

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

ALAMEDA (01)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	2,136.14	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	2,136.14	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	2,136.14	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	132.03	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	132.03	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	433.66	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	55.95	3.73
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	55.95	3.73
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	55.95	3.73
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	55.95	3.73
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	55.95	3.73
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	55.95	3.73
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	55.95	3.73

CIR FY 2014-15

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					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Intensive Care Coordination (ICC)					
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	53.85	3.59
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	53.85	3.59
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	53.85	3.59
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	53.85	3.59
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	53.85	3.59
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	53.85	3.59
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	53.85	3.59

CIR FY 2014-15

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					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	53.85	3.59
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	53.85	3.59
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	53.85	3.59
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	53.85	3.59
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	53.85	3.59
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	53.85	3.59
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	53.85	3.59
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	53.85	3.59

CIR FY 2014-15

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					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	53.85	3.59
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	53.85	3.59
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	53.85	3.59
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	132.15	8.81
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	132.15	8.81
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	132.15	8.81
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	132.15	8.81

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

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Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	132.15	8.81
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	132.15	8.81
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	132.15	8.81
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	132.15	8.81
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	132.15	8.81
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	132.15	8.81
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	132.15	8.81

CIR FY 2014-15

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ALAMEDA (01)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	59.70	3.98
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	59.70	3.98
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	59.70	3.98

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

ALPINE (02)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	58.35	3.89
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	58.35	3.89
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	58.35	3.89
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	58.35	3.89
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	58.35	3.89
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	58.35	3.89
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					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	58.35	3.89
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	75.15	5.01
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	75.15	5.01
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	75.15	5.01
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	75.15	5.01
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	75.15	5.01
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	75.15	5.01
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	75.15	5.01

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Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	75.15	5.01
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	75.15	5.01
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	75.15	5.01
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Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	75.15	5.01
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	75.15	5.01
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	75.15	5.01
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	75.15	5.01

CIR FY 2014-15

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					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	75.15	5.01
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	75.15	5.01
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	75.15	5.01
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	75.15	5.01
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	138.90	9.26
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	138.90	9.26
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	138.90	9.26
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	138.90	9.26

CIR FY 2014-15

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					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	138.90	9.26
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	138.90	9.26
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Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	138.90	9.26
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					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	111.75	7.45
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	111.75	7.45
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	111.75	7.45

CIR FY 2014-15

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AMADOR (03)

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CIR FY 2014-15

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Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	69.45	4.63
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	69.45	4.63
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CIR FY 2014-15

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July 1, 2014 through June 30, 2015

AMADOR (03)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Intensive Care Coordination (ICC)					
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	36.60	2.44
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	36.60	2.44
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	36.60	2.44
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	36.60	2.44
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	36.60	2.44
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	36.60	2.44
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	36.60	2.44

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

AMADOR (03)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	36.60	2.44
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	36.60	2.44
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	36.60	2.44
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	36.60	2.44
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	36.60	2.44
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	36.60	2.44
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	36.60	2.44
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	36.60	2.44

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

AMADOR (03)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	36.60	2.44
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	36.60	2.44
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	36.60	2.44
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	81.00	5.40
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	81.00	5.40
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	81.00	5.40
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	81.00	5.40

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

AMADOR (03)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	81.00	5.40
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	81.00	5.40
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	81.00	5.40
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	81.00	5.40
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	81.00	5.40
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	81.00	5.40
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	81.00	5.40

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

AMADOR (03)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	46.05	3.07
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	46.05	3.07
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	46.05	3.07

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

BUTTE (04)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	715.52	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	128.64	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	128.64	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

BUTTE (04)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	27.60	1.84
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	27.60	1.84
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	27.60	1.84
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	27.60	1.84
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	27.60	1.84
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	27.60	1.84
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	27.60	1.84

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

BUTTE (04)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	27.60	1.84
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	35.70	2.38
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	35.70	2.38
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	35.70	2.38
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	35.70	2.38
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.70	2.38
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.70	2.38
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.70	2.38

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

BUTTE (04)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.70	2.38
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.70	2.38
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.70	2.38
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.70	2.38
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.70	2.38
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.70	2.38
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.70	2.38
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.70	2.38

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

BUTTE (04)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	35.70	2.38
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	35.70	2.38
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	35.70	2.38
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	66.00	4.40
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	66.00	4.40
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	66.00	4.40
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	66.00	4.40

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

BUTTE (04)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	66.00	4.40
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	66.00	4.40
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	66.00	4.40
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	66.00	4.40
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	66.00	4.40
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	66.00	4.40
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	66.00	4.40

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

BUTTE (04)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	53.10	3.54
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	53.10	3.54
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	53.10	3.54

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

CALAVERAS (05)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

CALAVERAS (05)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	38.10	2.54
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	38.10	2.54
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	38.10	2.54
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	38.10	2.54
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	38.10	2.54
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	38.10	2.54
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	38.10	2.54

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

CALAVERAS (05)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	38.10	2.54
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	45.45	3.03
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	45.45	3.03
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	45.45	3.03
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	45.45	3.03
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.45	3.03
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.45	3.03
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.45	3.03

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

CALAVERAS (05)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.45	3.03
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.45	3.03
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.45	3.03
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.45	3.03
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.45	3.03
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.45	3.03
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.45	3.03
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.45	3.03

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

CALAVERAS (05)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.45	3.03
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	45.45	3.03
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	45.45	3.03
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	45.45	3.03
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.50	6.50
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.50	6.50
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.50	6.50
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.50	6.50

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

CALAVERAS (05)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.50	6.50
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.50	6.50
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.50	6.50
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.50	6.50
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.50	6.50
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.50	6.50
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.50	6.50

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

CALAVERAS (05)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	35.25	2.35
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	35.25	2.35
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	35.25	2.35

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

COLUSA (06)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

COLUSA (06)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	42.15	2.81
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	42.15	2.81
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	42.15	2.81
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	42.15	2.81
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	42.15	2.81
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	42.15	2.81
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	42.15	2.81

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

COLUSA (06)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	42.15	2.81
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	42.15	2.81
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	42.15	2.81
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	42.15	2.81
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	42.15	2.81
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	42.15	2.81
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	42.15	2.81
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	42.15	2.81

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

COLUSA (06)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	42.15	2.81
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	42.15	2.81
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	42.15	2.81
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	42.15	2.81
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	42.15	2.81
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	42.15	2.81
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	42.15	2.81
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	42.15	2.81

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

COLUSA (06)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	42.15	2.81
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	42.15	2.81
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	42.15	2.81
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	85.95	5.73
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	85.95	5.73
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	85.95	5.73
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	85.95	5.73

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

COLUSA (06)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	85.95	5.73
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	85.95	5.73
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	85.95	5.73
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	85.95	5.73
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	85.95	5.73
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	85.95	5.73
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	85.95	5.73
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	85.95	5.73

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

COLUSA (06)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	43.95	2.93
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	43.95	2.93
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	43.95	2.93

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**CONTRA COSTA
(07)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	2,336.68	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	2,336.68	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	2,336.68	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	160.13	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	160.13	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**CONTRA COSTA
(07)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	30.00	2.00
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	30.00	2.00
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	30.00	2.00
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	30.00	2.00
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	30.00	2.00
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	30.00	2.00
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	30.00	2.00

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**CONTRA COSTA
(07)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	30.00	2.00
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	38.70	2.58
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	38.70	2.58
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	38.70	2.58
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	38.70	2.58
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	38.70	2.58
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	38.70	2.58
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	38.70	2.58

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**CONTRA COSTA
(07)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	38.70	2.58
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	38.70	2.58
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	38.70	2.58
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	38.70	2.58
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	38.70	2.58
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	38.70	2.58
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	38.70	2.58
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	38.70	2.58

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**CONTRA COSTA
(07)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	38.70	2.58
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	38.70	2.58
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	38.70	2.58
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	38.70	2.58
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	71.40	4.76
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	71.40	4.76
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	71.40	4.76
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	71.40	4.76

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**CONTRA COSTA
(07)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	71.40	4.76
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	71.40	4.76
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	71.40	4.76
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	71.40	4.76
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	71.40	4.76
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	71.40	4.76
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	71.40	4.76
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	71.40	4.76

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**CONTRA COSTA
(07)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	57.75	3.85
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	57.75	3.85
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	57.75	3.85

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

DEL NORTE (08)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

DEL NORTE (08)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Day Rehabilitation (Full Day)					
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	30.75	2.05
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	30.75	2.05
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	30.75	2.05
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	30.75	2.05
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	30.75	2.05
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	30.75	2.05
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	30.75	2.05

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

DEL NORTE (08)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Intensive Care Coordination (ICC)					
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	27.90	1.86
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	27.90	1.86
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	27.90	1.86
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	27.90	1.86
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.90	1.86
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.90	1.86
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.90	1.86

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

DEL NORTE (08)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.90	1.86
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.90	1.86
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.90	1.86
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.90	1.86
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.90	1.86
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.90	1.86
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.90	1.86
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.90	1.86

