

**County of San Bernardino Department of Behavioral Health  
Juvenile Justice Outpatient Program  
Charge Data Invoice**

Reporting Unit: \_\_\_\_\_

Service Date: \_\_\_\_\_

Primary Staff Signature: \_\_\_\_\_ Primary Staff Number: \_\_\_\_\_

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 |                                  |          |                                     |             |                     |
|-----------------|----------------------------------|----------|-------------------------------------|-------------|---------------------|
| Non Billable    |                                  | Indirect |                                     | Admin Codes |                     |
| 310             | Collateral                       | 417      | MH Promotion Child                  | 300         | Appt No Show        |
| 320             | Psych Testing                    | 421      | Community Client (CC) Contact Adult | 307         | Client Reschedules  |
| 330             | Assessment                       | 423      | Interpretation Services             | 308         | Clinic Cancels      |
| 340             | Individual                       | 424      | Non English Service                 | 309         | Client Cancels      |
| 340             | Family Tx- Ind.                  | 427      | Community Client Contact Child      | 403         | Vacation or Leave   |
| 350             | Group                            | 435      | OP Tx Support Child                 | 404         | Training Given      |
| 360             | Medication (E/M)                 | 442      | Classroom Observation               | 405         | Training Received   |
| 370             | Crisis Intervention              | 452      | IEP                                 | 406         | Travel-Dept         |
| 510             | Court Ordered Evaluation         | 461      | Placement Evaluation                | 407         | Local Meeting       |
| 520             | Plan Development                 | 462      | Hospital Liaison                    | 408         | Dept Meeting        |
| 550             | Rehab/ADL                        | 463      | Court Appearances                   | 409         | Interagency Meeting |
| 560             | Linkage and Consultation         |          |                                     | 410         | Other Meeting       |
| 570             | Plan Development Case Management |          |                                     | 418         | Auth Special Assign |
|                 |                                  |          |                                     | 419         | Admin Duties NOS    |
|                 |                                  |          |                                     | 457         | Clin Sup Provided   |
|                 |                                  |          |                                     | 458         | Clin Sup Received   |
|                 |                                  |          |                                     | 459         | Admin Sup Provided  |
|                 |                                  |          |                                     | 460         | Admin Sup Received  |

| QA Indirect |                                | Place of Service |                                     |    | Evidence-Based Practices |    |                               |    |  |
|-------------|--------------------------------|------------------|-------------------------------------|----|--------------------------|----|-------------------------------|----|--|
| 451         | QA Case Reviews (Non-Medi-Cal) | 02               | Telehealth Other than Client's Home | 27 | Outreach Site/Street     | 04 | Family Psychoeducation        | 52 | Family Support                                   |
| 454         | QA Chart Review (Medi-Cal)     | 03               | School                              | 99 | Other                    | 07 | Medication Management         | 54 | Delivered in Partnership with Law Enforcement    |
| 455         | QA Meetings/Indirect           | 09               | Jail                                | 10 | Multisystemic Therapy    | 50 | Peer &/or Fam. Delivered Svcs | 99 | Unknown Evidence-Based Practice/Service Strategy |
| 456         | QA Administration/Indirect     | 10               | Telehealth in Client's Home         | 51 | Psychoeducation          |    |                               |    |  |
|             |                                | 11               | DBH/Contractor Site - Office        |    |                          |    |                               |    |  |
|             |                                | 12               | Home                                |    |                          |    |                               |    |  |
|             |                                | 15               | Mobile Unit                         |    |                          |    |                               |    |  |

Total from Other Sheet (attached)

### Total Daily Time