

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Alameda (01)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		2,198.52	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		2,198.52	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		2,198.52	
General Hospital - Admin Day	0101	H0046	HE		Day		2,200.09	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		2,200.09	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		2,200.09	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		135.65	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	445.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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Alameda (01)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.83	57.45	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.83	57.45	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.83	57.45	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.83	57.45	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.83	57.45	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.83	57.45	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.83	57.45	

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Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.83	57.45	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.69	55.35	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.69	55.35	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.69	55.35	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.69	55.35	

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						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.69	55.35	

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Alameda (01)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.69	55.35	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	9.05	135.75	

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Alameda (01)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	9.05	135.75	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	9.05	135.75	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	9.05	135.75	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	9.05	135.75	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	9.05	135.75	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	9.05	135.75	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	9.05	135.75	

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Alameda (01)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	9.05	135.75	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	9.05	135.75	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	9.05	135.75	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	9.05	135.75	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	4.09	61.35	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	4.09	61.35	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	4.09	61.35	

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Alameda (01)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	4.09	61.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
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Alpine (02)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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Alpine (02)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	9.18	137.70	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	9.18	137.70	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	9.18	137.70	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	9.18	137.70	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	9.18	137.70	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	9.18	137.70	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	9.18	137.70	

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						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	9.18	137.70	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	11.83	177.45	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	11.83	177.45	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	11.83	177.45	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	11.83	177.45	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	11.83	177.45	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	11.83	177.45	

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						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	11.83	177.45	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	11.83	177.45	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	11.83	177.45	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	11.83	177.45	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	11.83	177.45	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	11.83	177.45	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	11.83	177.45	

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Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	11.83	177.45	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	11.83	177.45	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	11.83	177.45	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	21.89	328.35	

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Alpine (02)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	21.89	328.35	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	21.89	328.35	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	21.89	328.35	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	21.89	328.35	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	21.89	328.35	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	21.89	328.35	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	21.89	328.35	

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Alpine (02)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	21.89	328.35	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	21.89	328.35	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	21.89	328.35	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	21.89	328.35	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	17.59	263.85	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	17.59	263.85	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	17.59	263.85	

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Alpine (02)

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Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	17.59	263.85	

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Amador (03)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
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Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	4.76	71.40	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	4.76	71.40	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	4.76	71.40	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	4.76	71.40	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	4.76	71.40	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	4.76	71.40	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	4.76	71.40	

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						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	4.76	71.40	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.51	37.65	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.51	37.65	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.51	37.65	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.51	37.65	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.51	37.65	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.51	37.65	

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						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.51	37.65	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.51	37.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.51	37.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.51	37.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.51	37.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.51	37.65	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.51	37.65	

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Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.51	37.65	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.51	37.65	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.51	37.65	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.55	83.25	

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Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	5.55	83.25	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	5.55	83.25	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	5.55	83.25	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	5.55	83.25	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	5.55	83.25	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	5.55	83.25	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	5.55	83.25	

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Amador (03)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	5.55	83.25	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	5.55	83.25	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	5.55	83.25	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	5.55	83.25	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	3.16	47.40	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	3.16	47.40	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	3.16	47.40	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Amador (03)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.16	47.40	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Butte (04)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		606.41	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		93.28	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Butte (04)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	1.84	27.60	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	1.84	27.60	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	1.84	27.60	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	1.84	27.60	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	1.84	27.60	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	1.84	27.60	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	1.84	27.60	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Butte (04)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	1.84	27.60	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.38	35.70	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.38	35.70	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.38	35.70	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.38	35.70	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.38	35.70	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.38	35.70	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Butte (04)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.38	35.70	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.38	35.70	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.38	35.70	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.38	35.70	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.38	35.70	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.38	35.70	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.38	35.70	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Butte (04)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.38	35.70	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.38	35.70	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.38	35.70	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.40	66.00	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Butte (04)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	4.40	66.00	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	4.40	66.00	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	4.40	66.00	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	4.40	66.00	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	4.40	66.00	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	4.40	66.00	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	4.40	66.00	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Butte (04)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	4.40	66.00	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	4.40	66.00	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	4.40	66.00	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	4.40	66.00	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	3.55	53.25	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	3.55	53.25	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	3.55	53.25	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Butte (04)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.55	53.25	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Calaveras (05)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Calaveras (05)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.62	39.30	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.62	39.30	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.62	39.30	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.62	39.30	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.62	39.30	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.62	39.30	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.62	39.30	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Calaveras (05)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.62	39.30	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.86	42.90	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.86	42.90	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.86	42.90	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.86	42.90	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.86	42.90	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.86	42.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Calaveras (05)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.86	42.90	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.86	42.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.86	42.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.86	42.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.86	42.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.86	42.90	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.86	42.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Calaveras (05)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.86	42.90	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.86	42.90	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.86	42.90	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.85	102.75	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Calaveras (05)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	6.85	102.75	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	6.85	102.75	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	6.85	102.75	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	6.85	102.75	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	6.85	102.75	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	6.85	102.75	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	6.85	102.75	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Calaveras (05)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	6.85	102.75	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	6.85	102.75	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	6.85	102.75	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	6.85	102.75	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	2.45	36.75	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	2.45	36.75	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	2.45	36.75	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Calaveras (05)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	2.45	36.75	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Colusa (06)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Colusa (06)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.89	43.35	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.89	43.35	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.89	43.35	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.89	43.35	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.89	43.35	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.89	43.35	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.89	43.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Colusa (06)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.89	43.35	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.89	43.35	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.89	43.35	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.89	43.35	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.89	43.35	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.89	43.35	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.89	43.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Colusa (06)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.89	43.35	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.89	43.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.89	43.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.89	43.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.89	43.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.89	43.35	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.89	43.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Colusa (06)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.89	43.35	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.89	43.35	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.89	43.35	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.89	88.35	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Colusa (06)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	5.89	88.35	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	5.89	88.35	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	5.89	88.35	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	5.89	88.35	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	5.89	88.35	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	5.89	88.35	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	5.89	88.35	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Colusa (06)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	5.89	88.35	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	5.89	88.35	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	5.89	88.35	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	5.89	88.35	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	3.01	45.15	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	3.01	45.15	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	3.01	45.15	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Colusa (06)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.01	45.15	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Contra Costa (07)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		2,265.17	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		2,265.17	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		2,265.17	
General Hospital - Admin Day	0101	H0046	HE		Day		4,511.89	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		4,511.89	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		4,511.89	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		148.60	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Contra Costa (07)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	1.96	29.40	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	1.96	29.40	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	1.96	29.40	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	1.96	29.40	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	1.96	29.40	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	1.96	29.40	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	1.96	29.40	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Contra Costa (07)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	1.96	29.40	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.52	37.80	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.52	37.80	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.52	37.80	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.52	37.80	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.52	37.80	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.52	37.80	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Contra Costa (07)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.52	37.80	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.52	37.80	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.52	37.80	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.52	37.80	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.52	37.80	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.52	37.80	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.52	37.80	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Contra Costa (07)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.52	37.80	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.52	37.80	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.52	37.80	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.10	76.50	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Contra Costa (07)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	5.10	76.50	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	5.10	76.50	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	5.10	76.50	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	5.10	76.50	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	5.10	76.50	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	5.10	76.50	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	5.10	76.50	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Contra Costa (07)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	5.10	76.50	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	5.10	76.50	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	5.10	76.50	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	5.10	76.50	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	3.76	56.40	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	3.76	56.40	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	3.76	56.40	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Contra Costa (07)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.76	56.40	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Del Norte (08)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Del Norte (08)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.10	31.50	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.10	31.50	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.10	31.50	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.10	31.50	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.10	31.50	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.10	31.50	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.10	31.50	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Del Norte (08)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.10	31.50	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	1.91	28.65	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	1.91	28.65	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	1.91	28.65	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	1.91	28.65	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	1.91	28.65	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	1.91	28.65	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Del Norte (08)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	1.91	28.65	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	1.91	28.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	1.91	28.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	1.91	28.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	1.91	28.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	1.91	28.65	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	1.91	28.65	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Del Norte (08)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	1.91	28.65	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	1.91	28.65	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	1.91	28.65	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	8.73	130.95	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Del Norte (08)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	8.73	130.95	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	8.73	130.95	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	8.73	130.95	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	8.73	130.95	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	8.73	130.95	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	8.73	130.95	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	8.73	130.95	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Del Norte (08)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	8.73	130.95	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	8.73	130.95	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	8.73	130.95	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	8.73	130.95	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	1.85	27.75	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	1.85	27.75	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	1.85	27.75	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Del Norte (08)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	1.85	27.75	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