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

DEL NORTE (08)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	27.90	1.86
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	27.90	1.86
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	27.90	1.86
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	127.50	8.50
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	127.50	8.50
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	127.50	8.50
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	127.50	8.50

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

DEL NORTE (08)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	127.50	8.50
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	127.50	8.50
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	127.50	8.50
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	127.50	8.50
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	127.50	8.50
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	127.50	8.50
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	127.50	8.50

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

DEL NORTE (08)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	27.15	1.81
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	27.15	1.81
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	27.15	1.81

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

EL DORADO (09)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	777.19	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	442.68	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	442.68	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

EL DORADO (09)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.37	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	40.65	2.71
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	40.65	2.71
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	40.65	2.71
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	40.65	2.71
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	40.65	2.71
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	40.65	2.71
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	40.65	2.71

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

EL DORADO (09)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	40.65	2.71
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	52.35	3.49
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	52.35	3.49
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	52.35	3.49
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	52.35	3.49
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.35	3.49
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.35	3.49
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.35	3.49

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

EL DORADO (09)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.35	3.49
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.35	3.49
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.35	3.49
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.35	3.49
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.35	3.49
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.35	3.49
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.35	3.49
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.35	3.49

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

EL DORADO (09)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	52.35	3.49
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	52.35	3.49
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	52.35	3.49
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.05	6.47
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.05	6.47
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.05	6.47
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.05	6.47

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

EL DORADO (09)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.05	6.47
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.05	6.47
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.05	6.47
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.05	6.47
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.05	6.47
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.05	6.47
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.05	6.47
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	97.05	6.47

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

EL DORADO (09)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	78.15	5.21
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	78.15	5.21
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	78.15	5.21

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

FRESNO (10)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	292.64	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	411.03	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

FRESNO (10)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	46.50	3.10
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	46.50	3.10
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	46.50	3.10
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	46.50	3.10
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	46.50	3.10
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	46.50	3.10
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	46.50	3.10

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

FRESNO (10)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	46.50	3.10
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	60.15	4.01
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	60.15	4.01
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	60.15	4.01
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	60.15	4.01
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.15	4.01
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.15	4.01
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.15	4.01

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

FRESNO (10)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.15	4.01
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.15	4.01
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.15	4.01
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.15	4.01
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.15	4.01
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.15	4.01
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.15	4.01
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.15	4.01

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

FRESNO (10)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	60.15	4.01
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	60.15	4.01
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	60.15	4.01
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	111.00	7.40
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	111.00	7.40
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	111.00	7.40
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	111.00	7.40

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

FRESNO (10)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	111.00	7.40
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	111.00	7.40
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	111.00	7.40
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	111.00	7.40
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	111.00	7.40
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	111.00	7.40
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	111.00	7.40

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

FRESNO (10)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	89.40	5.96
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	89.40	5.96
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	89.40	5.96

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

GLENN (11)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

GLENN (11)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	31.80	2.12
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	31.80	2.12
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	31.80	2.12
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	31.80	2.12
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	31.80	2.12
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	31.80	2.12
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	31.80	2.12

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

GLENN (11)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	31.80	2.12
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	41.10	2.74
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	41.10	2.74
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	41.10	2.74
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	41.10	2.74
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.10	2.74
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.10	2.74
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.10	2.74

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

GLENN (11)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.10	2.74
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.10	2.74
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.10	2.74
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.10	2.74
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.10	2.74
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.10	2.74
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.10	2.74
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.10	2.74

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

GLENN (11)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	41.10	2.74
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	41.10	2.74
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	41.10	2.74
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

GLENN (11)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

GLENN (11)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	62.10	4.14
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	62.10	4.14
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	62.10	4.14

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

HUMBOLDT (12)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,608.53	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,608.53	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,608.53	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	77.98	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	77.98	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	88.17	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

HUMBOLDT (12)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	31.65	2.11
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	31.65	2.11
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	31.65	2.11
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	31.65	2.11
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	31.65	2.11
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	31.65	2.11
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	31.65	2.11

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

HUMBOLDT (12)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	31.65	2.11
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	40.80	2.72
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	40.80	2.72
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	40.80	2.72
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	40.80	2.72
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	40.80	2.72
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	40.80	2.72
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	40.80	2.72

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

HUMBOLDT (12)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	40.80	2.72
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	40.80	2.72
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	40.80	2.72
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	40.80	2.72
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	40.80	2.72
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	40.80	2.72
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	40.80	2.72
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	40.80	2.72

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

HUMBOLDT (12)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	40.80	2.72
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	40.80	2.72
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	40.80	2.72
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	63.00	4.20
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	63.00	4.20
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	63.00	4.20
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	63.00	4.20

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

HUMBOLDT (12)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	63.00	4.20
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	63.00	4.20
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	63.00	4.20
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	63.00	4.20
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	63.00	4.20
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	63.00	4.20
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	63.00	4.20

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

HUMBOLDT (12)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	60.75	4.05
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	60.75	4.05
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	60.75	4.05

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

IMPERIAL (13)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.12	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

IMPERIAL (13)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	49.35	3.29
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	49.35	3.29
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	49.35	3.29
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	49.35	3.29
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	49.35	3.29
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	49.35	3.29
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	49.35	3.29

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

IMPERIAL (13)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	49.35	3.29
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	63.75	4.25
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	63.75	4.25
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	63.75	4.25
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	63.75	4.25
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.75	4.25
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.75	4.25
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.75	4.25

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

IMPERIAL (13)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.75	4.25
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.75	4.25
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.75	4.25
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.75	4.25
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.75	4.25
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.75	4.25
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.75	4.25
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.75	4.25

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

IMPERIAL (13)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	63.75	4.25
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	63.75	4.25
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	63.75	4.25
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	117.75	7.85
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	117.75	7.85
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	117.75	7.85
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	117.75	7.85

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

IMPERIAL (13)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	117.75	7.85
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	117.75	7.85
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	117.75	7.85
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	117.75	7.85
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	117.75	7.85
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	117.75	7.85
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	117.75	7.85

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

IMPERIAL (13)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	94.20	6.28
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	94.20	6.28
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	94.20	6.28

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

INYO (14)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

INYO (14)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	72.60	4.84
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	72.60	4.84
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	72.60	4.84
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	72.60	4.84
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	72.60	4.84
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	72.60	4.84
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	72.60	4.84

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

INYO (14)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	72.60	4.84
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	52.65	3.51
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	52.65	3.51
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	52.65	3.51
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	52.65	3.51
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.65	3.51
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.65	3.51
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.65	3.51

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

INYO (14)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.65	3.51
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.65	3.51
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.65	3.51
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.65	3.51
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.65	3.51
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.65	3.51
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.65	3.51
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	52.65	3.51

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

INYO (14)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	52.65	3.51
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	52.65	3.51
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	52.65	3.51
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	88.50	5.90
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	88.50	5.90
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	88.50	5.90
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	88.50	5.90

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

INYO (14)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	88.50	5.90
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	88.50	5.90
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	88.50	5.90
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	88.50	5.90
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	88.50	5.90
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	88.50	5.90
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	88.50	5.90

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

INYO (14)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	57.75	3.85
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	57.75	3.85
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	57.75	3.85

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

KERN (15)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,984.01	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,984.01	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,984.01	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	130.36	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	130.36	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

KERN (15)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	46.95	3.13
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	46.95	3.13
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	46.95	3.13
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	46.95	3.13
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	46.95	3.13
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	46.95	3.13
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	46.95	3.13

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

KERN (15)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Intensive Care Coordination (ICC)					
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	60.60	4.04
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	60.60	4.04
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	60.60	4.04
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	60.60	4.04
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.60	4.04
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.60	4.04
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.60	4.04

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

KERN (15)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.60	4.04
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.60	4.04
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.60	4.04
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.60	4.04
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.60	4.04
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.60	4.04
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.60	4.04
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.60	4.04

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

KERN (15)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.60	4.04
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	60.60	4.04
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	60.60	4.04
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	60.60	4.04
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	112.05	7.47
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	112.05	7.47
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	112.05	7.47
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	112.05	7.47

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

KERN (15)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	112.05	7.47
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	112.05	7.47
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	112.05	7.47
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	112.05	7.47
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	112.05	7.47
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	112.05	7.47
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	112.05	7.47

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

KERN (15)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	90.30	6.02
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	90.30	6.02
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	90.30	6.02

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

KINGS (16)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

KINGS (16)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Day Rehabilitation (Full Day)					
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	27.30	1.82
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	27.30	1.82
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	27.30	1.82
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	27.30	1.82
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	27.30	1.82
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	27.30	1.82
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	27.30	1.82

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

KINGS (16)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Intensive Care Coordination (ICC)					
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	35.25	2.35
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	35.25	2.35
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	35.25	2.35
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	35.25	2.35
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.25	2.35
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.25	2.35
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.25	2.35

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

KINGS (16)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.25	2.35
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.25	2.35
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.25	2.35
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.25	2.35
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.25	2.35
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.25	2.35
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.25	2.35
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.25	2.35

