County Interim R	ate (CIR) T	able for S	2013-14 Short-Doylough June 30		Reimb	ursement				ALAMEDA (01)	ALPINE (O2)	AMADOR (03)	BUTTE (04)	CALAVERAS (05)	COLUSA (06)	CONTRA COSTA (07)	DEL NORTE (08)	EL DORADO (09)
	Dresedure	Bayanya	Dressedure	Drandura	Mode	of Service	Service	Per		Max	Max	Max	Max	Max	Max	Max	Max Allowed	Max
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	CR/DC	SDMC Claiming	Function Code	Minute	Time Base	Allowed Rate Per	Allowed Rate Per	Allowed Rate Per	Allowed Rate Per	Allowed Rate Per	Allowed Rate Per	Allowed Rate Per	Rate Per	Allowed Rate Per
					Code	Code				Unit	Unit	Unit	Unit	Unit	Unit	Unit	Unit	Unit
General Hospital Inpatient	H2015	0100	HE		05	07, 08, 09	10 - 18		Day	\$2,116.57	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22	\$2,231.45	\$1,282.22	\$1,282.22
Hospital Inpatient - Psychiatric Hospital: Under age 21	H2015	0100	HE	HA	05	07, 08, 09	10 - 18		Day	\$2,116.57	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22	\$2,231.45	\$1,282.22	\$1,282.22
Hospital Inpatient - Psychiatric Hospital: Over age 64	H2015	0100	HE	HC	05	07, 08, 09	10 - 18		Day	\$2,116.57	\$1,282.22	\$1,282.22	\$1,282.22 \$416.95	\$1,282.22	\$1,282.22	\$2,231.45	\$1,282.22	\$1,282.22
General Hospital - Admin Day	H0046	0101	HE HE	110	05	07, 08, 09	19		Day Day	\$416.95 \$416.95	\$416.95 \$416.95	\$416.95 \$416.95	\$416.95 \$416.95	\$416.95 \$416.95	\$416.95 \$416.95	\$416.95 \$416.95	\$416.95 \$416.95	\$416.95 \$416.95
Hospital Inpatient - Psychiatric Hospital Under age 21: Admin Day	H0046 H0046	0101	HE	HA HC	05	07, 08, 09	19 19		Day	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95
Hospital Inpatient - Psychiatric Hospital Over age 64: Admin Day Psychiatric Health Facility	H2013	0101	HE	HC	05 05	07, 08, 09 05	20 - 29		Day	\$644.70	\$644.70	\$644.70	\$703.54	\$644.70	\$644.70	\$644.70	\$644.70	\$663.05
Adult Crisis Residential: Non-Geriatric	H0018		HE	НВ	05	05	40 - 49		Day	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$377.66
Adult Crisis Residential: Non-Genatric Adult Crisis Residential: Geriatric	H0018		HE	HC	05	05	40 - 49		Day	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$377.66
Adult Residential: Non-Geriatric	H0019		HE	HB	05	05	65 - 79		Day	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33
Adult Residential: Geriatric	H0019		HE	HC	05	05	65 - 79		Day	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33
Crisis Stabilization: Emergency Room (ER)	S9484		HE	TG	10	12, 18	20 - 24		Hour	\$141.14	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51	\$198.73	\$99.51	\$99.51
Crisis Stabilization: Urgent Care (UC)	S9484		HE	TG	10	12, 18	25 - 29		Hour	\$99.51	\$99.51	\$99.51	\$126.48	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51
- Control of the Cont						,			Hour (use Flat Half									
Day Treatment Intensive (Half Day)	H2012		HE	TG	10	12, 18	81 - 84		Day rate for units = 3									
` "						,			and < 4)	\$301.04	\$151.71	\$151.71	\$151.71	\$151.71	\$151.71	\$277.34	\$151.71	\$151.71
									Hour: Full Day Rate									
Day Treatment Intensive (Full Day)	H2012		HE	TG	10	12, 18	85 - 89		used when units = or									
, , , ,									> 4	\$422.84	\$213.09	\$213.09	\$213.09	\$213.09	\$213.09	\$389.55	\$213.09	\$213.09
									Hour (use Flat Half									
