SAN BERNARDINO **COUNTY** | Behavioral Health

Charge Data Correction Invoice
(One CDCI per Client and per Program)

Service Program Name: ☐

Service Program Code: ☐

Provider Name: ☐

Provider #: ☐

Client Name: ☐

Client ID Number: ☐

Reason(s) for Service Correction (*Select all that apply*): ☐ Client ☐ Client Index Number (CIN) ☐ Service Program ☐ Date of Service

☐ Service Code ☐ Modifier* ☐ Duration ☐ Group Count ☐ Service Location ☐ Provider Number ☐ Emergency Indicator ☐ Rolled-up Service*

SERVICE(S) TO BE CORRECTED										
For Rolled up Services, please ensure you are including all services to be rolled up together.										
Type of Correction (V or R) *If 'V' for Void is marked, leave the Replacement Section blank. If 'R' for Replacement is marked, complete the Replacement Service section.*	Episode #	Service Program Code	Date of Service	Service Code	Service Modifier*	Duration	Group Count	Service Location	Provider Number	Claim #
V ☐ R ☐										
V ☐ R ☐										
V ☐ R ☐										
REPLACEMENT SERVICE										
Client CIN #	Episode #	Service Program Code	Date of Service	Service Code	Service Modifier*	Duration	Group Count	Service Location	Provider Number	

To submit, please send an email to:
DBH-IT-Helpdesk to create a Help Desk ticket and include DBH-CDCI@dbh.sbcounty.gov.
For contract agencies and other county departments: Submit the CDCI to the sFTP site before sending the email. The email should document that the CDCI was submitted to the sFTP site, include the name of the sFTP site folder for the Service Program and File Name with reference to the date submitted for the correction.
For DBH Clinics/Programs: Submit CDCI to the email.

*Service Modifier: Applicable to CBOs who submit services via file import or manual data entry

Date Prepared: ☐ Contact Name/ #: ☐

REVENUE CYCLE USE ONLY

Received By/ Date: ☐

Status: Select one of the following: ☐ Pending State Action (Payment/Denial); ☐ Completed: ☐ Returned to Service Program for Corrections