El Dorado (09)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		798.54	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		454.84	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		454.84	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

El Dorado (09)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.79	41.85	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.79	41.85	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.79	41.85	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.79	41.85	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.79	41.85	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.79	41.85	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.79	41.85	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

El Dorado (09)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.79	41.85	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.59	53.85	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.59	53.85	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.59	53.85	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.59	53.85	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.59	53.85	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.59	53.85	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

El Dorado (09)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.59	53.85	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.59	53.85	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.59	53.85	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.59	53.85	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.59	53.85	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.59	53.85	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.59	53.85	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

El Dorado (09)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.59	53.85	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.59	53.85	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.59	53.85	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.65	99.75	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

El Dorado (09)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	6.65	99.75	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	6.65	99.75	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	6.65	99.75	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	6.65	99.75	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	6.65	99.75	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	6.65	99.75	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	6.65	99.75	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

El Dorado (09)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	6.65	99.75	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	6.65	99.75	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	6.65	99.75	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	6.65	99.75	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	5.36	80.40	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	5.36	80.40	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	5.36	80.40	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

El Dorado (09)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	5.36	80.40	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Fresno (10)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		300.68	422.32
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Fresno (10)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.18	47.70	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.18	47.70	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.18	47.70	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.18	47.70	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.18	47.70	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.18	47.70	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.18	47.70	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Fresno (10)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.18	47.70	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	4.12	61.80	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	4.12	61.80	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	4.12	61.80	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	4.12	61.80	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	4.12	61.80	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	4.12	61.80	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Fresno (10)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	4.12	61.80	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	4.12	61.80	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	4.12	61.80	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	4.12	61.80	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	4.12	61.80	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	4.12	61.80	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	4.12	61.80	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Fresno (10)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	4.12	61.80	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	4.12	61.80	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	4.12	61.80	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	7.60	114.00	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Fresno (10)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	7.60	114.00	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	7.60	114.00	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	7.60	114.00	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	7.60	114.00	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	7.60	114.00	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	7.60	114.00	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	7.60	114.00	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Fresno (10)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	7.60	114.00	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	7.60	114.00	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	7.60	114.00	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	7.60	114.00	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	6.12	91.80	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	6.12	91.80	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	6.12	91.80	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Fresno (10)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	6.12	91.80	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Glenn (11)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Glenn (11)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.18	32.70	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.18	32.70	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.18	32.70	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.18	32.70	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.18	32.70	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.18	32.70	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.18	32.70	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Glenn (11)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.18	32.70	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.81	42.15	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.81	42.15	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.81	42.15	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.81	42.15	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.81	42.15	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.81	42.15	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Glenn (11)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.81	42.15	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.81	42.15	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.81	42.15	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.81	42.15	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.81	42.15	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.81	42.15	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.81	42.15	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Glenn (11)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.81	42.15	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.81	42.15	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.81	42.15	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.28	79.20	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Glenn (11)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	5.28	79.20	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	5.28	79.20	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	5.28	79.20	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	5.28	79.20	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	5.28	79.20	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	5.28	79.20	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	5.28	79.20	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Glenn (11)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	5.28	79.20	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	5.28	79.20	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	5.28	79.20	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	5.28	79.20	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	4.25	63.75	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	4.25	63.75	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	4.25	63.75	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Glenn (11)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	4.25	63.75	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Humboldt (12)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,656.38	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,656.38	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,656.38	
General Hospital - Admin Day	0101	H0046	HE		Day		1,656.38	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		1,656.38	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		1,656.38	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		80.12	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		90.59	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Humboldt (12)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.17	32.55	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.17	32.55	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.17	32.55	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.17	32.55	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.17	32.55	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.17	32.55	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.17	32.55	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Humboldt (12)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.17	32.55	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.80	42.00	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.80	42.00	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.80	42.00	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.80	42.00	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.80	42.00	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.80	42.00	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Humboldt (12)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.80	42.00	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.80	42.00	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.80	42.00	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.80	42.00	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.80	42.00	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.80	42.00	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.80	42.00	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Humboldt (12)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.80	42.00	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.80	42.00	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.80	42.00	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.31	64.65	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Humboldt (12)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	4.31	64.65	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	4.31	64.65	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	4.31	64.65	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	4.31	64.65	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	4.31	64.65	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	4.31	64.65	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	4.31	64.65	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Humboldt (12)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	4.31	64.65	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	4.31	64.65	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	4.31	64.65	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	4.31	64.65	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	4.16	62.40	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	4.16	62.40	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	4.16	62.40	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Humboldt (12)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	4.16	62.40	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Imperial (13)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	250.81
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Imperial (13)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.38	50.70	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.38	50.70	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.38	50.70	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.38	50.70	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.38	50.70	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.38	50.70	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.38	50.70	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Imperial (13)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.38	50.70	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	4.37	65.55	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	4.37	65.55	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	4.37	65.55	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	4.37	65.55	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	4.37	65.55	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	4.37	65.55	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Imperial (13)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	4.37	65.55	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	4.37	65.55	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	4.37	65.55	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	4.37	65.55	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	4.37	65.55	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	4.37	65.55	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	4.37	65.55	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Imperial (13)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	4.37	65.55	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	4.37	65.55	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	4.37	65.55	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	8.07	121.05	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Imperial (13)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	8.07	121.05	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	8.07	121.05	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	8.07	121.05	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	8.07	121.05	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	8.07	121.05	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	8.07	121.05	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	8.07	121.05	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Imperial (13)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	8.07	121.05	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	8.07	121.05	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	8.07	121.05	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	8.07	121.05	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	6.45	96.75	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	6.45	96.75	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	6.45	96.75	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Imperial (13)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	6.45	96.75	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Inyo (14)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Inyo (14)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	4.98	74.70	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	4.98	74.70	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	4.98	74.70	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	4.98	74.70	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	4.98	74.70	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	4.98	74.70	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	4.98	74.70	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Inyo (14)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	4.98	74.70	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.61	54.15	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.61	54.15	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.61	54.15	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.61	54.15	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.61	54.15	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.61	54.15	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Inyo (14)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.61	54.15	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.61	54.15	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.61	54.15	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.61	54.15	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.61	54.15	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.61	54.15	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.61	54.15	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Inyo (14)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.61	54.15	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.61	54.15	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.61	54.15	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.06	90.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Inyo (14)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	6.06	90.90	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	6.06	90.90	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	6.06	90.90	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	6.06	90.90	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	6.06	90.90	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	6.06	90.90	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	6.06	90.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Inyo (14)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	6.06	90.90	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	6.06	90.90	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	6.06	90.90	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	6.06	90.90	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	3.95	59.25	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	3.95	59.25	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	3.95	59.25	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Inyo (14)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.95	59.25	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Kern (15)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		2,043.03	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		2,043.03	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		2,043.03	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		133.93	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.08	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Kern (15)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.22	48.30	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.22	48.30	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.22	48.30	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.22	48.30	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.22	48.30	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.22	48.30	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.22	48.30	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Kern (15)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.22	48.30	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	4.15	62.25	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	4.15	62.25	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	4.15	62.25	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	4.15	62.25	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	4.15	62.25	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	4.15	62.25	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Kern (15)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	4.15	62.25	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	4.15	62.25	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	4.15	62.25	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	4.15	62.25	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	4.15	62.25	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	4.15	62.25	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	4.15	62.25	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Kern (15)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	4.15	62.25	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	4.15	62.25	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	4.15	62.25	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	7.67	115.05	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Kern (15)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	7.67	115.05	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	7.67	115.05	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	7.67	115.05	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	7.67	115.05	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	7.67	115.05	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	7.67	115.05	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	7.67	115.05	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Kern (15)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	7.67	115.05	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	7.67	115.05	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	7.67	115.05	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	7.67	115.05	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	6.18	92.70	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	6.18	92.70	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	6.18	92.70	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Kern (15)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	6.18	92.70	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Kings (16)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Kings (16)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	1.87	28.05	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	1.87	28.05	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	1.87	28.05	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	1.87	28.05	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	1.87	28.05	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	1.87	28.05	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	1.87	28.05	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Kings (16)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	1.87	28.05	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.42	36.30	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.42	36.30	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.42	36.30	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.42	36.30	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.42	36.30	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.42	36.30	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Kings (16)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.42	36.30	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.42	36.30	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.42	36.30	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.42	36.30	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.42	36.30	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.42	36.30	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.42	36.30	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Kings (16)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.42	36.30	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.42	36.30	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.42	36.30	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.47	67.05	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Kings (16)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	4.47	67.05	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	4.47	67.05	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	4.47	67.05	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	4.47	67.05	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	4.47	67.05	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	4.47	67.05	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	4.47	67.05	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Kings (16)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	4.47	67.05	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	4.47	67.05	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	4.47	67.05	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	4.47	67.05	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	3.60	54.00	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	3.60	54.00	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	3.60	54.00	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Kings (16)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.60	54.00	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Lake (17)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Lake (17)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.00	30.00	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.00	30.00	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.00	30.00	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.00	30.00	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.00	30.00	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.00	30.00	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.00	30.00	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Lake (17)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.00	30.00	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.59	38.85	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.59	38.85	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.59	38.85	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.59	38.85	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.59	38.85	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.59	38.85	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Lake (17)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.59	38.85	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.59	38.85	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.59	38.85	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.59	38.85	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.59	38.85	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.59	38.85	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.59	38.85	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Lake (17)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.59	38.85	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.59	38.85	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.59	38.85	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.79	71.85	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Lake (17)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	4.79	71.85	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	4.79	71.85	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	4.79	71.85	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	4.79	71.85	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	4.79	71.85	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	4.79	71.85	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	4.79	71.85	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Lake (17)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	4.79	71.85	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	4.79	71.85	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	4.79	71.85	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	4.79	71.85	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	3.85	57.75	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	3.85	57.75	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	3.85	57.75	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Lake (17)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.85	57.75	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Lassen (18)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Lassen (18)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.24	48.60	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.24	48.60	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Lassen (18)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.24	48.60	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	4.01	60.15	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	4.01	60.15	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	4.01	60.15	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	4.01	60.15	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	4.01	60.15	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	4.01	60.15	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Lassen (18)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	4.01	60.15	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	4.01	60.15	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	4.01	60.15	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	4.01	60.15	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	4.01	60.15	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	4.01	60.15	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	4.01	60.15	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Lassen (18)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	4.01	60.15	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	4.01	60.15	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	4.01	60.15	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.73	100.95	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Lassen (18)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	6.73	100.95	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	6.73	100.95	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	6.73	100.95	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	6.73	100.95	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	6.73	100.95	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	6.73	100.95	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	6.73	100.95	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Lassen (18)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	6.73	100.95	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	6.73	100.95	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	6.73	100.95	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	6.73	100.95	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	5.54	83.01	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	5.54	83.01	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	5.54	83.01	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Lassen (18)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	5.54	83.01	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Los Angeles (19)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	257.36