Day Rehabilitation (Half Day)	H2012		HE		10	12, 18	91 - 94		Day rate for units = 3									
									and < 4)	\$88.50	\$88.50	\$88.50	\$88.50	\$88.50	\$88.50	\$88.50	\$88.50	\$88.50
									Hour: Full Day Rate									
Day Rehabilitation (Full Day)	H2012		HE		10	12, 18	95 - 99		used when units = or									
									> 4	\$138.14	\$138.14	\$138.14	\$138.14	\$138.14	\$138.14	\$138.14	\$138.14	\$138.14
									15 minutes (Bill in									
Linkage(CM)/ Brokerage	T1017		HE		15	12, 18	01 - 09	3.11	one-minute			_		_	_	_	_	_
									increments)	\$46.65	\$52.65	\$53.25	\$27.15	\$41.70	\$48.60	\$30.75	\$23.85	\$34.80
				o=		40.40			15 minutes (Bill in									
Linkage(CM)/ Brokerage	T1017		HE	GT	15	12, 18	01 - 09	3.11	one-minute	£40.05	# 50.05	# 50.05	007.45	044.70	# 40.00	400 75	#00.05	004.00
									increments)	\$46.65	\$52.65	\$53.25	\$27.15	\$41.70	\$48.60	\$30.75	\$23.85	\$34.80
Links of (CM)/ Declare of	T4047				45	40.40	04 00	0.44	15 minutes (Bill in									
Linkage(CM)/ Brokerage	T1017		HE	HQ	15	12, 18	01 - 09	3.11	one-minute increments)	\$46.65	\$52.65	\$53.25	\$27.15	\$41.70	\$48.60	\$30.75	\$23.85	\$34.80
			1						15 minutes (Bill in	ψ40.03	φ32.03	φυσ.Ζυ	φ27.13	\$41.70	φ46.00	φ30.73	\$23.00	\$34.60
Linkage(CM)/ Brokerage	T1017		HE	sc	15	12, 18	01 - 09	3.11	one-minute									
Linkage(Civi)/ Brokerage	11017		I II I	30	13	12, 10	01-09	3.11	increments)	\$46.65	\$52.65	\$53.25	\$27.15	\$41.70	\$48.60	\$30.75	\$23.85	\$34.80
									15 minutes (Bill in	Ψ10.00	ψ32.03	ψ55.25	Ψ27.10	Ψ+1.70	ψ+0.00	ψ50.75	Ψ20.00	ψ04.00
Intensive Care Coordination (ICC)	T1017		нк		15	12, 18	07	3.11	one-minute									
microstro care coordination (100)						.2, .0		0	increments)	\$46.65	\$52.65	\$53.25	\$27.15	\$41.70	\$48.60	\$30.75	\$23.85	\$34.80
			İ						15 minutes (Bill in		400.00	*******		******	4.0.00	400	V	
Intensive Home-Based Services (IHBS)	H2015		HK		15	12, 18	57	3.17	one-minute									
/			1			, -	1		increments)	\$47.55	\$67.95	\$44.40	\$35.10	\$38.40	\$31.80	\$39.75	\$19.65	\$44.70
							İ		15 minutes (Bill in									
Mental Health Services (MHS)	H2015		HE		15	12, 18	30 - 56, 59	3.17	one-minute									
, ,			1				1		increments)	\$47.55	\$67.95	\$44.40	\$35.10	\$38.40	\$31.80	\$39.75	\$19.65	\$44.70
									15 minutes (Bill in									
Mental Health Services (MHS)	H2015		HE	GT	15	12, 18	30 - 56, 59	3.17	one-minute									
							<u> </u>		increments)	\$47.55	\$67.95	\$44.40	\$35.10	\$38.40	\$31.80	\$39.75	\$19.65	\$44.70

County Interim R	ate (CIR) Ta	able for S	2013-14 hort-Doyle		Reimbi	ursement				ALAMEDA (OI)	ALPINE (02)	AMADOR (03)	Β <i></i> υττε (04)	CALAVERAS (OS)	COLUSA (06)	CONTRA COSTA (07)	DEL NORTE (08)	EL DORADO (09)
					Mode	of Service				Max								
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	CR/DC Code	SDMC Claiming Code	Service Function Code	Per Minute	Time Base	Allowed Rate Per Unit	Allowed Rate Per Unit	Allowed Rate Per Unit	Allowed Rate Per Unit	Allowed Rate Per Unit	Allowed Rate Per Unit	Allowed Rate Per Unit	Allowed Rate Per Unit	Allowed Rate Per Unit
Mental Health Services (MHS)	H2015		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$47.55	\$67.95	\$44.40	\$35.10	\$38.40	\$31.80	\$39.75	\$19.65	\$44.70
Mental Health Services (MHS)	H2015		HE	SC	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$47.55	\$67.95	\$44.40	\$35.10	\$38.40	\$31.80	\$39.75	\$19.65	\$44.70