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

KINGS (16)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	35.25	2.35
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	35.25	2.35
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	35.25	2.35
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	65.25	4.35
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	65.25	4.35
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	65.25	4.35
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	65.25	4.35

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

KINGS (16)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	65.25	4.35
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	65.25	4.35
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	65.25	4.35
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	65.25	4.35
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	65.25	4.35
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	65.25	4.35
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	65.25	4.35

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

KINGS (16)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	52.50	3.50
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	52.50	3.50
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	52.50	3.50

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

LAKE (17)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

LAKE (17)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Day Rehabilitation (Full Day)					
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	29.25	1.95
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	29.25	1.95
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	29.25	1.95
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	29.25	1.95
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	29.25	1.95
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	29.25	1.95
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	29.25	1.95

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

LAKE (17)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	29.25	1.95
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	37.80	2.52
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	37.80	2.52
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	37.80	2.52
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	37.80	2.52
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	37.80	2.52
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	37.80	2.52
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	37.80	2.52

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

LAKE (17)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	37.80	2.52
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	37.80	2.52
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	37.80	2.52
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	37.80	2.52
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	37.80	2.52
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	37.80	2.52
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	37.80	2.52
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	37.80	2.52

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

LAKE (17)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	37.80	2.52
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	37.80	2.52
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	37.80	2.52
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	69.90	4.66
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	69.90	4.66
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	69.90	4.66
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	69.90	4.66

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

LAKE (17)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	69.90	4.66
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	69.90	4.66
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	69.90	4.66
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	69.90	4.66
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	69.90	4.66
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	69.90	4.66
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	69.90	4.66

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

LAKE (17)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	56.25	3.75
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	56.25	3.75
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	56.25	3.75

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

LASSEN (18)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

LASSEN (18)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	189.94	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	43.65	2.91
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	43.65	2.91
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	43.65	2.91
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	43.65	2.91
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	43.65	2.91
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	43.65	2.91
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	43.65	2.91

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

LASSEN (18)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	43.65	2.91
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	56.40	3.76
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	56.40	3.76
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	56.40	3.76
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

LASSEN (18)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

LASSEN (18)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	56.40	3.76
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	56.40	3.76
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	56.40	3.76
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.55	6.97
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.55	6.97
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.55	6.97
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.55	6.97

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

LASSEN (18)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.55	6.97
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.55	6.97
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.55	6.97
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.55	6.97
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.55	6.97
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.55	6.97
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.55	6.97
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.55	6.97

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

LASSEN (18)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	84.15	5.61
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	84.15	5.61
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	84.15	5.61

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**LOS ANGELES
(19)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	249.73	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**LOS ANGELES
(19)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	35.10	2.34
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	35.10	2.34
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	35.10	2.34
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	35.10	2.34
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	35.10	2.34
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	35.10	2.34
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	35.10	2.34

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**LOS ANGELES
(19)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	35.10	2.34
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	45.00	3.00
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	45.00	3.00
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	45.00	3.00
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	45.00	3.00
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.00	3.00
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.00	3.00
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.00	3.00

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**LOS ANGELES
(19)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.00	3.00
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.00	3.00
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.00	3.00
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.00	3.00
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.00	3.00
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.00	3.00
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.00	3.00
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.00	3.00

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**LOS ANGELES
(19)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.00	3.00
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	45.00	3.00
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	45.00	3.00
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	45.00	3.00
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	89.40	5.96
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	89.40	5.96
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	89.40	5.96
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	89.40	5.96

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**LOS ANGELES
(19)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	89.40	5.96
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	89.40	5.96
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	89.40	5.96
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	89.40	5.96
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	89.40	5.96
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	89.40	5.96
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	89.40	5.96
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	89.40	5.96

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**LOS ANGELES
(19)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	72.15	4.81
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	72.15	4.81
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	72.15	4.81

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MADERA (20)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MADERA (20)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	34.95	2.33
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	34.95	2.33
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	34.95	2.33
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	34.95	2.33
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	34.95	2.33
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	34.95	2.33
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	34.95	2.33

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MADERA (20)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	34.95	2.33
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	33.45	2.23
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	33.45	2.23
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	33.45	2.23
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	33.45	2.23
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	33.45	2.23
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	33.45	2.23
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	33.45	2.23

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MADERA (20)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	33.45	2.23
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	33.45	2.23
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	33.45	2.23
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	33.45	2.23
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	33.45	2.23
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	33.45	2.23
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	33.45	2.23
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	33.45	2.23

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MADERA (20)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	33.45	2.23
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	33.45	2.23
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	33.45	2.23
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	59.70	3.98
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	59.70	3.98
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	59.70	3.98
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	59.70	3.98

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MADERA (20)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	59.70	3.98
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	59.70	3.98
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	59.70	3.98
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	59.70	3.98
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	59.70	3.98
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	59.70	3.98
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	59.70	3.98

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MADERA (20)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention				H2011	HE
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	36.45	2.43
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	36.45	2.43
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	36.45	2.43

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MARIN (21)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	165.03	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	165.03	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MARIN (21)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	69.15	4.61
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	69.15	4.61
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	69.15	4.61
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	69.15	4.61
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	69.15	4.61
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	69.15	4.61
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	69.15	4.61

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MARIN (21)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	69.15	4.61
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	88.95	5.93
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	88.95	5.93
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	88.95	5.93
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	88.95	5.93
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	88.95	5.93
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	88.95	5.93
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	88.95	5.93

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MARIN (21)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	88.95	5.93
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	88.95	5.93
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	88.95	5.93
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	88.95	5.93
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	88.95	5.93
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	88.95	5.93
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	88.95	5.93
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	88.95	5.93

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MARIN (21)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	88.95	5.93
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	88.95	5.93
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	88.95	5.93
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	88.95	5.93
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	165.30	11.02
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	165.30	11.02
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	165.30	11.02
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	165.30	11.02

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MARIN (21)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	165.30	11.02
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	165.30	11.02
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	165.30	11.02
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	165.30	11.02
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	165.30	11.02
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	165.30	11.02
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	165.30	11.02
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	165.30	11.02

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MARIN (21)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Crisis Intervention		H2011	HE		12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	108.30	7.22
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	108.30	7.22
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	108.30	7.22
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	108.30	7.22

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MARIPOSA (22)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MARIPOSA (22)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Day Rehabilitation (Full Day)				H2012	HE
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	45.90	3.06
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	45.90	3.06
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	45.90	3.06
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	45.90	3.06
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	45.90	3.06
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	45.90	3.06
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	45.90	3.06

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MARIPOSA (22)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	45.90	3.06
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	59.25	3.95
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	59.25	3.95
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	59.25	3.95
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	59.25	3.95
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	59.25	3.95
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	59.25	3.95
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	59.25	3.95

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MARIPOSA (22)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	59.25	3.95
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	59.25	3.95
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	59.25	3.95
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	59.25	3.95
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	59.25	3.95
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	59.25	3.95
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	59.25	3.95
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	59.25	3.95

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MARIPOSA (22)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	59.25	3.95
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	59.25	3.95
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	59.25	3.95
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	109.35	7.29
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	109.35	7.29
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	109.35	7.29
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	109.35	7.29

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MARIPOSA (22)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	109.35	7.29
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	109.35	7.29
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	109.35	7.29
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	109.35	7.29
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	109.35	7.29
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	109.35	7.29
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	109.35	7.29

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MARIPOSA (22)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention				H2011	HE
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	88.05	5.87
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	88.05	5.87
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	88.05	5.87

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**MENDOCINO
(23)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**MENDOCINO
(23)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	48.90	3.26
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	48.90	3.26
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	48.90	3.26
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	48.90	3.26
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	48.90	3.26
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	48.90	3.26
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	48.90	3.26

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**MENDOCINO
(23)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	48.90	3.26
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	48.15	3.21
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	48.15	3.21
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	48.15	3.21
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	48.15	3.21
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.15	3.21
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.15	3.21
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.15	3.21

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**MENDOCINO
(23)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.15	3.21
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.15	3.21
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.15	3.21
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.15	3.21
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.15	3.21
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.15	3.21
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.15	3.21
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.15	3.21

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**MENDOCINO
(23)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	48.15	3.21
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	48.15	3.21
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	48.15	3.21
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.00	6.80
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.00	6.80
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.00	6.80
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.00	6.80

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**MENDOCINO
(23)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.00	6.80
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.00	6.80
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.00	6.80
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.00	6.80
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.00	6.80
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.00	6.80
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.00	6.80

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**MENDOCINO
(23)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	49.50	3.30
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	49.50	3.30
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	49.50	3.30

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MERCED (24)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	2,230.74	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	60.41	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	60.41	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MERCED (24)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	54.60	3.64
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	54.60	3.64
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	54.60	3.64
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	54.60	3.64
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	54.60	3.64
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	54.60	3.64
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	54.60	3.64

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MERCED (24)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	54.60	3.64
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	62.85	4.19
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	62.85	4.19
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	62.85	4.19
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	62.85	4.19
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	62.85	4.19
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	62.85	4.19
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	62.85	4.19