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Los Angeles (19)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.43	36.43	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.43	36.43	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.43	36.43	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.43	36.43	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.43	36.43	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.43	36.43	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.43	36.43	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Los Angeles (19)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.43	36.43	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.10	46.50	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.10	46.50	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.10	46.50	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.10	46.50	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.10	46.50	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.10	46.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Los Angeles (19)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.10	46.50	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.10	46.50	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.10	46.50	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.10	46.50	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.10	46.50	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.10	46.50	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.10	46.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Los Angeles (19)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.10	46.50	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.10	46.50	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.10	46.50	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.14	92.10	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Los Angeles (19)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	6.14	92.10	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	6.14	92.10	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	6.14	92.10	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	6.14	92.10	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	6.14	92.10	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	6.14	92.10	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	6.14	92.10	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Los Angeles (19)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	6.14	92.10	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	6.14	92.10	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	6.14	92.10	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	6.14	92.10	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	4.95	74.25	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	4.95	74.25	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	4.95	74.25	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Los Angeles (19)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	4.95	74.25	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Madera (20)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Madera (20)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.39	35.85	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.39	35.85	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.39	35.85	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.39	35.85	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.39	35.85	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.39	35.85	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.39	35.85	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Madera (20)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.39	35.85	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.30	34.50	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.30	34.50	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.30	34.50	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.30	34.50	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.30	34.50	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.30	34.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
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Madera (20)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.30	34.50	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.30	34.50	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.30	34.50	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.30	34.50	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.30	34.50	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.30	34.50	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.30	34.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Madera (20)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.30	34.50	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.30	34.50	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.30	34.50	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.09	61.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
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Madera (20)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	4.09	61.35	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	4.09	61.35	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	4.09	61.35	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	4.09	61.35	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	4.09	61.35	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	4.09	61.35	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	4.09	61.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Madera (20)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	4.09	61.35	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	4.09	61.35	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	4.09	61.35	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	4.09	61.35	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	2.50	37.50	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	2.50	37.50	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	2.50	37.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Madera (20)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	2.50	37.50	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Marin (21)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.45	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.45	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		170.47	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Marin (21)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	4.77	71.55	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	4.77	71.55	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	4.77	71.55	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	4.77	71.55	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	4.77	71.55	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	4.77	71.55	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	4.77	71.55	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Marin (21)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	4.77	71.55	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	6.12	91.80	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	6.12	91.80	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	6.12	91.80	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	6.12	91.80	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	6.12	91.80	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	6.12	91.80	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Marin (21)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	6.12	91.80	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	6.12	91.80	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	6.12	91.80	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	6.12	91.80	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	6.12	91.80	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	6.12	91.80	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	6.12	91.80	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Marin (21)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	6.12	91.80	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	6.12	91.80	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	6.12	91.80	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	11.38	170.70	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Marin (21)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	11.38	170.70	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	11.38	170.70	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	11.38	170.70	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	11.38	170.70	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	11.38	170.70	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	11.38	170.70	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	11.38	170.70	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Marin (21)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	11.38	170.70	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	11.38	170.70	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	11.38	170.70	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	11.38	170.70	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	4.82	72.30	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	4.82	72.30	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	4.82	72.30	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Marin (21)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	4.82	72.30	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mariposa (22)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mariposa (22)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.14	47.10	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.14	47.10	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.14	47.10	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.14	47.10	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.14	47.10	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.14	47.10	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.14	47.10	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mariposa (22)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.14	47.10	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	4.06	60.90	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	4.06	60.90	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	4.06	60.90	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	4.06	60.90	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	4.06	60.90	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	4.06	60.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mariposa (22)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	4.06	60.90	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	4.06	60.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	4.06	60.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	4.06	60.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	4.06	60.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	4.06	60.90	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	4.06	60.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mariposa (22)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	4.06	60.90	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	4.06	60.90	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	4.06	60.90	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	7.49	112.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mariposa (22)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	7.49	112.35	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	7.49	112.35	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	7.49	112.35	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	7.49	112.35	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	7.49	112.35	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	7.49	112.35	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	7.49	112.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mariposa (22)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	7.49	112.35	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	7.49	112.35	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	7.49	112.35	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	7.49	112.35	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	6.03	90.45	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	6.03	90.45	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	6.03	90.45	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mariposa (22)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	6.03	90.45	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mendocino (23)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
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Mendocino (23)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.08	46.20	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.08	46.20	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.08	46.20	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.08	46.20	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.08	46.20	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.08	46.20	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.08	46.20	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
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Mendocino (23)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.08	46.20	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.24	33.60	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.24	33.60	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.24	33.60	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.24	33.60	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.24	33.60	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.24	33.60	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
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Mendocino (23)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.24	33.60	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.24	33.60	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.24	33.60	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.24	33.60	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.24	33.60	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.24	33.60	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.24	33.60	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mendocino (23)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.24	33.60	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.24	33.60	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.24	33.60	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.12	76.80	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mendocino (23)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	5.12	76.80	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	5.12	76.80	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	5.12	76.80	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	5.12	76.80	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	5.12	76.80	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	5.12	76.80	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	5.12	76.80	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mendocino (23)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	5.12	76.80	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	5.12	76.80	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	5.12	76.80	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	5.12	76.80	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	2.67	40.05	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	2.67	40.05	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	2.67	40.05	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mendocino (23)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	2.67	40.05	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Merced (24)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		1,072.00	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		62.07	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Merced (24)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.73	55.95	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.73	55.95	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.73	55.95	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.73	55.95	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.73	55.95	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.73	55.95	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.73	55.95	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Merced (24)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.73	55.95	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	4.31	64.65	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	4.31	64.65	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	4.31	64.65	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	4.31	64.65	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	4.31	64.65	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	4.31	64.65	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Merced (24)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	4.31	64.65	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	4.31	64.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	4.31	64.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	4.31	64.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	4.31	64.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	4.31	64.65	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	4.31	64.65	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Merced (24)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	4.31	64.65	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	4.31	64.65	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	4.31	64.65	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.66	84.90	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Merced (24)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	5.66	84.90	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	5.66	84.90	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	5.66	84.90	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	5.66	84.90	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	5.66	84.90	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	5.66	84.90	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	5.66	84.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Merced (24)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	5.66	84.90	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	5.66	84.90	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	5.66	84.90	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	5.66	84.90	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	6.95	104.25	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	6.95	104.25	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	6.95	104.25	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Merced (24)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	6.95	104.25	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Modoc (25)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Modoc (25)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.56	38.40	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.56	38.40	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.56	38.40	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.56	38.40	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.56	38.40	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.56	38.40	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.56	38.40	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Modoc (25)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.56	38.40	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.97	44.55	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.97	44.55	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.97	44.55	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.97	44.55	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.97	44.55	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.97	44.55	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Modoc (25)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.97	44.55	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.97	44.55	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.97	44.55	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.97	44.55	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.97	44.55	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.97	44.55	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.97	44.55	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Modoc (25)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.97	44.55	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.97	44.55	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.97	44.55	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.68	70.20	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Modoc (25)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	4.68	70.20	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	4.68	70.20	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	4.68	70.20	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	4.68	70.20	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	4.68	70.20	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	4.68	70.20	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	4.68	70.20	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Modoc (25)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	4.68	70.20	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	4.68	70.20	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	4.68	70.20	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	4.68	70.20	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	3.70	55.50	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	3.70	55.50	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	3.70	55.