Mental Health Services (MHS)/Rehabilitation	H2017		HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$47.55	\$67.95	\$44.40	\$35.10	\$38.40	\$31.80	\$39.75	\$19.65	\$44.70
Mental Health Services (MHS)/Rehabilitation	H2017		HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$47.55	\$67.95	\$44.40	\$35.10	\$38.40	\$31.80	\$39.75	\$19.65	\$44.70
Mental Health Services (MHS)/Rehabilitation	H2017		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$47.55	\$67.95	\$44.40	\$35.10	\$38.40	\$31.80	\$39.75	\$19.65	\$44.70
Mental Health Services (MHS)/Rehabilitation	H2017		HE	SC	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$47.55	\$67.95	\$44.40	\$35.10	\$38.40	\$31.80	\$39.75	\$19.65	\$44.70
Mental Health Services (MHS) / Plan Development	H0032		HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$47.55	\$67.95	\$44.40	\$35.10	\$38.40	\$31.80	\$39.75	\$19.65	\$44.70
Mental Health Services (MHS) / Plan Development	H0032		HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$47.55	\$67.95	\$44.40	\$35.10	\$38.40	\$31.80	\$39.75	\$19.65	\$44.70
Mental Health Services (MHS) / Plan Development	H0032		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$47.55	\$67.95	\$44.40	\$35.10	\$38.40	\$31.80	\$39.75	\$19.65	\$44.70
Mental Health Services (MHS) / Plan Development	H0032		HE	SC	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$47.55	\$67.95	\$44.40	\$35.10	\$38.40	\$31.80	\$39.75	\$19.65	\$44.70
TBS	H2019		HE		15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$47.55	\$67.95	\$44.40	\$35.10	\$38.40	\$31.80	\$39.75	\$19.65	\$44.70
TBS	H2019		HE	HQ	15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$47.55	\$67.95	\$44.40	\$35.10	\$38.40	\$31.80	\$39.75	\$19.65	\$44.70
TBS	H2019		HE	SC	15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$47.55	\$67.95	\$44.40	\$35.10	\$38.40	\$31.80	\$39.75	\$19.65	\$44.70
Medication Support	H2010		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$127.35	\$125.55	\$76.05	\$64.80	\$97.50	\$47.10	\$73.50	\$105.15	\$82.80
Medication Support	H2010		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$127.35	\$125.55	\$76.05	\$64.80	\$97.50	\$47.10	\$73.50	\$105.15	\$82.80
Medication Support	H2010		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$127.35	\$125.55	\$76.05	\$64.80	\$97.50	\$47.10	\$73.50	\$105.15	\$82.80

County Interim	Rate (CIR) T	able for S	2013-14 Short-Doylough June 30		Reimb	ursement				ALAMEDA (01)	ALPINE (02)	AMADOR (03)	BUTTE (04)	CALAVERAS (05)	COLUSA (06)	CONTRA COSTA (07)	DEL NORTE (08)	EL DORADO (09)
Service Description	Procedure	Revenue	Procedure	Procedure	Mode	of Service	Service	Per	Time Base	Max Allowed	Max Allowed	Max Allowed						
Service Description	Code	Code	Modifier 1	Modifier 2	CR/DC Code	SDMC Claiming Code	Function Code	Minute	Tille Dase	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit
Medication Support	H2010		HE	SC	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$127.35	\$125.55	\$76.05	\$64.80	\$97.50	\$47.10	\$73.50	\$105.15	\$82.80
Medication Support / Care Plan Develop and Document	G8437		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$127.35	\$125.55	\$76.05	\$64.80	\$97.50	\$47.10	\$73.50	\$105.15	\$82.80
Medication Support / Care Plan Develop and Document	G8437		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$127.35	\$125.55	\$76.05	\$64.80	\$97.50	\$47.10	\$73.50	\$105.15	\$82.80
