

Charge Data Invoice

Clinic Name **Juvenile Justice Outpatient Program (JJOP)** Reporting Unit **86692** 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			
MHS/ MSS/CMS	Placement Order (MediCal)	Indirect	Admin Codes
311 MHS-Collateral 321 MHS-Psych Testing 331 MHS-Assessment 341 MHS-Individual 341 MHS-Family Tx- Ind. 351 MHS-Group 361 MSS-Meds 371 Crisis Intervention 511 MHS-Evaluation 521 MHS-Plan Dev. 551 MHS-Rehab/ADL 561 CM-L&C Plan Dev	315 MHS-Collateral 325 MHS-Psych Testing 335 MHS-Assessment 345 MHS-Individual 345 MHS-Family Tx- Ind. 355 MHS-Group 365 MSS-Medication 375 Crisis Intervention 515 MHS-Evaluation 525 MHS-Plan Development 555 MHS-Rehab/ADL 565 CM-L&C 565 CM-Plan Develop	412 MH Promotion AB2726 417 MH Promotion Child 421 Community Client (CC) Contact 422 CC Contact AB2726 423 Interpretation Services 427 C C Contact Child 435 Tx Support 442 Classroom Obser 526 IEP 461 Placement Evaluation 462 Hospital Liaison 463 Court Appearances 661 Case Management Support 662 Case Management Support AB2726	300 Appt No Show 304 Reschedule 305 Clinic Cancel 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	SERVICE LOCATION CODES	EPB/SS
395 QA Case Review/ Direct 451 QA Case Reviews (Non-Medi-Cal) 454 Q A Chart Review (Medi-Cal) 455 Q A Meetings/Indirect 456 Q A Administration/Indirect	1 DBH Site 2 Field/OOC 3 Non Face to Face 4 Home 5 School 6 Satellite 8 Jail	04 Family Psychoeducation 07 Medication Management 10 Multisystemic Therapy 12 Peer &/or Fam. Delivered Scvs 13 Psychoeducation 14 Family Support 16 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	EPB/SS	OK
	HOURS SCHEDULED	446		:		:			
				:		:			
				:		:			
				:		:			
				:		:			
				:		:			
				:		:			
				:		:			
				:		:			
				:		:			
				:		:			
				:		:			
				:		:			
Total from Other Sheet __ (attached)		n/a	n/a	:		:			
Total Daily Time				:					