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Modoc (25)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.70	55.50	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mono (26)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mono (26)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.42	51.30	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.42	51.30	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.42	51.30	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.42	51.30	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.42	51.30	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.42	51.30	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.42	51.30	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mono (26)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.42	51.30	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.20	33.00	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.20	33.00	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.20	33.00	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.20	33.00	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.20	33.00	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.20	33.00	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mono (26)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.20	33.00	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.20	33.00	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.20	33.00	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.20	33.00	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.20	33.00	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.20	33.00	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.20	33.00	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mono (26)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.20	33.00	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.20	33.00	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.20	33.00	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.18	92.70	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mono (26)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	6.18	92.70	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	6.18	92.70	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	6.18	92.70	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	6.18	92.70	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	6.18	92.70	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	6.18	92.70	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	6.18	92.70	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mono (26)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	6.18	92.70	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	6.18	92.70	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	6.18	92.70	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	6.18	92.70	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	8.03	120.45	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	8.03	120.45	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	8.03	120.45	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Mono (26)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	8.03	120.45	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Monterey (27)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Monterey (27)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	4.46	66.90	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	4.46	66.90	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	4.46	66.90	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	4.46	66.90	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	4.46	66.90	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	4.46	66.90	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	4.46	66.90	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Monterey (27)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	4.46	66.90	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	5.77	86.55	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	5.77	86.55	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	5.77	86.55	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	5.77	86.55	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	5.77	86.55	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	5.77	86.55	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Monterey (27)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	5.77	86.55	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	5.77	86.55	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	5.77	86.55	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	5.77	86.55	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	5.77	86.55	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	5.77	86.55	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	5.77	86.55	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Monterey (27)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	5.77	86.55	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	5.77	86.55	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	5.77	86.55	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	10.65	159.75	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Monterey (27)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	10.65	159.75	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	10.65	159.75	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	10.65	159.75	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	10.65	159.75	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	10.65	159.75	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	10.65	159.75	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	10.65	159.75	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Monterey (27)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	10.65	159.75	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	10.65	159.75	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	10.65	159.75	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	10.65	159.75	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	8.57	128.55	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	8.57	128.55	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	8.57	128.55	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Monterey (27)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	8.57	128.55	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Napa (28)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Napa (28)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	5.84	87.60	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	5.84	87.60	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	5.84	87.60	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	5.84	87.60	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	5.84	87.60	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	5.84	87.60	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	5.84	87.60	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Napa (28)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	5.84	87.60	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	5.26	78.90	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	5.26	78.90	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	5.26	78.90	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	5.26	78.90	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	5.26	78.90	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	5.26	78.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Napa (28)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	5.26	78.90	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	5.26	78.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	5.26	78.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	5.26	78.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	5.26	78.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	5.26	78.90	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	5.26	78.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Napa (28)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	5.26	78.90	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	5.26	78.90	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	5.26	78.90	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.90	103.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Napa (28)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	6.90	103.50	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	6.90	103.50	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	6.90	103.50	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	6.90	103.50	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	6.90	103.50	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	6.90	103.50	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	6.90	103.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Napa (28)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	6.90	103.50	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	6.90	103.50	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	6.90	103.50	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	6.90	103.50	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	11.03	165.45	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	11.03	165.45	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	11.03	165.45	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Napa (28)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	11.03	165.45	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Nevada (29)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		176.21	
Adult Residential (Geriatric)		H0019	HE	HC	Day		176.21	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Nevada (29)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.11	31.65	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.11	31.65	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.11	31.65	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.11	31.65	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.11	31.65	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.11	31.65	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.11	31.65	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Nevada (29)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.11	31.65	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.73	40.95	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.73	40.95	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.73	40.95	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.73	40.95	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.73	40.95	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.73	40.95	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Nevada (29)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.73	40.95	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.73	40.95	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.73	40.95	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.73	40.95	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.73	40.95	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.73	40.95	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.73	40.95	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Nevada (29)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.73	40.95	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.73	40.95	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.73	40.95	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.04	75.60	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Nevada (29)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	5.04	75.60	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	5.04	75.60	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	5.04	75.60	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	5.04	75.60	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	5.04	75.60	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	5.04	75.60	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	5.04	75.60	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Nevada (29)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	5.04	75.60	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	5.04	75.60	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	5.04	75.60	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	5.04	75.60	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	4.06	60.90	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	4.06	60.90	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	4.06	60.90	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Nevada (29)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	4.06	60.90	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Orange (30)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		114.31	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Orange (30)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.70	55.50	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.70	55.50	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.70	55.50	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.70	55.50	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.70	55.50	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.70	55.50	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.70	55.50	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Orange (30)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.70	55.50	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	4.20	63.00	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	4.20	63.00	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	4.20	63.00	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	4.20	63.00	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	4.20	63.00	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	4.20	63.00	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Orange (30)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	4.20	63.00	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	4.20	63.00	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	4.20	63.00	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	4.20	63.00	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	4.20	63.00	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	4.20	63.00	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	4.20	63.00	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Orange (30)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	4.20	63.00	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	4.20	63.00	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	4.20	63.00	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	8.75	131.25	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Orange (30)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	8.75	131.25	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	8.75	131.25	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	8.75	131.25	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	8.75	131.25	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	8.75	131.25	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	8.75	131.25	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	8.75	131.25	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Orange (30)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	8.75	131.25	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	8.75	131.25	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	8.75	131.25	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	8.75	131.25	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	7.11	106.65	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	7.11	106.65	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	7.11	106.65	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Orange (30)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	7.11	106.65	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Placer (31)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Placer (31)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.31	49.65	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.31	49.65	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.31	49.65	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.31	49.65	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.31	49.65	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.31	49.65	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.31	49.65	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Placer (31)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.31	49.65	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.23	48.45	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.23	48.45	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.23	48.45	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.23	48.45	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.23	48.45	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.23	48.45	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Placer (31)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.23	48.45	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.23	48.45	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.23	48.45	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.23	48.45	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.23	48.45	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.23	48.45	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.23	48.45	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Placer (31)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.23	48.45	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.23	48.45	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.23	48.45	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.86	72.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Placer (31)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	4.86	72.90	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	4.86	72.90	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	4.86	72.90	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	4.86	72.90	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	4.86	72.90	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	4.86	72.90	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	4.86	72.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Placer (31)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	4.86	72.90	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	4.86	72.90	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	4.86	72.90	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	4.86	72.90	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	6.60	99.00	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	6.60	99.00	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	6.60	99.00	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Placer (31)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	6.60	99.00	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Plumas (32)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Plumas (32)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	1.56	23.40	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	1.56	23.40	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	1.56	23.40	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	1.56	23.40	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	1.56	23.40	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	1.56	23.40	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	1.56	23.40	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Plumas (32)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	1.56	23.40	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	1.90	28.50	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	1.90	28.50	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	1.90	28.50	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	1.90	28.50	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	1.90	28.50	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	1.90	28.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Plumas (32)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	1.90	28.50	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	1.90	28.50	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	1.90	28.50	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	1.90	28.50	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	1.90	28.50	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	1.90	28.50	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	1.90	28.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Plumas (32)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	1.90	28.50	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	1.90	28.50	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	1.90	28.50	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	3.50	52.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Plumas (32)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	3.50	52.50	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	3.50	52.50	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	3.50	52.50	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	3.50	52.50	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	3.50	52.50	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	3.50	52.50	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	3.50	52.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Plumas (32)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	3.50	52.50	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	3.50	52.50	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	3.50	52.50	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	3.50	52.50	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	2.82	42.30	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	2.82	42.30	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	2.82	42.30	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Plumas (32)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	2.82	42.30	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Riverside (33)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,720.34	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,720.34	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,720.34	
General Hospital - Admin Day	0101	H0046	HE		Day		1,720.34	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		1,720.34	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		1,720.34	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		58.20	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Riverside (33)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.21	33.15	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.21	33.15	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.21	33.15	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.21	33.15	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.21	33.15	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.21	33.15	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.21	33.15	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Riverside (33)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.21	33.15	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.29	34.35	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.29	34.35	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.29	34.35	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.29	34.35	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.29	34.35	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.29	34.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Riverside (33)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.29	34.35	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.29	34.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.29	34.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.29	34.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.29	34.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.29	34.35	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.29	34.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Riverside (33)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.29	34.35	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.29	34.35	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.29	34.35	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.42	81.30	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Riverside (33)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	5.42	81.30	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	5.42	81.30	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	5.42	81.30	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	5.42	81.30	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	5.42	81.30	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	5.42	81.30	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	5.42	81.30	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Riverside (33)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	5.42	81.30	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	5.42	81.30	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	5.42	81.30	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	5.42	81.30	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	3.41	51.15	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	3.41	51.15	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	3.41	51.15	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Riverside (33)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.41	51.15	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sacramento (34)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		963.88	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		100.83	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sacramento (34)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	6.47	97.05	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	6.47	97.05	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	6.47	97.05	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	6.47	97.05	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	6.47	97.05	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	6.47	97.05	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	6.47	97.05	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sacramento (34)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	6.47	97.05	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	8.31	124.65	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	8.31	124.65	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	8.31	124.65	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	8.31	124.65	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	8.31	124.65	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	8.31	124.65	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sacramento (34)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	8.31	124.65	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	8.31	124.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	8.31	124.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	8.31	124.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	8.31	124.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	8.31	124.65	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	8.31	124.65	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sacramento (34)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	8.31	124.65	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	8.31	124.65	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	8.31	124.65	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	15.60	234.00	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sacramento (34)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	15.60	234.00	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	15.60	234.00	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	15.60	234.00	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	15.60	234.00	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	15.60	234.00	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	15.60	234.00	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	15.60	234.00	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sacramento (34)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	15.60	234.00	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	15.60	234.00	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	15.60	234.00	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	15.60	234.00	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	12.69	190.35	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	12.69	190.35	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	12.69	190.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sacramento (34)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	12.69	190.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Benito (35)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Benito (35)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.76	56.40	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.76	56.40	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.76	56.40	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.76	56.40	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.76	56.40	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.76	56.40	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.76	56.40	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Benito (35)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.76	56.40	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.91	43.65	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.91	43.65	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.91	43.65	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.91	43.65	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.91	43.65	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.91	43.65	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Benito (35)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.91	43.65	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.91	43.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.91	43.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.91	43.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.91	43.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.91	43.65	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.91	43.65	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Benito (35)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.91	43.65	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.91	43.65	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.91	43.65	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.41	81.15	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Benito (35)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	5.41	81.15	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	5.41	81.15	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	5.41	81.15	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	5.41	81.15	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	5.41	81.15	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	5.41	81.15	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	5.41	81.15	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Benito (35)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	5.41	81.15	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	5.41	81.15	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	5.41	81.15	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	5.41	81.15	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	2.77	41.55	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	2.77	41.55	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	2.77	41.55	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Benito (35)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	2.77	41.55	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Bernardino (36)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,462.21	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,462.21	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,462.21	
General Hospital - Admin Day	0101	H0046	HE		Day		1,462.21	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		1,462.21	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		1,462.21	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	402.27