Medication Support / Care Plan Develop and Document	G8437		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$127.35	\$125.55	\$76.05	\$64.80	\$97.50	\$47.10	\$73.50	\$105.15	\$82.80
Medication Support / Care Plan Develop and Document	G8437		HE	SC	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$127.35	\$125.55	\$76.05	\$64.80	\$97.50	\$47.10	\$73.50	\$105.15	\$82.80
Medication Support / Care Plan Develop and Document	H0034		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$127.35	\$125.55	\$76.05	\$64.80	\$97.50	\$47.10	\$73.50	\$105.15	\$82.80
Medication Support / Care Plan Develop and Document	H0034		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$127.35	\$125.55	\$76.05	\$64.80	\$97.50	\$47.10	\$73.50	\$105.15	\$82.80
Medication Support / Care Plan Develop and Document	H0034		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$127.35	\$125.55	\$76.05	\$64.80	\$97.50	\$47.10	\$73.50	\$105.15	\$82.80
Medication Support / Care Plan Develop and Document	H0034		HE	SC	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$127.35	\$125.55	\$76.05	\$64.80	\$97.50	\$47.10	\$73.50	\$105.15	\$82.80
Crisis Intervention	H2011		HE		15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$52.35	\$124.05	\$56.10	\$52.20	\$37.35	\$35.70	\$58.50	\$24.30	\$66.75
Crisis Intervention	H2011		HE	GT	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$52.35	\$124.05	\$56.10	\$52.20	\$37.35	\$35.70	\$58.50	\$24.30	\$66.75
Crisis Intervention	H2011		HE	HQ	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$52.35	\$124.05	\$56.10	\$52.20	\$37.35	\$35.70	\$58.50	\$24.30	\$66.75
Crisis Intervention	H2011		HE	SC	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$52.35	\$124.05	\$56.10	\$52.20	\$37.35	\$35.70	\$58.50	\$24.30	\$66.75

County Interim R	ate (CIR) Ta	able for S	2013-14 hort-Doylo		Reimb	ursement				FRESNO (10)	GLENN (11)	HUMBOLDT (12)	IMPERIAL (13)	^{INY} O (14)	KERN (15)	KINGS (16)	^{LA} KE (17)	LASSEN (18)
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	CR/DC	of Service SDMC Claiming	Service Function Code	Per Minute	Time Base	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per
					Code	Code				Unit								
General Hospital Inpatient	H2015	0100	HE		05	07, 08, 09	10 - 18		Day	\$1,669.54	\$1,282.22	\$1,490.54	\$1,282.22	\$1,282.22	\$1,663.22	\$1,282.22	\$1,282.22	\$1,282.22
Hospital Inpatient - Psychiatric Hospital: Under age 21	H2015	0100	HE	HA	05	07, 08, 09	10 - 18		Day	\$1,669.54	\$1,282.22	\$1,490.54	\$1,282.22	\$1,282.22	\$1,663.22	\$1,282.22	\$1,282.22	\$1,282.22
Hospital Inpatient - Psychiatric Hospital: Over age 64	H2015 H0046	0100 0101	HE HE	HC	05 05	07, 08, 09 07, 08, 09	10 - 18 19		Day Day	\$1,669.54 \$416.95	\$1,282.22 \$416.95	\$1,490.54 \$416.95	\$1,282.22 \$416.95	\$1,282.22 \$416.95	\$1,663.22 \$416.95	\$1,282.22 \$416.95	\$1,282.22 \$416.95	\$1,282.22 \$416.95
General Hospital - Admin Day Hospital Inpatient - Psychiatric Hospital Under age 21: Admin Day	H0046	0101	HE	HA	05	07, 08, 09	19		Day	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95
Hospital Inpatient - Psychiatric Hospital Over age 64: Admin Day	H0046	0101	HE	HC	05	07, 08, 09	19		Day	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95