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MERCED (24)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	62.85	4.19
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	62.85	4.19
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	62.85	4.19
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	62.85	4.19
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	62.85	4.19
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	62.85	4.19
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	62.85	4.19
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	62.85	4.19

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MERCED (24)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	62.85	4.19
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	62.85	4.19
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	62.85	4.19
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	62.85	4.19
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.65	5.51
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.65	5.51
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.65	5.51
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.65	5.51

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MERCED (24)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.65	5.51
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.65	5.51
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.65	5.51
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.65	5.51
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.65	5.51
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.65	5.51
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.65	5.51

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MERCED (24)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention				H2011	HE
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	101.55	6.77
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	101.55	6.77
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	101.55	6.77

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MODOC (25)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MODOC (25)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Day Rehabilitation (Full Day)					
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	37.35	2.49
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	37.35	2.49
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	37.35	2.49
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	37.35	2.49
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	37.35	2.49
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	37.35	2.49
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	37.35	2.49

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MODOC (25)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	37.35	2.49
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	43.35	2.89
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	43.35	2.89
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	43.35	2.89
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	43.35	2.89
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.35	2.89
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.35	2.89
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.35	2.89

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MODOC (25)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.35	2.89
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.35	2.89
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.35	2.89
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.35	2.89
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.35	2.89
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.35	2.89
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.35	2.89
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.35	2.89

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MODOC (25)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.35	2.89
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	43.35	2.89
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	43.35	2.89
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	43.35	2.89
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	68.40	4.56
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	68.40	4.56
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	68.40	4.56
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	68.40	4.56

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MODOC (25)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	68.40	4.56
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	68.40	4.56
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	68.40	4.56
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	68.40	4.56
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	68.40	4.56
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	68.40	4.56
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	68.40	4.56

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MODOC (25)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	54.15	3.61
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	54.15	3.61
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	54.15	3.61

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MONO (26)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MONO (26)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	137.70	9.18
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	137.70	9.18
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	137.70	9.18
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	137.70	9.18
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	137.70	9.18
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	137.70	9.18
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	137.70	9.18

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MONO (26)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	137.70	9.18
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	83.70	5.58
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	83.70	5.58
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	83.70	5.58
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	83.70	5.58
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	83.70	5.58
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	83.70	5.58
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	83.70	5.58

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MONO (26)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	83.70	5.58
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	83.70	5.58
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	83.70	5.58
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	83.70	5.58
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	83.70	5.58
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	83.70	5.58
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	83.70	5.58
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	83.70	5.58

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MONO (26)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	83.70	5.58
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	83.70	5.58
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	83.70	5.58
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	107.25	7.15
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	107.25	7.15
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	107.25	7.15
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	107.25	7.15

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MONO (26)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	107.25	7.15
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	107.25	7.15
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	107.25	7.15
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	107.25	7.15
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	107.25	7.15
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	107.25	7.15
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	107.25	7.15
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	107.25	7.15

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MONO (26)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	149.70	9.98
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	149.70	9.98
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	149.70	9.98

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MONTEREY (27)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MONTEREY (27)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	43.50	2.90
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	43.50	2.90
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	43.50	2.90
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	43.50	2.90
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	43.50	2.90
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	43.50	2.90
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	43.50	2.90

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MONTEREY (27)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Intensive Care Coordination (ICC)					
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	56.25	3.75
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	56.25	3.75
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	56.25	3.75
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	56.25	3.75
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.25	3.75
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.25	3.75
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.25	3.75

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MONTEREY (27)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.25	3.75
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.25	3.75
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.25	3.75
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.25	3.75
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.25	3.75
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.25	3.75
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.25	3.75
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.25	3.75

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MONTEREY (27)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	56.25	3.75
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	56.25	3.75
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	56.25	3.75
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	103.80	6.92
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	103.80	6.92
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	103.80	6.92
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	103.80	6.92

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MONTEREY (27)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	103.80	6.92
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	103.80	6.92
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	103.80	6.92
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	103.80	6.92
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	103.80	6.92
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	103.80	6.92
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	103.80	6.92
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	103.80	6.92

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

MONTEREY (27)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Crisis Intervention		H2011	HE		12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	83.55	5.57
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	83.55	5.57
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	83.55	5.57
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	83.55	5.57

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

NAPA (28)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

NAPA (28)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Day Rehabilitation (Full Day)					
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	85.35	5.69
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	85.35	5.69
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	85.35	5.69
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	85.35	5.69
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	85.35	5.69
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	85.35	5.69
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	85.35	5.69

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

NAPA (28)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Intensive Care Coordination (ICC)					
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	76.80	5.12
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	76.80	5.12
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	76.80	5.12
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	76.80	5.12
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	76.80	5.12
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	76.80	5.12
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	76.80	5.12

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

NAPA (28)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	76.80	5.12
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	76.80	5.12
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	76.80	5.12
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	76.80	5.12
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	76.80	5.12
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	76.80	5.12
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	76.80	5.12
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	76.80	5.12

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

NAPA (28)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	76.80	5.12
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	76.80	5.12
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	76.80	5.12
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.65	6.71
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.65	6.71
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.65	6.71
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.65	6.71

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

NAPA (28)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.65	6.71
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.65	6.71
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.65	6.71
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.65	6.71
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.65	6.71
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.65	6.71
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.65	6.71

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

NAPA (28)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention				H2011	HE
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	160.95	10.73
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	160.95	10.73
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	#REF!	10.73

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

NEVADA (29)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	242.49	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	242.49	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

NEVADA (29)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	43.65	2.91
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	43.65	2.91
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	43.65	2.91
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	43.65	2.91
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	43.65	2.91
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	43.65	2.91
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	43.65	2.91

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

NEVADA (29)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	43.65	2.91
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	56.40	3.76
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	56.40	3.76
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	56.40	3.76
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

NEVADA (29)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.40	3.76

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

NEVADA (29)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	56.40	3.76
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	56.40	3.76
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	56.40	3.76
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.10	6.94
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.10	6.94
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.10	6.94
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.10	6.94

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

NEVADA (29)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.10	6.94
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.10	6.94
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.10	6.94
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.10	6.94
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.10	6.94
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.10	6.94
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.10	6.94
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	104.10	6.94

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

NEVADA (29)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	83.70	5.58
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	83.70	5.58
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	83.70	5.58

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

ORANGE (30)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	108.08	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	108.08	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

ORANGE (30)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	53.70	3.58
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	53.70	3.58
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	53.70	3.58
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	53.70	3.58
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	53.70	3.58
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	53.70	3.58
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	53.70	3.58

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

ORANGE (30)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	53.70	3.58
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	60.90	4.06
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	60.90	4.06
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	60.90	4.06
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	60.90	4.06
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.90	4.06
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.90	4.06
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.90	4.06

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

ORANGE (30)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.90	4.06
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.90	4.06
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.90	4.06
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.90	4.06
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.90	4.06
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.90	4.06
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.90	4.06
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	60.90	4.06

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

ORANGE (30)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	60.90	4.06
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	60.90	4.06
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	60.90	4.06
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

ORANGE (30)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

ORANGE (30)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention				H2011	HE
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	103.95	6.93
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	103.95	6.93
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	103.95	6.93

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

PLACER (31)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	379.89	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

PLACER (31)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	77.40	5.16
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	77.40	5.16
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	77.40	5.16
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	77.40	5.16
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	77.40	5.16
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	77.40	5.16
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	77.40	5.16

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

PLACER (31)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	77.40	5.16
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	55.50	3.70
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	55.50	3.70
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	55.50	3.70
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	55.50	3.70
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.50	3.70
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.50	3.70
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.50	3.70

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

PLACER (31)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.50	3.70
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.50	3.70
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.50	3.70
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.50	3.70
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.50	3.70
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.50	3.70
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.50	3.70
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.50	3.70

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

PLACER (31)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.50	3.70
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	55.50	3.70
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	55.50	3.70
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	55.50	3.70
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.95	4.93
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.95	4.93
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.95	4.93
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.95	4.93

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

PLACER (31)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.95	4.93
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.95	4.93
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.95	4.93
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.95	4.93
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.95	4.93
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.95	4.93
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.95	4.93
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.95	4.93

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

PLACER (31)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	114.30	7.62
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	114.30	7.62
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	114.30	7.62

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

PLUMAS (32)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

PLUMAS (32)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	22.80	1.52
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	22.80	1.52
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	22.80	1.52
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	22.80	1.52
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	22.80	1.52
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	22.80	1.52
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	22.80	1.52

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

PLUMAS (32)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Intensive Care Coordination (ICC)					
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	27.75	1.85
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	27.75	1.85
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	27.75	1.85
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	27.75	1.85
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.75	1.85
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.75	1.85
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.75	1.85

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

PLUMAS (32)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.75	1.85
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.75	1.85
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.75	1.85
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.75	1.85
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.75	1.85
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.75	1.85
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.75	1.85
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	27.75	1.85

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

PLUMAS (32)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	27.75	1.85
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	27.75	1.85
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	27.75	1.85
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	51.15	3.41
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	51.15	3.41
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	51.15	3.41
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	51.15	3.41

