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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		445.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.83	57.45

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.69	55.35
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.69	55.35
TBS		H2019	HE	SC	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

Alameda (01)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	9.05	135.75
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	4.09	61.35

CIR FY 2015-16

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

July 1, 2015 through June 30, 2016

Alpine (02)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	9.18	137.70

CIR FY 2015-16

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

July 1, 2015 through June 30, 2016

Alpine (02)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
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
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

CIR FY 2015-16

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

July 1, 2015 through June 30, 2016

Alpine (02)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	11.83	177.45
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	11.83	177.45
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	11.83	177.45

CIR FY 2015-16

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

July 1, 2015 through June 30, 2016

Alpine (02)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	21.89	328.35
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
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

CIR FY 2015-16

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

July 1, 2015 through June 30, 2016

Alpine (02)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	17.59	263.85

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	4.76	71.40

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.51	37.65
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.51	37.65
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	2.51	37.65

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.55	83.25
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.38	35.70
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.38	35.70
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	2.38	35.70

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.40	66.00
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.62	39.30

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.86	42.90
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.86	42.90
TBS		H2019	HE	SC	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

Calaveras (05)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.85	102.75
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.89	43.35

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.89	43.35
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.89	43.35
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	2.89	43.35

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.89	88.35
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.52	37.80
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.52	37.80
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.10	76.50
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	1.91	28.65
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	1.91	28.65
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	8.73	130.95
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.79	41.85

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.59	53.85
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.59	53.85
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.65	99.75
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		422.32
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	4.12	61.80
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	4.12	61.80
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	7.60	114.00
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.18	32.70

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.81	42.15
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.81	42.15
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.28	79.20
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	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

Humboldt (12)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		90.59
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.17	32.55

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.80	42.00
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.80	42.00
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.31	64.65
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		250.81
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	4.37	65.55
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	4.37	65.55
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	8.07	121.05
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	6.45	96.75

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	4.98	74.70

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.61	54.15
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.61	54.15
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.06	90.90
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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)		179.09
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.22	48.30

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	4.15	62.25
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	4.15	62.25
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	4.15	62.25

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	7.67	115.05
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	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

Kings (16)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	1.87	28.05

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.42	36.30
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.42	36.30
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	2.42	36.30

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.47	67.05
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.60	54.00

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.00	30.00

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.59	38.85
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.59	38.85
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	2.59	38.85

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.79	71.85
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.85	57.75

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.24	48.60

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	4.01	60.15
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	4.01	60.15
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	4.01	60.15

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.73	100.95
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	5.54	83.01

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		257.36
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.43	36.43

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.10	46.50
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.10	46.50
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.10	46.50

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.14	92.10
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	4.95	74.25

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.39	35.85

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.30	34.50
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.30	34.50
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	2.30	34.50

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.09	61.35
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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		170.47
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units ≥ 3 and < 4)		179.09
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	4.77	71.55

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	6.12	91.80
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	6.12	91.80
TBS		H2019	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

Marin (21)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	11.38	170.70
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	4.82	72.30

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.14	47.10

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	4.06	60.90
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	4.06	60.90
TBS		H2019	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

Mariposa (22)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	7.49	112.35
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	6.03	90.45

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.08	46.20

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.24	33.60
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.24	33.60
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	2.24	33.60

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.12	76.80
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	4.31	64.65
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	4.31	64.65
TBS		H2019	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

Merced (24)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.66	84.90
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		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

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Modoc (25) Max Allowed Rate Per Minute	Modoc (25) Max Allowed Rate Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.97	44.55
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.97	44.55
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.68	70.20
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.42	51.30

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.20	33.00
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.20	33.00
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	2.20	33.00

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.18	92.70
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	5.77	86.55
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	5.77	86.55
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	10.65	159.75
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	5.84	87.60

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	5.26	78.90
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	5.26	78.90
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	5.26	78.90

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.90	103.50
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	11.03	165.45

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.11	31.65

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.73	40.95
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.73	40.95
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.04	75.60
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	4.20	63.00
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	4.20	63.00
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	8.75	131.25
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.31	49.65

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.23	48.45
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.23	48.45
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.23	48.45

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.86	72.90
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	6.60	99.00

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	1.56	23.40

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	1.90	28.50
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	1.90	28.50
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	1.90	28.50

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	3.50	52.50
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	2.82	42.30

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.21	33.15

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.29	34.35
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.29	34.35
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	2.29	34.35

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.42	81.30
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	6.47	97.05

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	8.31	124.65
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	8.31	124.65
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	8.31	124.65