Psychiatric Health Facility	H2013	0101	HE	110	05	05	20 - 29		Day	\$975.94	\$644.70	\$644.70	\$644.70	\$644.70	\$644.70	\$644.70	\$644.70	\$644.70
Adult Crisis Residential: Non-Geriatric	H0018		HE	НВ	05	05	40 - 49		Day	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56
Adult Crisis Residential: Geriatric	H0018		HE	HC	05	05	40 - 49		Day	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56
Adult Residential: Non-Geriatric	H0019		HE	НВ	05	05	65 - 79		Day	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33
Adult Residential: Geriatric	H0019		HE	HC	05	05	65 - 79		Day	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33
Crisis Stabilization: Emergency Room (ER)	S9484		HE	TG	10	12, 18	20 - 24		Hour	\$99.51	\$99.51	\$79.24	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51
Crisis Stabilization: Urgent Care (UC)	S9484		HE	TG	10	12, 18	25 - 29		Hour	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51	\$171.16	\$99.51	\$99.51	\$99.51
Day Treatment Intensive (Half Day)	H2012		HE	TG	10	12, 18	81 - 84		Hour (use Flat Half Day rate for units = 3 and < 4)	\$301.14	\$151.71	\$151.71	\$151.71	\$151.71	\$151.71	\$158.45	\$151.71	\$165.26
Day Treatment Intensive (Full Day)	H2012		HE	TG	10	12, 18	85 - 89		Hour: Full Day Rate used when units = or > 4	\$422.97	\$213.09	\$213.09	\$213.09	\$213.09	\$213.09	\$222.56	\$213.09	\$232.12
Day Rehabilitation (Half Day)	H2012		HE		10	12, 18	91 - 94		Hour (use Flat Half Day rate for units = 3 and < 4)	\$88.50	\$88.50	\$88.17	\$88.50	\$88.50	\$88.50	\$88.50	\$88.50	\$131.74
Day Rehabilitation (Full Day)	H2012		HE		10	12, 18	95 - 99		Hour: Full Day Rate used when units = or	·	·	·	·	·	·	\$138.14		
Linkage(CM)/ Brokerage	T1017		HE		15	12, 18	01 - 09	3.11	> 4 15 minutes (Bill in one-minute increments)	\$138.14 \$33.15	\$138.14 \$31.50	\$138.14 \$30.90	\$138.14 \$39.60	\$138.14 \$56.70	\$138.14 \$37.80	\$26.85	\$138.14 \$28.65	\$205.63 \$54.45
Linkage(CM)/ Brokerage	T1017		HE	GT	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$33.15	\$31.50	\$30.90	\$39.60	\$56.70	\$37.80	\$26.85	\$28.65	\$54.45
Linkage(CM)/ Brokerage	T1017		HE	HQ	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$33.15	\$31.50	\$30.90	\$39.60	\$56.70	\$37.80	\$26.85	\$28.65	\$54.45
Linkage(CM)/ Brokerage	T1017		HE	SC	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$33.15	\$31.50	\$30.90	\$39.60	\$56.70	\$37.80	\$26.85	\$28.65	\$54.45
Intensive Care Coordination (ICC)	T1017		НК		15	12, 18	07	3.11	15 minutes (Bill in one-minute increments)	\$33.15	\$31.50	\$30.90	\$39.60	\$56.70	\$37.80	\$26.85	\$28.65	\$54.45
Intensive Home-Based Services (IHBS)	H2015		НК		15	12, 18	57	3.17	15 minutes (Bill in one-minute increments)	\$42.90	\$40.80	\$39.90	\$51.15	\$45.00	\$48.90	\$34.80	\$36.90	\$67.50
Mental Health Services (MHS)	H2015		HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$42.90	\$40.80	\$39.90	\$51.15	\$45.00	\$48.90	\$34.80	\$36.90	\$67.50
Mental Health Services (MHS)	H2015		HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$42.90	\$40.80	\$39.90	\$51.15	\$45.00	\$48.90	\$34.80	\$36.90	\$67.50

County Interim R	ate (CIR) Ta	able for S	2013-14 Short-Doyle		Reimbi	ursement				FRESNO (10)	GLENN (11)	HUMBOLDT (12)	IMPERIAL (13)	^{INY} O (14)	KERN (15)	KINGS (16)	^{LA} KE (17)	LASSEN (18)