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Bernardino (36)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.95	44.25	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.95	44.25	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.95	44.25	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.95	44.25	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.95	44.25	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.95	44.25	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.95	44.25	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Bernardino (36)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.95	44.25	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.00	45.00	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.00	45.00	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.00	45.00	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.00	45.00	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.00	45.00	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.00	45.00	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Bernardino (36)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.00	45.00	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.00	45.00	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.00	45.00	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.00	45.00	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.00	45.00	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.00	45.00	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.00	45.00	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Bernardino (36)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.00	45.00	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.00	45.00	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.00	45.00	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.88	103.20	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Bernardino (36)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	6.88	103.20	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	6.88	103.20	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	6.88	103.20	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	6.88	103.20	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	6.88	103.20	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	6.88	103.20	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	6.88	103.20	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Bernardino (36)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	6.88	103.20	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	6.88	103.20	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	6.88	103.20	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	6.88	103.20	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	7.13	106.95	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	7.13	106.95	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	7.13	106.95	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Bernardino (36)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	7.13	106.95	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Diego (37)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,391.62	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,391.62	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,391.62	
General Hospital - Admin Day	0101	H0046	HE		Day		446.86	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		446.86	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		446.86	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		57.75	
Crisis Stabilization - UC		S9484	HE	TG	Hour		57.75	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	80.17

