

**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	POS	<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
408 Departmental Meeting
418 Approved Special Assignment
457 Clinical Supervision Provided
458 Clinical Supervision Received
459 Admin Supervision Provided
460 Admin Supervision Received

Adult Residential

H0018 MH Adult Crisis Residential
H0019 MH Adult Residential Trmnt Svc

Assessment

90791 Psychiatric Diagnostic Eval
90792 Psych Diag Eval w/Med Serv
H0031 MH Assessment by Non-Physician
90885 Psychiatric Eval of Hospital Record

CalWORKs

310 Collateral NB
320 Psych Testing NB
330 Assessment NB
340 Individual Therapy NB
350 Group NB
360 Medication NB
370 Crisis Intervention NB
520 Plan Development NB
550 Rehab/ADL NB
550G Rehab/ADL NB Group

Case Management

T1017 Targeted Case Management
H0032 MH Svc Plan Dev By Non-Md

Child and Family Team Meetings

H2000 MH Comprehensive Multidisciplinary
_____Eval

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

Crisis Intervention

H2011 Crisis Intervention Service
90839 MH Psychotherapy for Crisis
(First 30-74 mins)
90840 MH Psychotherapy for Crisis
(Add'l 30 mins)

Crisis Stabilization-Emergency Room

S9484 Crisis Stabilization - ER

Crisis Stabilization-Urgent Care

S9484 MH Crisis Stabilization Urgent Care

Day Treatment Intensive - Full Day

H2012 MH Day Treatment Intensive/Rehab

Day Treatment Intensive - Half Day

H2012 Day Tx Intensive Half Day

Day Treatment Rehabilitation - Full Day

H2012 Day Tx Rehabilitation Full Day

Day Treatment Rehabilitation - Half Day

H2012 Day Tx Rehabilitation, Half Day

Group Billing

90849 Multi-Fam Group Psychotherapy
90853 Group Psychotherapy

Indirect (non-billable) Services

411 Mental Health Promotion Adult
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. Liaison
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
1009 Court Report Activity Hearing
1012 Notice Activity Indirect
1013 Data Reporting Activity

Individual Therapy

90832 Psychotherapy 30 mins with Patient
90834 Psychotherapy 45 mins with Patient
90837 Psychotherapy 60 mins with Patient

Intensive Care Coordination

T1017 Intensive Care Coordination

Intensive Home Based MHS

H2017 Psychosocial Rehab (15 MIN)

Medication (E/M)

99202 Offc or Othr Outpt Vst of New Pt 15-29min
99203 Offc or Othr Outpt Vst of New Pt 30-44min
99204 Offc or Othr Outpt Vst New pt 45-59 min
99205 Offc or Othr Outpt Vst New pt 60-74 min
99212 Offc or Othr Outpt Vst Est pt 10-19 min
99213 Offc or Othr Outpt Vst Est pt 20-29 min
99214 Offc or Othr Outpt Vst Est pt 30-39 min
99215 Offc or Othr Outpt Vst Est pt 40-54 min

Medication Education Group

H0034 Med Trng Suprt (15 min)

Medication Visit

H0033 Oral Med Admin Direct Obsrv
96372 MH Injection Subcutaneous or Intramuscul

MHS Plan Development

H0032 MH Svc Plan Dev by Non-Md

Psych Testing Codes

96130 MH Psychological Testing Eval (First Hour)
96131 MH Psychological Testing Eval (Addl 60min)
96110 Developmental Screening

96112 Developmental Testing First Hour

96113 Developmental Testing Each Additional Hour
96116 Neurobehavioral Status Exam First Hour
96121 Neurobehavioral Status Exam Add'l Hour
96132 Neuropsychological Test Eval First Hour
96133 Neuropsychological Test Eval Add'l Hour

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

H2017 Psychosocial Rehab

TBS Services

H2019 MH Therapeutic Behavioral Servs

Therapeutic Foster Care

195 Therapeutic Foster Care NB
55145 Therapeutic Foster Care

Treatment Support

431 OP Tx Support Adult

Direct (non-billable) Services

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
550G Rehab/ADL NB Group
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 Conservators Inv NB
1008 Court Hearing Activity
1010 Outreach and Engagement Activity
(Non CM)
1011 Hearing Notice Activity Direct
111E Inpatient Ineligible

Place of Service

02 Telehealth Not In Client's Home
03 School
04 Homeless Shelter
09 Jail
10 Telehealth In Client's Home
11 DBH/Contractor Site - Office
12 Home
14 Group Home
15 Mobile Unit
16 Temporary Lodging
20 Urgent Care Facility
23 Emergency Room - Hospital
27 Outreach Site/Street
31 Skilled Nursing Facility
33 Custodial Care Facility
51 Inpatient Psychiatric Facility
52 Psych Facility-Partial Hospitalization
55 Residential Care/Comm Treatment Fac
56 Psych Res Tx Center
57 Non-Res SA Tx Facility
58 Non-Res Opioid Tx Facility
99 Other Place of Service

Duplicate Service

XXXXX59 Distinct Procedural Service
XXXXX76 Repeat Proc'd by same person
XXXXX77 Repeat Proc'd by Different person

Evidence-Based Practices (EBP)/Service Strategies (CSI)

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

Evidence-Based Practices (EBP) Non-CSI

1 Brief Strategic Family Therapy (BSFT)
2 Families and Schools Together (FAST)
3 High Fidelity Wraparound
4 Positive Parenting Program (Triple P)
100 Alternatives For Families (AF-CBT)
101 Mental Health First Aid
102 Transition to Independence Process Model (TIP)
200 Attachment-Based Family Therapy (ABFT)
201 Child Parent Therapy (CPP)
202 Cognitive Behavioral Therapy (CBT) for Adolescent Depression
203 Dialectical Behavioral Therapy (DBT)- Child
204 Homebuilders
205 Multisystemic Therapy (MST)
206 Parent Child Interaction Therapy (PCIT)
208 Trauma Focused Cognitive Behavioral Therapy (TF-CBT) Child
209 Treatment Foster Care Oregon (TCFO)
300 Assertive Community Treatment (ACT)
301 Assisted Outpatient Treatment (AOT)
302 Cognitive Behavioral Social Skills Training
303 Cognitive Behavioral Therapy (CBT)
304 Cognitive Processing Therapy (CPT)
305 Cognitive-Behavioral Therapy for PTSD
306 Dialectical Behavioral Therapy (DBT)- Adult
307 Eye Movement Desensitization and Reprocessing (EMDR)
308 Prolonged Exposure Therapy for PTSD
309 Trauma Recovery and Empowerment Model (TREM/M-TREM)
310 Trauma Focused Cognitive Behavioral Therapy (TF-CBT) Adult
311 Cognitive Enhancement Therapy (CET)
400 Community Reinforcement and Family Training (CRAFT)
401 Functional Family Therapy (FFT)
500 Brief Marijuana Dependence Counseling
501 Broad Spectrum Treatment (BST) Naltrexone for Alcohol Dep.
502 Medication-Assisted Treatment (MAT)
600 Adolescent Community Reinforcement Approach (A-CRA)
620 Family Urgent Response System (FURS)