	Procedure	Revenue	Procedure	Procedure	Mode	of Service	Service	Per		Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed
Service Description	Code	Code	Modifier 1		CR/DC Code	SDMC Claiming Code	Function Code		Time Base	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit
Mental Health Services (MHS)	H2015		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$42.90	\$40.80	\$39.90	\$51.15	\$45.00	\$48.90	\$34.80	\$36.90	\$67.50
Mental Health Services (MHS)	H2015		HE	SC	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$42.90	\$40.80	\$39.90	\$51.15	\$45.00	\$48.90	\$34.80	\$36.90	\$67.50
Mental Health Services (MHS)/Rehabilitation	H2017		HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$42.90	\$40.80	\$39.90	\$51.15	\$45.00	\$48.90	\$34.80	\$36.90	\$67.50
Mental Health Services (MHS)/Rehabilitation	H2017		HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$42.90	\$40.80	\$39.90	\$51.15	\$45.00	\$48.90	\$34.80	\$36.90	\$67.50
Mental Health Services (MHS)/Rehabilitation	H2017		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$42.90	\$40.80	\$39.90	\$51.15	\$45.00	\$48.90	\$34.80	\$36.90	\$67.50
Mental Health Services (MHS)/Rehabilitation	H2017		HE	sc	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$42.90	\$40.80	\$39.90	\$51.15	\$45.00	\$48.90	\$34.80	\$36.90	\$67.50
Mental Health Services (MHS) / Plan Development	H0032		HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$42.90	\$40.80	\$39.90	\$51.15	\$45.00	\$48.90	\$34.80	\$36.90	\$67.50
Mental Health Services (MHS) / Plan Development	H0032		HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$42.90	\$40.80	\$39.90	\$51.15	\$45.00	\$48.90	\$34.80	\$36.90	\$67.50
Mental Health Services (MHS) / Plan Development	H0032		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$42.90	\$40.80	\$39.90	\$51.15	\$45.00	\$48.90	\$34.80	\$36.90	\$67.50
Mental Health Services (MHS) / Plan Development	H0032		HE	SC	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$42.90	\$40.80	\$39.90	\$51.15	\$45.00	\$48.90	\$34.80	\$36.90	\$67.50
TBS	H2019		HE		15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$42.90	\$40.80	\$39.90	\$51.15	\$45.00	\$48.90	\$34.80	\$36.90	\$67.50
TBS	H2019		HE	HQ	15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$42.90	\$40.80	\$39.90	\$51.15	\$45.00	\$48.90	\$34.80	\$36.90	\$67.50
TBS	H2019		HE	SC	15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$42.90	\$40.80	\$39.90	\$51.15	\$45.00	\$48.90	\$34.80	\$36.90	\$67.50
Medication Support	H2010		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$79.05	\$75.15	\$61.35	\$94.50	\$89.10	\$90.30	\$64.20	\$68.25	\$113.25
Medication Support	H2010		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$79.05	\$75.15	\$61.35	\$94.50	\$89.10	\$90.30	\$64.20	\$68.25	\$113.25
Medication Support	H2010		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$79.05	\$75.15	\$61.35	\$94.50	\$89.10	\$90.30	\$64.20	\$68.25	\$113.25

County Interin	n Rate (CIR) T	able for S	2013-14 Short-Doylough June 30		Reimb	ursement				FRESNO (10)	GLENN (11)	HUMBOLDT (12)	IMPERIAL (13)	INYO (14)	KERN (15)	KINGS (16)	^{LA} KE (17)	USSEN (18)
	Procedure	Revenue	Procedure	Procedure	Mode	of Service	Service	Per		Max Allowed	Max Allowed							
Service Description	Code	Code		Modifier 2	CR/DC Code	SDMC Claiming Code	Function Code		Time Base	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit