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Diego (37)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.04	45.60	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.04	45.60	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.04	45.60	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.04	45.60	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.04	45.60	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.04	45.60	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.04	45.60	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
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San Diego (37)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.04	45.60	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.93	58.95	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.93	58.95	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.93	58.95	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.93	58.95	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.93	58.95	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.93	58.95	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
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San Diego (37)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.93	58.95	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.93	58.95	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.93	58.95	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.93	58.95	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.93	58.95	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.93	58.95	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.93	58.95	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Diego (37)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.93	58.95	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.93	58.95	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.93	58.95	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	7.25	108.75	

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San Diego (37)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	7.25	108.75	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	7.25	108.75	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	7.25	108.75	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	7.25	108.75	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	7.25	108.75	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	7.25	108.75	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	7.25	108.75	

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July 1, 2015 through June 30, 2016

San Diego (37)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	7.25	108.75	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	7.25	108.75	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	7.25	108.75	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	7.25	108.75	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	5.83	87.45	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	5.83	87.45	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	5.83	87.45	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Diego (37)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	5.83	87.45	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Francisco (38)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Francisco (38)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.41	51.15	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.41	51.15	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.41	51.15	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.41	51.15	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.41	51.15	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.41	51.15	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.41	51.15	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Francisco (38)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.41	51.15	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	4.53	67.95	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	4.53	67.95	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	4.53	67.95	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	4.53	67.95	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	4.53	67.95	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	4.53	67.95	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Francisco (38)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	4.53	67.95	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	4.53	67.95	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	4.53	67.95	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	4.53	67.95	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	4.53	67.95	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	4.53	67.95	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	4.53	67.95	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Francisco (38)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	4.53	67.95	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	4.53	67.95	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	4.53	67.95	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	8.96	134.40	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Francisco (38)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	8.96	134.40	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	8.96	134.40	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	8.96	134.40	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	8.96	134.40	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	8.96	134.40	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	8.96	134.40	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	8.96	134.40	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Francisco (38)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	8.96	134.40	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	8.96	134.40	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	8.96	134.40	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	8.96	134.40	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	6.49	97.35	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	6.49	97.35	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	6.49	97.35	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Francisco (38)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	6.49	97.35	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Joaquin (39)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		1,119.96	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Joaquin (39)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.27	34.05	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.27	34.05	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.27	34.05	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.27	34.05	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.27	34.05	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.27	34.05	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.27	34.05	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Joaquin (39)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.27	34.05	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.26	48.90	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.26	48.90	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.26	48.90	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.26	48.90	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.26	48.90	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.26	48.90	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Joaquin (39)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.26	48.90	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.26	48.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.26	48.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.26	48.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.26	48.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.26	48.90	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.26	48.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Joaquin (39)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.26	48.90	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.26	48.90	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.26	48.90	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.36	95.40	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Joaquin (39)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	6.36	95.40	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	6.36	95.40	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	6.36	95.40	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	6.36	95.40	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	6.36	95.40	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	6.36	95.40	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	6.36	95.40	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Joaquin (39)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	6.36	95.40	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	6.36	95.40	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	6.36	95.40	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	6.36	95.40	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	2.92	43.80	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	2.92	43.80	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	2.92	43.80	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Joaquin (39)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	2.92	43.80	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Luis Obispo (40)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		1,593.97	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	257.85
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Luis Obispo (40)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	4.32	64.80	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	4.32	64.80	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	4.32	64.80	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	4.32	64.80	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	4.32	64.80	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	4.32	64.80	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	4.32	64.80	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Luis Obispo (40)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	4.32	64.80	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	4.32	64.80	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	4.32	64.80	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	4.32	64.80	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	4.32	64.80	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	4.32	64.80	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	4.32	64.80	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Luis Obispo (40)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	4.32	64.80	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	4.32	64.80	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	4.32	64.80	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	4.32	64.80	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	4.32	64.80	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	4.32	64.80	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	4.32	64.80	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Luis Obispo (40)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	4.32	64.80	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	4.32	64.80	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	4.32	64.80	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.31	79.65	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Luis Obispo (40)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	5.31	79.65	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	5.31	79.65	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	5.31	79.65	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	5.31	79.65	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	5.31	79.65	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	5.31	79.65	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	5.31	79.65	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Luis Obispo (40)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	5.31	79.65	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	5.31	79.65	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	5.31	79.65	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	5.31	79.65	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	4.32	64.80	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	4.32	64.80	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	4.32	64.80	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Luis Obispo (40)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	4.32	64.80	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Mateo (41)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		2,335.78	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		2,335.78	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		2,335.78	
General Hospital - Admin Day	0101	H0046	HE		Day		2,466.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		2,466.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		2,466.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		87.37	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		396.62	557.05
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		231.37	361.15

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Mateo (41)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	5.56	83.40	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	5.56	83.40	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	5.56	83.40	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	5.56	83.40	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	5.56	83.40	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	5.56	83.40	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	5.56	83.40	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Mateo (41)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	5.56	83.40	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	7.18	107.70	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	7.18	107.70	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	7.18	107.70	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	7.18	107.70	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	7.18	107.70	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	7.18	107.70	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Mateo (41)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	7.18	107.70	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	7.18	107.70	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	7.18	107.70	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	7.18	107.70	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	7.18	107.70	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	7.18	107.70	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	7.18	107.70	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Mateo (41)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	7.18	107.70	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	7.18	107.70	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	7.18	107.70	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	13.26	198.90	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Mateo (41)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	13.26	198.90	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	13.26	198.90	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	13.26	198.90	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	13.26	198.90	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	13.26	198.90	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	13.26	198.90	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	13.26	198.90	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Mateo (41)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	13.26	198.90	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	13.26	198.90	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	13.26	198.90	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	13.26	198.90	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	10.68	160.20	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	10.68	160.20	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	10.68	160.20	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

San Mateo (41)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	10.68	160.20	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Barbara (42)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,704.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,704.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,704.24	
General Hospital - Admin Day	0101	H0046	HE		Day		575.00	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		575.00	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		575.00	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Barbara (42)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.37	35.55	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.37	35.55	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.37	35.55	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.37	35.55	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.37	35.55	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.37	35.55	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.37	35.55	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Barbara (42)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.37	35.55	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.06	45.90	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.06	45.90	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.06	45.90	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.06	45.90	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.06	45.90	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.06	45.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Barbara (42)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.06	45.90	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.06	45.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.06	45.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.06	45.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.06	45.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.06	45.90	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.06	45.90	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Barbara (42)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.06	45.90	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.06	45.90	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.06	45.90	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.64	84.60	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Barbara (42)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	5.64	84.60	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	5.64	84.60	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	5.64	84.60	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	5.64	84.60	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	5.64	84.60	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	5.64	84.60	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	5.64	84.60	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Barbara (42)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	5.64	84.60	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	5.64	84.60	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	5.64	84.60	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	5.64	84.60	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	4.55	68.25	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	4.55	68.25	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	4.55	68.25	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Barbara (42)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	4.55	68.25	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Clara (43)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		2,278.66	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		2,278.66	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		2,278.66	
General Hospital - Admin Day	0101	H0046	HE		Day		2,263.00	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		2,263.00	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		2,263.00	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		131.85	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)	179.09	251.54	
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)	104.47	163.07	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Clara (43)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	5.85	87.75	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	5.85	87.75	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	5.85	87.75	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	5.85	87.75	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	5.85	87.75	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	5.85	87.75	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	5.85	87.75	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Clara (43)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	5.85	87.75	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	7.56	113.40	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	7.56	113.40	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	7.56	113.40	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	7.56	113.40	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	7.56	113.40	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	7.56	113.40	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Clara (43)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	7.56	113.40	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	7.56	113.40	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	7.56	113.40	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	7.56	113.40	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	7.56	113.40	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	7.56	113.40	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	7.56	113.40	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Clara (43)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	7.56	113.40	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	7.56	113.40	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	7.56	113.40	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	13.97	209.55	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Clara (43)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	13.97	209.55	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	13.97	209.55	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	13.97	209.55	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	13.97	209.55	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	13.97	209.55	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	13.97	209.55	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	13.97	209.55	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Clara (43)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	13.97	209.55	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	13.97	209.55	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	13.97	209.55	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	13.97	209.55	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	11.24	168.60	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	11.24	168.60	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	11.24	168.60	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Clara (43)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	11.24	168.60	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Cruz (44)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Cruz (44)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.82	57.30	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.82	57.30	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.82	57.30	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.82	57.30	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.82	57.30	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.82	57.30	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.82	57.30	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Cruz (44)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.82	57.30	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.79	56.85	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.79	56.85	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.79	56.85	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.79	56.85	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.79	56.85	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.79	56.85	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Cruz (44)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.79	56.85	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.79	56.85	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.79	56.85	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.79	56.85	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.79	56.85	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.79	56.85	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.79	56.85	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Cruz (44)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.79	56.85	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.79	56.85	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.79	56.85	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	3.62	54.30	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Cruz (44)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	3.62	54.30	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	3.62	54.30	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	3.62	54.30	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	3.62	54.30	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	3.62	54.30	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	3.62	54.30	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	3.62	54.30	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Cruz (44)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	3.62	54.30	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	3.62	54.30	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	3.62	54.30	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	3.62	54.30	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	6.51	97.65	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	6.51	97.65	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	6.51	97.65	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Santa Cruz (44)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	6.51	97.65	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Shasta (45)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		351.60	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		351.60	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Shasta (45)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.71	40.65	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.71	40.65	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.71	40.65	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.71	40.65	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.71	40.65	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.71	40.65	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.71	40.65	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Shasta (45)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.71	40.65	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.51	52.65	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.51	52.65	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.51	52.65	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.51	52.65	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.51	52.65	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.51	52.65	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Shasta (45)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.51	52.65	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.51	52.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.51	52.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.51	52.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.51	52.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.51	52.65	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.51	52.65	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Shasta (45)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.51	52.65	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.51	52.65	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.51	52.65	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	3.88	58.20	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Shasta (45)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	3.88	58.20	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	3.88	58.20	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	3.88	58.20	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	3.88	58.20	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	3.88	58.20	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	3.88	58.20	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	3.88	58.20	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Shasta (45)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	3.88	58.20	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	3.88	58.20	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	3.88	58.20	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	3.88	58.20	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	5.21	78.15	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	5.21	78.15	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	5.21	78.15	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
 July 1, 2015 through June 30, 2016