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

PLUMAS (32)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	51.15	3.41
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	51.15	3.41
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	51.15	3.41
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	51.15	3.41
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	51.15	3.41
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	51.15	3.41
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	51.15	3.41

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

PLUMAS (32)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	41.10	2.74
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	41.10	2.74
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	41.10	2.74

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

RIVERSIDE (33)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,552.34	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,552.34	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,552.34	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	67.75	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	67.75	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

RIVERSIDE (33)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	31.50	2.10
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	31.50	2.10
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	31.50	2.10
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	31.50	2.10
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	31.50	2.10
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	31.50	2.10
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	31.50	2.10

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

RIVERSIDE (33)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	31.50	2.10
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	34.95	2.33
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	34.95	2.33
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	34.95	2.33
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	34.95	2.33
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	34.95	2.33
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	34.95	2.33
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	34.95	2.33

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

RIVERSIDE (33)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	34.95	2.33
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	34.95	2.33
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	34.95	2.33
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	34.95	2.33
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	34.95	2.33
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	34.95	2.33
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	34.95	2.33
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	34.95	2.33

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

RIVERSIDE (33)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	34.95	2.33
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	34.95	2.33
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	34.95	2.33
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	75.75	5.05
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	75.75	5.05
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	75.75	5.05
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	75.75	5.05

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

RIVERSIDE (33)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	75.75	5.05
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	75.75	5.05
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	75.75	5.05
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	75.75	5.05
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	75.75	5.05
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	75.75	5.05
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	75.75	5.05

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

RIVERSIDE (33)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	50.55	3.37
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	50.55	3.37
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	50.55	3.37

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SACRAMENTO
(34)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	100.83	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	100.83	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	89.67	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SACRAMENTO
(34)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	32.25	2.15
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	32.25	2.15
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	32.25	2.15
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	32.25	2.15
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	32.25	2.15
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	32.25	2.15
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	32.25	2.15

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SACRAMENTO
(34)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	32.25	2.15
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	41.70	2.78
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	41.70	2.78
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	41.70	2.78
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	41.70	2.78
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.70	2.78
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.70	2.78
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.70	2.78

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SACRAMENTO
(34)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.70	2.78
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.70	2.78
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.70	2.78
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.70	2.78
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.70	2.78
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.70	2.78
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.70	2.78
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	41.70	2.78

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SACRAMENTO
(34)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	41.70	2.78
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	41.70	2.78
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	41.70	2.78
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SACRAMENTO
(34)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.10	5.14

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SACRAMENTO
(34)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	62.10	4.14
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	62.10	4.14
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	62.10	4.14

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN BENITO (35)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					General Hospital Inpatient	0100			H2015	HE
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN BENITO (35)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	37.95	2.53
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	37.95	2.53
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	37.95	2.53
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	37.95	2.53
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	37.95	2.53
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	37.95	2.53
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	37.95	2.53

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN BENITO (35)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	37.95	2.53
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	35.85	2.39
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	35.85	2.39
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	35.85	2.39
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	35.85	2.39
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.85	2.39
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.85	2.39
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.85	2.39

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN BENITO (35)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.85	2.39
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.85	2.39
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.85	2.39
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.85	2.39
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.85	2.39
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.85	2.39
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.85	2.39
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.85	2.39

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN BENITO (35)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	35.85	2.39
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	35.85	2.39
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	35.85	2.39
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	35.85	2.39
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	80.85	5.39
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	80.85	5.39
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	80.85	5.39
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	80.85	5.39

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN BENITO (35)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	80.85	5.39
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	80.85	5.39
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	80.85	5.39
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	80.85	5.39
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	80.85	5.39
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	80.85	5.39
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	80.85	5.39
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	80.85	5.39

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN BENITO (35)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	36.00	2.40
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	36.00	2.40
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	36.00	2.40

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN
BERNARDINO
(36)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,419.98	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,419.98	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,419.98	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN
BERNARDINO
(36)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	391.53	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	43.05	2.87
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	43.05	2.87
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	43.05	2.87
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	43.05	2.87
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	43.05	2.87
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	43.05	2.87
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	43.05	2.87

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN
BERNARDINO
(36)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	43.05	2.87
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	43.80	2.92
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	43.80	2.92
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	43.80	2.92
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	43.80	2.92
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.80	2.92
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.80	2.92
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.80	2.92

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN
BERNARDINO
(36)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.80	2.92
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.80	2.92
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.80	2.92
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.80	2.92
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.80	2.92
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.80	2.92
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.80	2.92
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.80	2.92

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN
BERNARDINO
(36)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	43.80	2.92
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	43.80	2.92
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	43.80	2.92
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	43.80	2.92
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.50	6.70
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.50	6.70
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.50	6.70
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.50	6.70

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN
BERNARDINO
(36)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.50	6.70
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.50	6.70
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.50	6.70
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.50	6.70
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.50	6.70
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.50	6.70
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.50	6.70
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	100.50	6.70

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN
BERNARDINO
(36)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	104.10	6.94
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	104.10	6.94
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	104.10	6.94

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN DIEGO (37)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,351.42	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,351.42	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,351.42	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	56.21	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	56.21	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN DIEGO (37)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Day Rehabilitation (Full Day)					
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	44.40	2.96
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	44.40	2.96
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	44.40	2.96
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	44.40	2.96
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	44.40	2.96
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	44.40	2.96
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	44.40	2.96

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN DIEGO (37)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	44.40	2.96
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	57.45	3.83
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	57.45	3.83
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	57.45	3.83
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	57.45	3.83
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	57.45	3.83
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	57.45	3.83
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	57.45	3.83

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN DIEGO (37)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	57.45	3.83
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	57.45	3.83
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	57.45	3.83
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	57.45	3.83
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	57.45	3.83
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	57.45	3.83
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	57.45	3.83
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	57.45	3.83

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN DIEGO (37)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	57.45	3.83
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	57.45	3.83
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	#REF!	3.83
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	105.75	7.05
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	105.75	7.05
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	105.75	7.05
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	105.75	7.05

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN DIEGO (37)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	105.75	7.05
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	105.75	7.05
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	105.75	7.05
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	105.75	7.05
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	105.75	7.05
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	105.75	7.05
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	105.75	7.05

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN DIEGO (37)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	85.20	5.68
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	85.20	5.68
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	85.20	5.68

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN FRANCISCO
(38)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN FRANCISCO
(38)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	49.80	3.32
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	49.80	3.32
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	49.80	3.32
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	49.80	3.32
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	49.80	3.32
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	49.80	3.32
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	49.80	3.32

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN FRANCISCO
(38)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	49.80	3.32
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	66.15	4.41
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	66.15	4.41
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	66.15	4.41
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	66.15	4.41
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	66.15	4.41
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	66.15	4.41
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	66.15	4.41

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN FRANCISCO
(38)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	66.15	4.41
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	66.15	4.41
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	66.15	4.41
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	66.15	4.41
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	66.15	4.41
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	66.15	4.41
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	66.15	4.41
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	66.15	4.41

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN FRANCISCO
(38)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	66.15	4.41
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	66.15	4.41
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	66.15	4.41
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	66.15	4.41
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	130.80	8.72
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	130.80	8.72
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	130.80	8.72
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	130.80	8.72

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN FRANCISCO
(38)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	130.80	8.72
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	130.80	8.72
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	130.80	8.72
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	130.80	8.72
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	130.80	8.72
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	130.80	8.72
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	130.80	8.72
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	130.80	8.72

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN FRANCISCO
(38)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	94.80	6.32
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	94.80	6.32
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	94.80	6.32

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN JOAQUIN
(39)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	1,120.49	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	138.33	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	138.33	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN JOAQUIN
(39)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	35.40	2.36
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	35.40	2.36
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	35.40	2.36
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	35.40	2.36
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	35.40	2.36
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	35.40	2.36
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	35.40	2.36

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN JOAQUIN
(39)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	35.40	2.36
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	50.25	3.35
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	50.25	3.35
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	50.25	3.35
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	50.25	3.35
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.25	3.35
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.25	3.35
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.25	3.35

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN JOAQUIN
(39)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.25	3.35
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.25	3.35
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.25	3.35
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.25	3.35
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.25	3.35
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.25	3.35
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.25	3.35
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.25	3.35

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN JOAQUIN
(39)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	50.25	3.35
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	50.25	3.35
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	50.25	3.35
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	90.15	6.01
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	90.15	6.01
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	90.15	6.01
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	90.15	6.01

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN JOAQUIN
(39)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	90.15	6.01
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	90.15	6.01
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	90.15	6.01
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	90.15	6.01
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	90.15	6.01
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	90.15	6.01
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	90.15	6.01
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	90.15	6.01

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN JOAQUIN
(39)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	52.50	3.50
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	52.50	3.50
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	52.50	3.50

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN LUIS OBISPO
(40)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	1,551.42	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	250.97	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN LUIS OBISPO
(40)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	63.15	4.21
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	63.15	4.21
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	63.15	4.21
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	63.15	4.21
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	63.15	4.21
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	63.15	4.21
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	63.15	4.21