Medication Support	H2010		HE	SC	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$79.05	\$75.15	\$61.35	\$94.50	\$89.10	\$90.30	\$64.20	\$68.25	\$113.25
Medication Support / Care Plan Develop and Document	G8437		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$79.05	\$75.15	\$61.35	\$94.50	\$89.10	\$90.30	\$64.20	\$68.25	\$113.25
Medication Support / Care Plan Develop and Document	G8437		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$79.05	\$75.15	\$61.35	\$94.50	\$89.10	\$90.30	\$64.20	\$68.25	\$113.25
Medication Support / Care Plan Develop and Document	G8437		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$79.05	\$75.15	\$61.35	\$94.50	\$89.10	\$90.30	\$64.20	\$68.25	\$113.25
Medication Support / Care Plan Develop and Document	G8437		HE	SC	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$79.05	\$75.15	\$61.35	\$94.50	\$89.10	\$90.30	\$64.20	\$68.25	\$113.25
Medication Support / Care Plan Develop and Document	H0034		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$79.05	\$75.15	\$61.35	\$94.50	\$89.10	\$90.30	\$64.20	\$68.25	\$113.25
Medication Support / Care Plan Develop and Document	H0034		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$79.05	\$75.15	\$61.35	\$94.50	\$89.10	\$90.30	\$64.20	\$68.25	\$113.25
Medication Support / Care Plan Develop and Document	H0034		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$79.05	\$75.15	\$61.35	\$94.50	\$89.10	\$90.30	\$64.20	\$68.25	\$113.25
Medication Support / Care Plan Develop and Document	H0034		HE	SC	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$79.05	\$75.15	\$61.35	\$94.50	\$89.10	\$90.30	\$64.20	\$68.25	\$113.25
Crisis Intervention	H2011		HE		15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$63.75	\$60.60	\$59.25	\$76.05	\$60.00	\$72.75	\$51.60	\$54.90	\$93.30
Crisis Intervention	H2011		HE	GT	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$63.75	\$60.60	\$59.25	\$76.05	\$60.00	\$72.75	\$51.60	\$54.90	\$93.30
Crisis Intervention	H2011		HE	HQ	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$63.75	\$60.60	\$59.25	\$76.05	\$60.00	\$72.75	\$51.60	\$54.90	\$93.30
Crisis Intervention	H2011		HE	sc	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$63.75	\$60.60	\$59.25	\$76.05	\$60.00	\$72.75	\$51.60	\$54.90	\$93.30

County Interim R	ate (CIR) T	able for S	2013-14 Short-Doyle		Reimb	ursement				LOS ANGELES (19)	MADERA (20)	MARIN (21)	MARIPOSA (22)	MENDOCINO (23)	MERCED (24)	MODOC (25)	MONO (26)	MONTEREY (27)
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode CR/DC Code	SDMC Claiming	Service Function Code	Per Minute	Time Base	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit
General Hospital Inpatient	H2015	0100	HE		05	Code 07, 08, 09	10 - 18		Day	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22			\$1,282.22	\$1,282.22	\$1,282.22
Hospital Inpatient - Psychiatric Hospital: Under age 21	H2015	0100	HE	HA	05	07, 08, 09	10 - 18		Day	\$1,282,22	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22
Hospital Inpatient - Psychiatric Hospital: Order age 21	H2015	0100	HE	HC	05	07, 08, 09	10 - 18		Day	\$1,282.22	\$1,282.22	\$1,282,22	\$1,282,22	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282,22
General Hospital - Admin Day	H0046	0100	HE	110	05	07, 08, 09	19		Day	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95