Shasta (45)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	5.21	78.15	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sierra (46)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sierra (46)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	1.37	20.55	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	1.37	20.55	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	1.37	20.55	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	1.37	20.55	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	1.37	20.55	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	1.37	20.55	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	1.37	20.55	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sierra (46)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	1.37	20.55	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	1.79	26.85	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	1.79	26.85	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	1.79	26.85	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	1.79	26.85	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	1.79	26.85	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	1.79	26.85	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sierra (46)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	1.79	26.85	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	1.79	26.85	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	1.79	26.85	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	1.79	26.85	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	1.79	26.85	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	1.79	26.85	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	1.79	26.85	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sierra (46)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	1.79	26.85	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	1.79	26.85	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	1.79	26.85	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	3.32	49.80	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sierra (46)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	3.32	49.80	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	3.32	49.80	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	3.32	49.80	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	3.32	49.80	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	3.32	49.80	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	3.32	49.80	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	3.32	49.80	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sierra (46)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	3.32	49.80	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	3.32	49.80	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	3.32	49.80	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	3.32	49.80	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	1.79	26.85	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	1.79	26.85	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	1.79	26.85	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sierra (46)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	1.79	26.85	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Siskiyou (47)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Siskiyou (47)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.06	45.90	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.06	45.90	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.06	45.90	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.06	45.90	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.06	45.90	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.06	45.90	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.06	45.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Siskiyou (47)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.06	45.90	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.89	58.35	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.89	58.35	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.89	58.35	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.89	58.35	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.89	58.35	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.89	58.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Siskiyou (47)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.89	58.35	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.89	58.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.89	58.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.89	58.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.89	58.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.89	58.35	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.89	58.35	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Siskiyou (47)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.89	58.35	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.89	58.35	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.89	58.35	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.95	89.25	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Siskiyou (47)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	5.95	89.25	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	5.95	89.25	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	5.95	89.25	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	5.95	89.25	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	5.95	89.25	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	5.95	89.25	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	5.95	89.25	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Siskiyou (47)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	5.95	89.25	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	5.95	89.25	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	5.95	89.25	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	5.95	89.25	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	6.17	92.55	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	6.17	92.55	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	6.17	92.55	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Siskiyou (47)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	6.17	92.55	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Solano (48)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		106.25	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Solano (48)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	4.90	73.50	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	4.90	73.50	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	4.90	73.50	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	4.90	73.50	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	4.90	73.50	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	4.90	73.50	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	4.90	73.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Solano (48)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	4.90	73.50	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	6.31	94.65	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	6.31	94.65	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	6.31	94.65	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	6.31	94.65	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	6.31	94.65	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	6.31	94.65	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Solano (48)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	6.31	94.65	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	6.31	94.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	6.31	94.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	6.31	94.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	6.31	94.65	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	6.31	94.65	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	6.31	94.65	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Solano (48)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	6.31	94.65	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	6.31	94.65	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	6.31	94.65	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	11.67	175.05	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Solano (48)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	11.67	175.05	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	11.67	175.05	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	11.67	175.05	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	11.67	175.05	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	11.67	175.05	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	11.67	175.05	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	11.67	175.05	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Solano (48)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	11.67	175.05	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	11.67	175.05	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	11.67	175.05	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	11.67	175.05	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	9.40	141.00	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	9.40	141.00	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	9.40	141.00	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Solano (48)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	9.40	141.00	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sonoma (49)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		71.69	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sonoma (49)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.86	42.90	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.86	42.90	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.86	42.90	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.86	42.90	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.86	42.90	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.86	42.90	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.86	42.90	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sonoma (49)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.86	42.90	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.69	55.35	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.69	55.35	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.69	55.35	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.69	55.35	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sonoma (49)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.69	55.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sonoma (49)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.69	55.35	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.81	102.15	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sonoma (49)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	6.81	102.15	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	6.81	102.15	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	6.81	102.15	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	6.81	102.15	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	6.81	102.15	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	6.81	102.15	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	6.81	102.15	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sonoma (49)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	6.81	102.15	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	6.81	102.15	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	6.81	102.15	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	6.81	102.15	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	5.48	82.20	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	5.48	82.20	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	5.48	82.20	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sonoma (49)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	5.48	82.20	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Stanislaus (50)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Stanislaus (50)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.87	43.05	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.87	43.05	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.87	43.05	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.87	43.05	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.87	43.05	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.87	43.05	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.87	43.05	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Stanislaus (50)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.87	43.05	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.69	55.35	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.69	55.35	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.69	55.35	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.69	55.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Stanislaus (50)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.69	55.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Stanislaus (50)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.69	55.35	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.69	55.35	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.86	102.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Stanislaus (50)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	6.86	102.90	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	6.86	102.90	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	6.86	102.90	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	6.86	102.90	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	6.86	102.90	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	6.86	102.90	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	6.86	102.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Stanislaus (50)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	6.86	102.90	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	6.86	102.90	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	6.86	102.90	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	6.86	102.90	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	4.53	67.95	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	4.53	67.95	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	4.53	67.95	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Stanislaus (50)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	4.53	67.95	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tehama (52)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		95.80	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tehama (52)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	1.94	29.10	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	1.94	29.10	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	1.94	29.10	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	1.94	29.10	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	1.94	29.10	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	1.94	29.10	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	1.94	29.10	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tehama (52)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	1.94	29.10	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.65	39.75	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.65	39.75	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.65	39.75	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.65	39.75	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.65	39.75	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.65	39.75	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tehama (52)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.65	39.75	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.65	39.75	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.65	39.75	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.65	39.75	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.65	39.75	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.65	39.75	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.65	39.75	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tehama (52)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.65	39.75	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.65	39.75	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.65	39.75	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.53	67.95	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tehama (52)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	4.53	67.95	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	4.53	67.95	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	4.53	67.95	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	4.53	67.95	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	4.53	67.95	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	4.53	67.95	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	4.53	67.95	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tehama (52)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	4.53	67.95	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	4.53	67.95	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	4.53	67.95	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	4.53	67.95	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	3.29	49.35	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	3.29	49.35	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	3.29	49.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tehama (52)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.29	49.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Trinity (53)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Trinity (53)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.73	40.95	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.73	40.95	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.73	40.95	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.73	40.95	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.73	40.95	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.73	40.95	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.73	40.95	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Trinity (53)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.73	40.95	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.17	47.55	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.17	47.55	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.17	47.55	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.17	47.55	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.17	47.55	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.17	47.55	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Trinity (53)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.17	47.55	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.17	47.55	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.17	47.55	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.17	47.55	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.17	47.55	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.17	47.55	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.17	47.55	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Trinity (53)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.17	47.55	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.17	47.55	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.17	47.55	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.11	76.65	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Trinity (53)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	5.11	76.65	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	5.11	76.65	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	5.11	76.65	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	5.11	76.65	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	5.11	76.65	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	5.11	76.65	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	5.11	76.65	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Trinity (53)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	5.11	76.65	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	5.11	76.65	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	5.11	76.65	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	5.11	76.65	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	3.68	55.20	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	3.68	55.20	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	3.68	55.20	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Trinity (53)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.68	55.20	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tulare (54)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		122.47	
Adult Residential (Geriatric)		H0019	HE	HC	Day		122.47	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tulare (54)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	1.79	26.85	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	1.79	26.85	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	1.79	26.85	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	1.79	26.85	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	1.79	26.85	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	1.79	26.85	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	1.79	26.85	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tulare (54)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	1.79	26.85	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.21	48.15	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.21	48.15	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.21	48.15	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.21	48.15	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.21	48.15	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.21	48.15	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tulare (54)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.21	48.15	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.21	48.15	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.21	48.15	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.21	48.15	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.21	48.15	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.21	48.15	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.21	48.15	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tulare (54)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.21	48.15	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.21	48.15	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.21	48.15	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.28	64.20	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tulare (54)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	4.28	64.20	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	4.28	64.20	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	4.28	64.20	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	4.28	64.20	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	4.28	64.20	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	4.28	64.20	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	4.28	64.20	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tulare (54)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	4.28	64.20	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	4.28	64.20	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	4.28	64.20	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	4.28	64.20	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	3.45	51.75	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	3.45	51.75	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	3.45	51.75	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tulare (54)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.45	51.75	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tuolumne (55)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tuolumne (55)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.83	42.45	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.83	42.45	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.83	42.45	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.83	42.45	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.83	42.45	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.83	42.45	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.83	42.45	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tuolumne (55)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.83	42.45	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.66	54.90	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.66	54.90	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.66	54.90	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.66	54.90	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.66	54.90	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.66	54.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tuolumne (55)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.66	54.90	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.66	54.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.66	54.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.66	54.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.66	54.90	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.66	54.90	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.66	54.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tuolumne (55)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.66	54.90	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.66	54.90	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.66	54.90	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.75	101.25	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tuolumne (55)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	6.75	101.25	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	6.75	101.25	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	6.75	101.25	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	6.75	101.25	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	6.75	101.25	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	6.75	101.25	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	6.75	101.25	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tuolumne (55)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	6.75	101.25	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	6.75	101.25	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	6.75	101.25	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	6.75	101.25	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	5.44	81.60	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	5.44	81.60	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	5.44	81.60	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Tuolumne (55)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	5.44	81.60	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Ventura (56)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,804.18	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,804.18	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,804.18	
General Hospital - Admin Day	0101	H0046	HE		Day		1,804.19	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		1,804.19	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		1,804.19	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Ventura (56)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.27	34.05	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	2.27	34.05	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	2.27	34.05	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	2.27	34.05	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	2.27	34.05	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	2.27	34.05	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	2.27	34.05	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Ventura (56)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	2.27	34.05	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.09	46.35	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.09	46.35	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.09	46.35	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	3.09	46.35	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.09	46.35	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.09	46.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Ventura (56)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.09	46.35	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.09	46.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.09	46.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.09	46.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.09	46.35	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.09	46.35	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.09	46.35	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Ventura (56)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.09	46.35	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.09	46.35	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.09	46.35	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.72	85.80	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Ventura (56)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	5.72	85.80	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	5.72	85.80	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	5.72	85.80	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	5.72	85.80	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	5.72	85.80	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	5.72	85.80	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	5.72	85.80	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Ventura (56)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	5.72	85.80	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	5.72	85.80	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	5.72	85.80	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	5.72	85.80	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	4.61	69.15	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	4.61	69.15	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	4.61	69.15	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Ventura (56)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	4.61	69.15	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Yolo (57)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		671.08	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Yolo (57)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	1.98	29.70	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	1.98	29.70	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	1.98	29.70	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	1.98	29.70	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	1.98	29.70	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	1.98	29.70	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	1.98	29.70	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Yolo (57)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	1.98	29.70	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	2.70	40.50	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	2.70	40.50	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	2.70	40.50	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.70	40.50	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	2.70	40.50	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	2.70	40.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Yolo (57)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	2.70	40.50	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	2.70	40.50	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	2.70	40.50	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	2.70	40.50	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	2.70	40.50	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	2.70	40.50	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	2.70	40.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Yolo (57)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	2.70	40.50	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	2.70	40.50	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	2.70	40.50	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.88	73.20	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Yolo (57)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	4.88	73.20	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	4.88	73.20	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	4.88	73.20	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	4.88	73.20	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	4.88	73.20	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	4.88	73.20	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	4.88	73.20	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Yolo (57)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	4.88	73.20	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	4.88	73.20	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	4.88	73.20	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	4.88	73.20	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	3.90	58.50	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	3.90	58.50	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	3.90	58.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
 July 1, 2015 through June 30, 2016

