

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: _____

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 320 Psych Testing 330 Assessment 340 Individual 340 Family Tx- Ind. 350 Group 360 Medication (E/M) 370 Crisis Intervention 510 Court Ordered Evaluation 520 Plan Development 550 Rehab/ADL 560 Linkage and Consultation 570 Plan Development Case Management	417 MH Promotion Child 421 Community Client (CC) Contact Adult 423 Interpretation Services 424 Non English Service 427 Community Client Contact Child 435 OP Tx Support Child 442 Classroom Observation 452 IEP 461 Placement Evaluation 462 Hospital Liaison 463 Court Appearances	300 Appt No Show 307 Client Reschedules 308 Clinic Cancels 309 Client Cancels 403 Vacation or Leave 404 Training Given 405 Training Received 406 Travel-Dept 407 Local Meeting 408 Dept Meeting 409 Interagency Meeting 410 Other Meeting 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) 454 QA Chart Review (Medi-Cal) 455 QA Meetings/Indirect 456 QA Administration/Indirect	02 Telehealth Other than Client's Home 03 School 09 Jail 10 Telehealth in Client's Home 11 DBH/Contractor Site - Office 12 Home 15 Mobile Unit	27 Outreach Site/Street 99 Other	04 Family Psychoeducation 07 Medication Management 10 Multisystemic Therapy 50 Peer &/or Fam. Delivered Svcs 51 Psychoeducation 52 Family Support 54 Delivered in Partnership with Law Enforcement 99 Unknown Evidence-Based Practice/Service Strategy

Client Number	Client Name (or Activity)	Procedure Code	Group Count	Primary Staff Time	Co Staff #	Co Staff Time	Svc Loc	Preg Y/N	Dup Svc Y/N	EPB/SS	OK
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>

Total from Other Sheet _____ (attached) **Total Daily Time**