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN LUIS OBISPO
(40)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	63.15	4.21
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	63.15	4.21
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	63.15	4.21
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	63.15	4.21
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	63.15	4.21
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.15	4.21
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.15	4.21
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.15	4.21

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN LUIS OBISPO
(40)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.15	4.21
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.15	4.21
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.15	4.21
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.15	4.21
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.15	4.21
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.15	4.21
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.15	4.21
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.15	4.21

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN LUIS OBISPO
(40)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	63.15	4.21
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	63.15	4.21
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	63.15	4.21
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	63.15	4.21
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.55	5.17
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.55	5.17
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.55	5.17
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.55	5.17

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN LUIS OBISPO
(40)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.55	5.17
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.55	5.17
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.55	5.17
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.55	5.17
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.55	5.17
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.55	5.17
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.55	5.17
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	77.55	5.17

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SAN LUIS OBISPO
(40)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	63.15	4.21
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	63.15	4.21
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	63.15	4.21

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN MATEO (41)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	2,268.45	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	2,268.45	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	2,268.45	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	85.04	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	85.04	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	386.05	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	542.21	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	225.21	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN MATEO (41)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	351.53	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	81.15	5.41
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	81.15	5.41
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	81.15	5.41
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	81.15	5.41
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	81.15	5.41
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	81.15	5.41
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	81.15	5.41

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN MATEO (41)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	81.15	5.41
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	104.85	6.99
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	104.85	6.99
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	104.85	6.99
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	104.85	6.99
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	104.85	6.99
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	104.85	6.99
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	104.85	6.99

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN MATEO (41)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	104.85	6.99
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	104.85	6.99
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	104.85	6.99
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	104.85	6.99
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	104.85	6.99
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	104.85	6.99
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	104.85	6.99
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	104.85	6.99

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN MATEO (41)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	104.85	6.99
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	104.85	6.99
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	104.85	6.99
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	193.65	12.91
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	193.65	12.91
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	193.65	12.91
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	193.65	12.91

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN MATEO (41)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	193.65	12.91
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	193.65	12.91
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	193.65	12.91
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	193.65	12.91
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	193.65	12.91
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	193.65	12.91
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	193.65	12.91
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	193.65	12.91

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SAN MATEO (41)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	155.85	10.39
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	155.85	10.39
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	155.85	10.39

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SANTA BARBARA
(42)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,655.01	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,655.01	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,655.01	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SANTA BARBARA
(42)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	34.65	2.31
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	34.65	2.31
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	34.65	2.31
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	34.65	2.31
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	34.65	2.31
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	34.65	2.31
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	34.65	2.31

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SANTA BARBARA
(42)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Intensive Care Coordination (ICC)					
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	44.55	2.97
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	44.55	2.97
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	44.55	2.97
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	44.55	2.97
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	44.55	2.97
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	44.55	2.97
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	44.55	2.97

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SANTA BARBARA
(42)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	44.55	2.97
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	44.55	2.97
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	44.55	2.97
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	44.55	2.97
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	44.55	2.97
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	44.55	2.97
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	44.55	2.97
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	44.55	2.97

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SANTA BARBARA
(42)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	44.55	2.97
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	44.55	2.97
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	44.55	2.97
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	44.55	2.97
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.35	5.49
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.35	5.49
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.35	5.49
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.35	5.49

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SANTA BARBARA
(42)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.35	5.49
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.35	5.49
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.35	5.49
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.35	5.49
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.35	5.49
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.35	5.49
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.35	5.49
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	82.35	5.49

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SANTA BARBARA
(42)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	66.30	4.42
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	66.30	4.42
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	66.30	4.42

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SANTA CLARA
(43)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	2,183.10	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	2,183.10	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	2,183.10	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	126.29	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	126.29	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SANTA CLARA
(43)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	85.65	5.71
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	85.65	5.71
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	85.65	5.71
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	85.65	5.71
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	85.65	5.71
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	85.65	5.71
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	85.65	5.71

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SANTA CLARA
(43)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	85.65	5.71
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	110.70	7.38
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	110.70	7.38
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	110.70	7.38
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	110.70	7.38
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	110.70	7.38
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	110.70	7.38
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	110.70	7.38

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SANTA CLARA
(43)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	110.70	7.38
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	110.70	7.38
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	110.70	7.38
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	110.70	7.38
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	110.70	7.38
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	110.70	7.38
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	110.70	7.38
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	110.70	7.38

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SANTA CLARA
(43)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	110.70	7.38
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	110.70	7.38
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	110.70	7.38
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	110.70	7.38
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	204.45	13.63
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	204.45	13.63
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	204.45	13.63
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	204.45	13.63

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SANTA CLARA
(43)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	204.45	13.63
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	204.45	13.63
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	204.45	13.63
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	204.45	13.63
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	204.45	13.63
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	204.45	13.63
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	204.45	13.63
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	204.45	13.63

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SANTA CLARA
(43)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	164.55	10.97
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	164.55	10.97
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	164.55	10.97

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SANTA CRUZ (44)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SANTA CRUZ (44)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	39.45	2.63
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	39.45	2.63
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	39.45	2.63
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	39.45	2.63
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	39.45	2.63
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	39.45	2.63
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	39.45	2.63

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SANTA CRUZ (44)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	39.45	2.63
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	50.85	3.39
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	50.85	3.39
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	50.85	3.39
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	50.85	3.39
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.85	3.39
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.85	3.39
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.85	3.39

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SANTA CRUZ (44)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.85	3.39
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.85	3.39
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.85	3.39
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.85	3.39
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.85	3.39
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.85	3.39
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.85	3.39
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	50.85	3.39

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SANTA CRUZ (44)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	50.85	3.39
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	50.85	3.39
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	50.85	3.39
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	94.05	6.27
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	94.05	6.27
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	94.05	6.27
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	94.05	6.27

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SANTA CRUZ (44)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	94.05	6.27
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	94.05	6.27
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	94.05	6.27
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	94.05	6.27
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	94.05	6.27
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	94.05	6.27
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	94.05	6.27
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	94.05	6.27

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SANTA CRUZ (44)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	75.60	5.04
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	75.60	5.04
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	75.60	5.04

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SHASTA (45)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	342.22	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	342.22	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SHASTA (45)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	39.60	2.64
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	39.60	2.64
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	39.60	2.64
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	39.60	2.64
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	39.60	2.64
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	39.60	2.64
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	39.60	2.64

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SHASTA (45)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	39.60	2.64
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	51.15	3.41
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	51.15	3.41
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	51.15	3.41
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	51.15	3.41
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	51.15	3.41
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	51.15	3.41
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	51.15	3.41

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SHASTA (45)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	51.15	3.41
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	51.15	3.41
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	51.15	3.41
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	51.15	3.41
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	51.15	3.41
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	51.15	3.41
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	51.15	3.41
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	51.15	3.41

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SHASTA (45)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	51.15	3.41
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	51.15	3.41
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	51.15	3.41
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	51.15	3.41
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	56.55	3.77
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	56.55	3.77
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	56.55	3.77
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	56.55	3.77

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SHASTA (45)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	56.55	3.77
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	56.55	3.77
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	56.55	3.77
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	56.55	3.77
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	56.55	3.77
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	56.55	3.77
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	56.55	3.77

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SHASTA (45)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention				H2011	HE
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	76.05	5.07
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	76.05	5.07
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	76.05	5.07

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SIERRA (46)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SIERRA (46)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Day Rehabilitation (Full Day)					
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	36.60	2.44
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	36.60	2.44
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	36.60	2.44
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	36.60	2.44
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	36.60	2.44
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	36.60	2.44
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	36.60	2.44

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SIERRA (46)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	36.60	2.44
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	47.40	3.16
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	47.40	3.16
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	47.40	3.16
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	47.40	3.16
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	47.40	3.16
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	47.40	3.16
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	47.40	3.16

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SIERRA (46)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	47.40	3.16
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	47.40	3.16
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	47.40	3.16
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	47.40	3.16
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	47.40	3.16
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	47.40	3.16
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	47.40	3.16
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	47.40	3.16

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SIERRA (46)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	47.40	3.16
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	47.40	3.16
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	47.40	3.16
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	87.45	5.83
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	87.45	5.83
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	87.45	5.83
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	87.45	5.83

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SIERRA (46)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	87.45	5.83
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	87.45	5.83
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	87.45	5.83
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	87.45	5.83
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	87.45	5.83
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	87.45	5.83
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	87.45	5.83
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	87.45	5.83

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SIERRA (46)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	70.35	4.69
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	70.35	4.69
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	70.35	4.69

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SISKIYOU (47)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SISKIYOU (47)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	44.70	2.98
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	44.70	2.98
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	44.70	2.98
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	44.70	2.98
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	44.70	2.98
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	44.70	2.98
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	44.70	2.98

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SISKIYOU (47)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	44.70	2.98
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	56.85	3.79
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	56.85	3.79
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	56.85	3.79
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	56.85	3.79
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.85	3.79
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.85	3.79
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.85	3.79