Yolo (57)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.90	58.50	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sutter-Yuba (58)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
General Hospital Inpatient	0100	H2015	HE		Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	Day		1,352.24	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	Day		1,352.24	
General Hospital - Admin Day	0101	H0046	HE		Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.95	
Psychiatric Health Facility		H2013	HE		Day		971.36	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	Day		378.43	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	Day		378.43	
Adult Residential (Non-Geriatric)		H0019	HE	HB	Day		184.58	
Adult Residential (Geriatric)		H0019	HE	HC	Day		184.58	
Crisis Stabilization - ER		S9484	HE	TG	Hour		117.48	
Crisis Stabilization - UC		S9484	HE	TG	Hour		117.48	
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units = 3 and < 4)		179.09	251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units = 3 and < 4)		104.47	163.07

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sutter-Yuba (58)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.06	45.90	
Linkage(CM)/ Brokerage		T1017	HE	GT	15 minutes (Bill in one-minute increments)	3.06	45.90	
Linkage(CM)/ Brokerage		T1017	HE	HQ	15 minutes (Bill in one-minute increments)	3.06	45.90	
Linkage(CM)/ Brokerage		T1017	HE	SC	15 minutes (Bill in one-minute increments)	3.06	45.90	
Intensive Care Coordination (ICC)		T1017	HK		15 minutes (Bill in one-minute increments)	3.06	45.90	
Intensive Care Coordination (ICC)		T1017	HK	SC	15 minutes (Bill in one-minute increments)	3.06	45.90	
Intensive Care Coordination (ICC)		T1017	HK	HQ	15 minutes (Bill in one-minute increments)	3.06	45.90	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sutter-Yuba (58)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Intensive Care Coordination (ICC)		T1017	HK	GT	15 minutes (Bill in one-minute increments)	3.06	45.90	
Intensive Home-Based Services (IHBS)		H2015	HK		15 minutes (Bill in one-minute increments)	3.96	59.40	
Intensive Home-Based Services (IHBS)		H2015	HK	SC	15 minutes (Bill in one-minute increments)	3.96	59.40	
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	15 minutes (Bill in one-minute increments)	3.96	59.40	
Intensive Home-Based Services (IHBS)		H2015	HK	GT	15 minutes (Bill in one-minute increments)	2.70	40.50	
Mental Health Services (MHS)		H2015	HE		15 minutes (Bill in one-minute increments)	3.96	59.40	
Mental Health Services (MHS)		H2015	HE	GT	15 minutes (Bill in one-minute increments)	3.96	59.40	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sutter-Yuba (58)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS)		H2015	HE	HQ	15 minutes (Bill in one-minute increments)	3.96	59.40	
Mental Health Services (MHS)		H2015	HE	SC	15 minutes (Bill in one-minute increments)	3.96	59.40	
Mental Health Services (MHS)/Rehabilitation		H2017	HE		15 minutes (Bill in one-minute increments)	3.96	59.40	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	15 minutes (Bill in one-minute increments)	3.96	59.40	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	15 minutes (Bill in one-minute increments)	3.96	59.40	
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	15 minutes (Bill in one-minute increments)	3.96	59.40	
Mental Health Services (MHS) / Plan Development		H0032	HE		15 minutes (Bill in one-minute increments)	3.96	59.40	

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County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sutter-Yuba (58)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	15 minutes (Bill in one-minute increments)	3.96	59.40	
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	15 minutes (Bill in one-minute increments)	3.96	59.40	
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	15 minutes (Bill in one-minute increments)	3.96	59.40	
TBS		H2019	HE		15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.24	48.60	
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.24	48.60	
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	7.31	109.65	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sutter-Yuba (58)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support		H2010	HE	GT	15 minutes (Bill in one-minute increments)	7.31	109.65	
Medication Support		H2010	HE	HQ	15 minutes (Bill in one-minute increments)	7.31	109.65	
Medication Support		H2010	HE	SC	15 minutes (Bill in one-minute increments)	7.31	109.65	
Medication Support / Care Plan Develop and Document		G8437	HE		15 minutes (Bill in one-minute increments)	7.31	109.65	
Medication Support / Care Plan Develop and Document		G8437	HE	GT	15 minutes (Bill in one-minute increments)	7.31	109.65	
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	15 minutes (Bill in one-minute increments)	7.31	109.65	
Medication Support / Care Plan Develop and Document		G8437	HE	SC	15 minutes (Bill in one-minute increments)	7.31	109.65	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sutter-Yuba (58)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Medication Support / Care Plan Develop and Document		H0034	HE		15 minutes (Bill in one-minute increments)	7.31	109.65	
Medication Support / Care Plan Develop and Document		H0034	HE	GT	15 minutes (Bill in one-minute increments)	7.31	109.65	
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	15 minutes (Bill in one-minute increments)	7.31	109.65	
Medication Support / Care Plan Develop and Document		H0034	HE	SC	15 minutes (Bill in one-minute increments)	7.31	109.65	
Crisis Intervention		H2011	HE		15 minutes (Bill in one-minute increments)	5.89	88.35	
Crisis Intervention		H2011	HE	GT	15 minutes (Bill in one-minute increments)	5.89	88.35	
Crisis Intervention		H2011	HE	HQ	15 minutes (Bill in one-minute increments)	5.89	88.35	

CIR FY 2015-16

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2015 through June 30, 2016

Sutter-Yuba (58)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Maximum Allowed Rate		
						Per Minute	Per Unit	Per Month
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	5.89	88.35	