Group NBC
349	Individual AB2726 NBC
340	Individual NBC
402	Intake No Show AB2726
289	Intens Day Tx AB2627 NBC
569	Linkage & Advocacy AB2726 NBC
560	Linkage & Consultation NBC
360	Medication NBC
369	Medication AB2627 NBC
549	Placement Services AB2726 NBC
540	Placement Services NBC
529	Plan Development AB2726 NBC
570	Plan Development Case Mgmt
520	Plan Development NBC
329	Psych Testing AB2627 NBC
320	Psych Testing NBC
559	Rehab/ADL AB2627 NBC
550	Rehab/ADL NBC

Evidence-Based Practices/Service Strategies EBP/SS
01	Assertive Community Treatment (ACT)
02	Supportive Employment
03	Supportive Housing
04	Family Psychoeducation
05	Integrated Dual Diagnosis Treatment
06	Illness Management
07	Medication Management
08	New Generation Medications
09	Therapeutic Foster Care
10	Multisystemic Therapy
11	Functional Family Therapy
50	Peer and/or Family Deliverd Services
51	Psychoeducation
52	Family Support
53	Supportive Education
54	Delivered in Paternship with Enf Law Enforcement
55	Delivered in Partnership with Health Care
56	Delivered in Partnership with Social Services
57	Delivered in Partnership with Substance Abuse Services
58	Integrated Services for Mental Health
59	Integrated Services for Mental Health And developmental Disability
60	Ethnic-Specific Service Strategy
61	Age-Specific Service Strategy
99	Unknown Evidence-Based Practice/Service Strategy

Service Location Codes
1	DBH Site
2	Field/OOC
3	Non Face-to-Face Service
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/Community Treatment Facility
20	Telehealth
21	Unknown

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

Revised July 1, 2006

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 and DBH MAA definitions.

A listing of common procedure codes in use as of Nov 2004 is on the second page of the universal CDI and may be printed on the back of the CDI if desired.   A current and complete listing is also available in the CDI Code Summary on the clinical_rec site.

Please note: Day Treatment billing is done using a printout from SIMON and is not included on this Universal CDI.

ENTRIES:
1. Clinic Name
2. Reporting Unit in SIMON 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 SIMON staff number of the primary service staff.
5. Client Number is the SIMON 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. Please note that the same procedure code number is used in some cases for more than one service — e.g., 551 MHS-Rehab/ADL-Ind. and 551 MHS-Rehab/ADL-Grp.
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., 1:26, 0:14 etc.; same as time entered on interdisciplinary note in chart for that person for that service.
10. Co-Staff Number is the SIMON 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., 1:26, 0:14, etc.; same as time entered on interdisciplinary note in chart for that person for that service.
12. Service Location. Please see service location codes back of CDI or on chart forms. Must be same service location as entered on interdisciplinary note in chart for that service. For MAA service, please enter one of the two MAA Provider codes (SPMP provider 9, non-SPMP provider 8).
13. **EBP/SS. Please see Evidence-Based Practices/Service Strategies codes back of CDI. Can enter up to 3 codes.**
14. Clk. OK is a check box used by clerical staff to keep track of data entry lines and/or for checking data entry.
15. Staff signature affirms that all entries meet the requirements of the certification statement.
16. Data Entry Done By and Date Entered for use by clerk entering CDI data into SIMON.