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SISKIYOU (47)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.85	3.79
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.85	3.79
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.85	3.79
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.85	3.79
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.85	3.79
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.85	3.79
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.85	3.79
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	56.85	3.79

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SISKIYOU (47)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	56.85	3.79
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	56.85	3.79
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	56.85	3.79
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.85	5.79
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.85	5.79
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.85	5.79
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.85	5.79

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SISKIYOU (47)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.85	5.79
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.85	5.79
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.85	5.79
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.85	5.79
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.85	5.79
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.85	5.79
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.85	5.79
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.85	5.79

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SISKIYOU (47)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	90.15	6.01
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	90.15	6.01
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	90.15	6.01

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SOLANO (48)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SOLANO (48)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	73.35	4.89
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	73.35	4.89
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	73.35	4.89
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	73.35	4.89
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	73.35	4.89
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	73.35	4.89
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	73.35	4.89

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SOLANO (48)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Intensive Care Coordination (ICC)					
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	94.95	6.33
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	94.95	6.33
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	94.95	6.33
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	94.95	6.33
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	94.95	6.33
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	94.95	6.33
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	94.95	6.33

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SOLANO (48)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	94.95	6.33
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	94.95	6.33
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	94.95	6.33
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	94.95	6.33
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	94.95	6.33
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	94.95	6.33
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	94.95	6.33
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	94.95	6.33

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SOLANO (48)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	94.95	6.33
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	94.95	6.33
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	94.95	6.33
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	175.05	11.67
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	175.05	11.67
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	175.05	11.67
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	175.05	11.67

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SOLANO (48)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	175.05	11.67
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	175.05	11.67
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	175.05	11.67
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	175.05	11.67
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	175.05	11.67
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	175.05	11.67
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	175.05	11.67
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	175.05	11.67

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SOLANO (48)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	141.00	9.40
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	141.00	9.40
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	141.00	9.40

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SONOMA (49)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	71.11	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	71.11	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SONOMA (49)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	36.15	2.41
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	36.15	2.41
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	36.15	2.41
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	36.15	2.41
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	36.15	2.41
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	36.15	2.41
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	36.15	2.41

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SONOMA (49)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	36.15	2.41
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	48.45	3.23
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	48.45	3.23
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	48.45	3.23
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	48.45	3.23
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.45	3.23
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.45	3.23
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.45	3.23

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SONOMA (49)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.45	3.23
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.45	3.23
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.45	3.23
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.45	3.23
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.45	3.23
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.45	3.23
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.45	3.23
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	48.45	3.23

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SONOMA (49)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	48.45	3.23
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	48.45	3.23
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	48.45	3.23
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.10	5.74
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.10	5.74
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.10	5.74
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.10	5.74

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SONOMA (49)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.10	5.74
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.10	5.74
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.10	5.74
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.10	5.74
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.10	5.74
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.10	5.74
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	86.10	5.74

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

SONOMA (49)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	70.80	4.72
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	70.80	4.72
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	70.80	4.72

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

STANISLAUS (50)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	778.09	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

STANISLAUS (50)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	42.60	2.84
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	42.60	2.84
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	42.60	2.84
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	42.60	2.84
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	42.60	2.84
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	42.60	2.84
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	42.60	2.84

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

STANISLAUS (50)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	42.60	2.84
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	54.75	3.65
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	54.75	3.65
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	54.75	3.65
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	54.75	3.65
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.75	3.65
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.75	3.65
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.75	3.65

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

STANISLAUS (50)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.75	3.65
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.75	3.65
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.75	3.65
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.75	3.65
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.75	3.65
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.75	3.65
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.75	3.65
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.75	3.65

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

STANISLAUS (50)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.75	3.65
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	54.75	3.65
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	54.75	3.65
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	54.75	3.65
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	101.85	6.79
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	101.85	6.79
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	101.85	6.79
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	101.85	6.79

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

STANISLAUS (50)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	101.85	6.79
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	101.85	6.79
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	101.85	6.79
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	101.85	6.79
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	101.85	6.79
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	101.85	6.79
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	101.85	6.79

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

STANISLAUS (50)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	66.30	4.42
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	66.30	4.42
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	66.30	4.42

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SUTTER/YUBA
(58)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	1,108.90	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SUTTER/YUBA
(58)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	53.10	3.54
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	53.10	3.54
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	53.10	3.54
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	53.10	3.54
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	53.10	3.54
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	53.10	3.54
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	53.10	3.54

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SUTTER/YUBA
(58)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Intensive Care Coordination (ICC)					
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	68.55	4.57
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	68.55	4.57
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	68.55	4.57
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	68.55	4.57
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	68.55	4.57
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	68.55	4.57
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	68.55	4.57

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SUTTER/YUBA
(58)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	68.55	4.57
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	68.55	4.57
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	68.55	4.57
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	68.55	4.57
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	68.55	4.57
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	68.55	4.57
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	68.55	4.57
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	68.55	4.57

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SUTTER/YUBA
(58)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	68.55	4.57
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	68.55	4.57
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	68.55	4.57
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	68.55	8.44
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SUTTER/YUBA
(58)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Medication Support / Care Plan Develop and Document		G8437	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	126.60	8.44

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

**SUTTER/YUBA
(58)**

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	101.85	6.79
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	101.85	6.79
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	101.85	6.79

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TEHAMA (52)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	95.83	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	95.83	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TEHAMA (52)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Day Rehabilitation (Full Day)					
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	30.60	2.04
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	30.60	2.04
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	30.60	2.04
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	30.60	2.04
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	30.60	2.04
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	30.60	2.04
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	30.60	2.04

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TEHAMA (52)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Intensive Care Coordination (ICC)					
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	39.60	2.64
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	39.60	2.64
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	39.60	2.64
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	39.60	2.64
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	39.60	2.64
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	39.60	2.64
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	39.60	2.64

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TEHAMA (52)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	39.60	2.64
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	39.60	2.64
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	39.60	2.64
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	39.60	2.64
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	39.60	2.64
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	39.60	2.64
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	39.60	2.64
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	39.60	2.64

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TEHAMA (52)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	39.60	2.64
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	39.60	2.64
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	39.60	2.64
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.35	4.89
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.35	4.89
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.35	4.89
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.35	4.89

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TEHAMA (52)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.35	4.89
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.35	4.89
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.35	4.89
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.35	4.89
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.35	4.89
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.35	4.89
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	73.35	4.89

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TEHAMA (52)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	58.95	3.93
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	58.95	3.93
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	58.95	3.93

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TRINITY (53)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TRINITY (53)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	39.90	2.66
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	39.90	2.66
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	39.90	2.66
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	39.90	2.66
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	39.90	2.66
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	39.90	2.66
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	39.90	2.66

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TRINITY (53)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	39.90	2.66
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	46.20	3.08
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	46.20	3.08
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	46.20	3.08
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	46.20	3.08
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	46.20	3.08
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	46.20	3.08
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	46.20	3.08

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TRINITY (53)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	46.20	3.08
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	46.20	3.08
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	46.20	3.08
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	46.20	3.08
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	46.20	3.08
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	46.20	3.08
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	46.20	3.08
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	46.20	3.08

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TRINITY (53)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	46.20	3.08
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	46.20	3.08
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	46.20	3.08
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	74.70	4.98
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	74.70	4.98
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	74.70	4.98
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	74.70	4.98

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TRINITY (53)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	74.70	4.98
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	74.70	4.98
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	74.70	4.98
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	74.70	4.98
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	74.70	4.98
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	74.70	4.98
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	74.70	4.98

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TRINITY (53)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	53.70	3.58
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	53.70	3.58
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	53.70	3.58

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TULARE (54)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	110.58	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	110.58	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TULARE (54)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	21.45	1.43
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	21.45	1.43
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	21.45	1.43
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	21.45	1.43
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	21.45	1.43
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	21.45	1.43
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	21.45	1.43

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TULARE (54)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Intensive Care Coordination (ICC)					
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	67.05	4.47
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	67.05	4.47
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	67.05	4.47
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	67.05	4.47
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	67.05	4.47
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	67.05	4.47
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	67.05	4.47

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TULARE (54)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	67.05	4.47
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	67.05	4.47
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	67.05	4.47
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	67.05	4.47
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	67.05	4.47
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	67.05	4.47
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	67.05	4.47
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	67.05	4.47

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TULARE (54)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	67.05	4.47
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	67.05	4.47
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	67.05	4.47
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	67.05	4.47
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	46.65	3.11
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	46.65	3.11
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	46.65	3.11
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	46.65	3.11

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TULARE (54)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	46.65	3.11
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	46.65	3.11
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	46.65	3.11
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	46.65	3.11
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	46.65	3.11
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	46.65	3.11
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	46.65	3.11

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TULARE (54)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	34.65	2.31
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	34.65	2.31
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	34.65	2.31

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TUOLUMNE (55)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TUOLUMNE (55)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Day Rehabilitation (Full Day)					
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	43.05	2.87
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	43.05	2.87
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	43.05	2.87
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	43.05	2.87
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	43.05	2.87
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	43.05	2.87
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	43.05	2.87