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	15.60	234.00
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	12.69	190.35

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		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

San Benito (35)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.91	43.65
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.91	43.65
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	2.91	43.65

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.41	81.15
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	2.77	41.55

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		402.27
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.95	44.25

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.00	45.00
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.00	45.00
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.00	45.00

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.88	103.20
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	7.13	106.95

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		80.17
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	3.04	45.60

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.93	58.95
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.93	58.95
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.93	58.95

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	7.25	108.75
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	4.53	67.95
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	4.53	67.95
TBS		H2019	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

San Francisco (38)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	8.96	134.40
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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		132.71
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units ≥ 3 and < 4)		179.09
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.27	34.05

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.26	48.90
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.26	48.90
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.36	95.40
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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		132.71
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units ≥ 3 and < 4)		179.09
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.27	34.05

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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 Luis Obispo (40)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.26	48.90
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.26	48.90
TBS		H2019	HE	SC	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 Luis Obispo (40)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.36	95.40
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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 Mateo (41)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		557.05
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		231.37
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		361.15
Linkage(CM)/ Brokerage		T1017	HE		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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	7.18	107.70
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	7.18	107.70
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	13.26	198.90
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.37	35.55

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.06	45.90
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.06	45.90
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.64	84.60
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	4.55	68.25

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	5.85	87.75

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	7.56	113.40
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	7.56	113.40
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	13.97	209.55
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.79	56.85
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.79	56.85
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	3.62	54.30
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.71	40.65

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.51	52.65
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.51	52.65
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	3.88	58.20
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	1.37	20.55

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	1.79	26.85
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	1.79	26.85
TBS		H2019	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

Sierra (46)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	3.32	49.80
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	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

Siskiyou (47)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.89	58.35
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.89	58.35
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.95	89.25
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	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

Solano (48)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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		111.25
Day Treatment Intensive (Half Day)		H2012	HE	TG	Hour (use Flat Half Day rate for units ≥ 3 and < 4)		179.09
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	4.90	73.50

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	6.31	94.65
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	6.31	94.65
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	6.31	94.65

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	11.67	175.05
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.69	55.35
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.69	55.35
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.81	102.15
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.87	43.05

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.69	55.35
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.69	55.35
TBS		H2019	HE	SC	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

Stanislaus (50)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.86	102.90
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	1.94	29.10

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.65	39.75
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.65	39.75
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	2.65	39.75

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.53	67.95
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.29	49.35

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	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

Trinity (53)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.17	47.55
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.17	47.55
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.11	76.65
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		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	Max Allowed Rate	
						Per Minute	Per Unit
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
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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.21	48.15
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.21	48.15
TBS		H2019	HE	SC	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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.28	64.20
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.45	51.75

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.83	42.45

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.66	54.90
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.66	54.90
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.66	54.90

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	6.75	101.25
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	5.44	81.60

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	2.27	34.05

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.09	46.35
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.09	46.35
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.09	46.35

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	5.72	85.80
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	4.61	69.15

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	HE		15 minutes (Bill in one-minute increments)	1.98	29.70

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	2.70	40.50
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	2.70	40.50
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	2.70	40.50

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	4.88	73.20
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
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

CIR FY 2015-16

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	3.90	58.50

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	Max Allowed Rate	
						Per Minute	Per Unit
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		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	Day		415.85
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	Day		415.85
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
Day Treatment Intensive (Full Day)		H2012	HE	TG	Hour (use Flat Full Day rate for units ≥ 4)		251.54
Day Rehabilitation (Half Day)		H2012	HE		Hour (use Flat Half Day rate for units ≥ 3 and < 4)		104.47
Day Rehabilitation (Full Day)		H2012	HE		Hour (use Flat Full Day rate for units ≥ 4)		163.07
Linkage(CM)/ Brokerage		T1017	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

Sutter-Yuba (58)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Unit Basis Measurement Code	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.96	59.40
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
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)	3.96	59.40
TBS		H2019	HE	HQ	15 minutes (Bill in one-minute increments)	3.96	59.40
TBS		H2019	HE	SC	15 minutes (Bill in one-minute increments)	3.96	59.40

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	Max Allowed Rate	
						Per Minute	Per Unit
Medication Support		H2010	HE		15 minutes (Bill in one-minute increments)	7.31	109.65
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
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

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	Max Allowed Rate	
						Per Minute	Per Unit
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
Crisis Intervention		H2011	HE	SC	15 minutes (Bill in one-minute increments)	5.89	88.35