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TUOLUMNE (55)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	43.05	2.87
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	55.65	3.71
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	55.65	3.71
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	55.65	3.71
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	55.65	3.71
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.65	3.71
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.65	3.71
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.65	3.71

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TUOLUMNE (55)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.65	3.71
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.65	3.71
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.65	3.71
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.65	3.71
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.65	3.71
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.65	3.71
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.65	3.71
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	55.65	3.71

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TUOLUMNE (55)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	55.65	3.71
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	55.65	3.71
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	55.65	3.71
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.90	6.86
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.90	6.86
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.90	6.86
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.90	6.86

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TUOLUMNE (55)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.90	6.86
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.90	6.86
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.90	6.86
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.90	6.86
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.90	6.86
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.90	6.86
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	102.90	6.86

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

TUOLUMNE (55)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	82.80	5.52
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	82.80	5.52
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	82.80	5.52

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

VENTURA (56)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,891.94	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,891.94	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,891.94	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

VENTURA (56)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	35.40	2.36
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	35.40	2.36
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	35.40	2.36
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	35.40	2.36
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	35.40	2.36
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	35.40	2.36
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	35.40	2.36

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

VENTURA (56)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Intensive Care Coordination (ICC)		T1017	HK	GT	12, 18	15	07	15 minutes (Bill in one-minute increments)	35.40	2.36
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	45.75	3.05
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	45.75	3.05
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	45.75	3.05
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	45.75	3.05
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.75	3.05
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.75	3.05
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.75	3.05

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

VENTURA (56)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.75	3.05
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.75	3.05
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.75	3.05
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.75	3.05
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.75	3.05
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.75	3.05
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.75	3.05
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.75	3.05

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

VENTURA (56)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS) / Plan Development		H0032	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	45.75	3.05
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	45.75	3.05
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	45.75	3.05
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	45.75	3.05
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	84.45	5.63
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	84.45	5.63
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	84.45	5.63
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	84.45	5.63

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

VENTURA (56)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	84.45	5.63
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	84.45	5.63
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	84.45	5.63
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	84.45	5.63
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	84.45	5.63
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	84.45	5.63
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	84.45	5.63

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

VENTURA (56)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	67.95	4.53
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	67.95	4.53
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	67.95	4.53

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

YOLO (57)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
General Hospital Inpatient	0100	H2015	HE		07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital under age 21	0100	H2015	HE	HA	07, 08, 09	05	10 - 18	Day	1,313.26	
Hospital Inpatient - Psychiatric Hospital over age 64	0100	H2015	HE	HC	07, 08, 09	05	10 - 18	Day	1,313.26	
General Hospital - Admin Day	0101	H0046	HE		07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Under age 21	0101	H0046	HE	HA	07, 08, 09	05	19	Day	415.95	
Hospital Inpatient - Administrative Day - Psychiatric Hospital Over age 64	0101	H0046	HE	HC	07, 08, 09	05	19	Day	415.95	
Psychiatric Health Facility		H2013	HE		05	05	20 - 29	Day	653.20	
Adult Crisis Residential (Non-Geriatric)		H0018	HE	HB	05	05	40 - 49	Day	368.35	
Adult Crisis Residential (Geriatric)		H0018	HE	HC	05	05	40 - 49	Day	368.35	
Adult Residential (Non-Geriatric)		H0019	HE	HB	05	05	65 - 79	Day	179.66	
Adult Residential (Geriatric)		H0019	HE	HC	05	05	64 - 79	Day	179.66	
Crisis Stabilization - ER		S9484	HE	TG	12, 18	10	20 - 24	Hour	114.35	
Crisis Stabilization - UC		S9484	HE	TG	12, 18	10	20 - 29	Hour	114.35	
Day Treatment Intensive (Half Day)		H2012	HE	TG	12, 18	10	81 - 84	Hour (use Flat Half Day rate for units = 3 and < 4)	174.32	
Day Treatment Intensive (Full Day)		H2012	HE	TG	12, 18	10	85 - 89	Hour (use Flat Half Day rate for units = 3 and < 4)	244.84	
Day Rehabilitation (Half Day)		H2012	HE		12, 18	10	91 - 94	Hour (use Flat Half Day rate for units = 3 and < 4)	101.69	

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

YOLO (57)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Day Rehabilitation (Full Day)		H2012	HE		12, 18	10	95 - 99	Hour (use Flat Half Day rate for units = 3 and < 4)	158.73	
Linkage(CM)/ Brokerage		T1017	HE		12, 18	15	01-09	15 minutes (Bill in one-minute increments)	41.85	2.79
Linkage(CM)/ Brokerage		T1017	HE	GT	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	41.85	2.79
Linkage(CM)/ Brokerage		T1017	HE	HQ	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	41.85	2.79
Linkage(CM)/ Brokerage		T1017	HE	SC	12, 18	15	01- 09	15 minutes (Bill in one-minute increments)	41.85	2.79
Intensive Care Coordination (ICC)		T1017	HK		12, 18	15	07	15 minutes (Bill in one-minute increments)	41.85	2.79
Intensive Care Coordination (ICC)		T1017	HK	SC	12, 18	15	07	15 minutes (Bill in one-minute increments)	41.85	2.79
Intensive Care Coordination (ICC)		T1017	HK	HQ	12, 18	15	07	15 minutes (Bill in one-minute increments)	41.85	2.79

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

YOLO (57)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Intensive Care Coordination (ICC)					
Intensive Home-Based Services (IHBS)		H2015	HK		12, 18	15	57	15 minutes (Bill in one-minute increments)	54.15	3.61
Intensive Home-Based Services (IHBS)		H2015	HK	SC	12, 18	15	57	15 minutes (Bill in one-minute increments)	54.15	3.61
Intensive Home-Based Services (IHBS)		H2015	HK	HQ	12, 18	15	57	15 minutes (Bill in one-minute increments)	54.15	3.61
Intensive Home-Based Services (IHBS)		H2015	HK	GT	12, 18	15	57	15 minutes (Bill in one-minute increments)	54.15	3.61
Mental Health Services (MHS)		H2015	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.15	3.61
Mental Health Services (MHS)		H2015	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.15	3.61
Mental Health Services (MHS)		H2015	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.15	3.61

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

YOLO (57)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
Mental Health Services (MHS)		H2015	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.15	3.61
Mental Health Services (MHS)/Rehabilitation		H2017	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.15	3.61
Mental Health Services (MHS)/Rehabilitation		H2017	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.15	3.61
Mental Health Services (MHS)/Rehabilitation		H2017	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.15	3.61
Mental Health Services (MHS)/Rehabilitation		H2017	HE	SC	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.15	3.61
Mental Health Services (MHS) / Plan Development		H0032	HE		12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.15	3.61
Mental Health Services (MHS) / Plan Development		H0032	HE	GT	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.15	3.61
Mental Health Services (MHS) / Plan Development		H0032	HE	HQ	12, 18	15	30 - 56, 59	15 minutes (Bill in one-minute increments)	54.15	3.61

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

YOLO (57)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Mental Health Services (MHS) / Plan Development					
TBS		H2019	HE		12, 18	15	58	15 minutes (Bill in one-minute increments)	54.15	3.61
TBS		H2019	HE	HQ	12, 18	15	58	15 minutes (Bill in one-minute increments)	54.15	3.61
TBS		H2019	HE	SC	12, 18	15	58	15 minutes (Bill in one-minute increments)	54.15	3.61
Medication Support		H2010	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	99.75	6.65
Medication Support		H2010	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	99.75	6.65
Medication Support		H2010	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	99.75	6.65
Medication Support		H2010	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	99.75	6.65

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

YOLO (57)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Medication Support / Care Plan Develop and Document					
Medication Support / Care Plan Develop and Document		G8437	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	99.75	6.65
Medication Support / Care Plan Develop and Document		G8437	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	99.75	6.65
Medication Support / Care Plan Develop and Document		G8437	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	99.75	6.65
Medication Support / Care Plan Develop and Document		H0034	HE		12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	99.75	6.65
Medication Support / Care Plan Develop and Document		H0034	HE	GT	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	99.75	6.65
Medication Support / Care Plan Develop and Document		H0034	HE	HQ	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	99.75	6.65
Medication Support / Care Plan Develop and Document		H0034	HE	SC	12, 18	15	60 - 69	15 minutes (Bill in one-minute increments)	99.75	6.65

CIR FY 2014-15

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

July 1, 2014 through June 30, 2015

YOLO (57)

Service Description	Revenue Code	Procedure Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Unit Basis Measurement Code	Max Allowed Rate	
					SDMC Claiming Code	CR/DC Code			Per Unit	Per Minute
					Crisis Intervention					
Crisis Intervention		H2011	HE	GT	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	80.25	5.35
Crisis Intervention		H2011	HE	HQ	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	80.25	5.35
Crisis Intervention		H2011	HE	SC	12, 18	15	70 - 79	15 minutes (Bill in one-minute increments)	80.25	5.35