Hospital Inpatient - Psychiatric Hospital Under age 21: Admin Day	H0046	0101	HE	HA	05	07, 08, 09	19		Day	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95
Hospital Inpatient - Psychiatric Hospital Over age 64: Admin Day	H0046	0101	HE	HC	05	07, 08, 09	19		Day	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95
Psychiatric Health Facility	H2013	0101	HE	110	05	05	20 - 29		Day	\$644.70	\$644.70	\$644.70	\$644.70	\$644.70	\$1,743.13	\$644.70	\$644.70	\$644.70
Adult Crisis Residential: Non-Geriatric	H0018		HE	НВ	05	05	40 - 49		Day	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56
Adult Crisis Residential: Geriatric	H0018		HE	HC	05	05	40 - 49		Day	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56
Adult Residential: Non-Geriatric	H0019		HE	HB	05	05	65 - 79		Day	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33
Adult Residential: Geriatric	H0019		HE	HC	05	05	65 - 79		Day	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33
Crisis Stabilization: Emergency Room (ER)	S9484		HE	TG	10	12, 18	20 - 24		Hour	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51
Crisis Stabilization: Urgent Care (UC)	S9484		HE	TG	10	12, 18	25 - 29		Hour	\$99.51	\$99.51	\$175.50	\$99.51	\$99.51	\$34.76	\$99.51	\$99.51	\$99.51
Day Treatment Intensive (Half Day)	H2012		HE	TG	10	12, 18	81 - 84		Hour (use Flat Half Day rate for units = 3 and < 4)	\$176.54	\$151.71	\$151.71	\$223.71	\$135.00	\$151.71	\$151.71	\$151.71	\$151.71
Day Treatment Intensive (Full Day)	H2012		HE	TG	10	12, 18	85 - 89		Hour: Full Day Rate used when units = or > 4	\$247.97	\$213.09	\$213.09	\$314.22	\$189.62	\$213.09	\$213.09	\$213.09	\$213.09
Day Rehabilitation (Half Day)	H2012		HE		10	12, 18	91 - 94		Hour (use Flat Half Day rate for units = 3 and < 4)	\$88.50	\$88.50	\$88.50	\$88.50	\$78.76	\$88.50	\$88.50	\$88.50	\$88.50
Day Rehabilitation (Full Day)	H2012		HE		10	12, 18	95 - 99		Hour: Full Day Rate used when units = or > 4	\$138.14	\$138.14	\$138.14	\$138.14	\$122.93	\$138.14	\$138.14	\$138.14	\$138.14
Linkage(CM)/ Brokerage	T1017		HE		15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$35.10	\$29.70	\$56.25	\$50.55	\$48.00	\$65.40	\$30.00	\$83.10	\$42.75
Linkage(CM)/ Brokerage	T1017		HE	GT	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$35.10	\$29.70	\$56.25	\$50.55	\$48.00	\$65.40	\$30.00	\$83.10	\$42.75
Linkage(CM)/ Brokerage	T1017		HE	HQ	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$35.10	\$29.70	\$56.25	\$50.55	\$48.00	\$65.40	\$30.00	\$83.10	\$42.75
Linkage(CM)/ Brokerage	T1017		HE	SC	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$35.10	\$29.70	\$56.25	\$50.55	\$48.00	\$65.40	\$30.00	\$83.10	\$42.75
Intensive Care Coordination (ICC)	T1017		НК		15	12, 18	07	3.11	15 minutes (Bill in one-minute increments)	\$35.10	\$29.70	\$56.25	\$50.55	\$48.00	\$65.40	\$30.00	\$83.10	\$42.75
Intensive Home-Based Services (IHBS)	H2015		НК		15	12, 18	57	3.17	15 minutes (Bill in one-minute increments)	\$45.00	\$32.85	\$72.00	\$65.25	\$47.25	\$75.15	\$38.70	\$76.80	\$55.35
Mental Health Services (MHS)	H2015		HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$45.00	\$32.85	\$72.00	\$65.25	\$47.25	\$75.15	\$38.70	\$76.80	\$55.35
Mental Health Services (MHS)	H2015		HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$45.00	\$32.85	\$72.00	\$65.25	\$47.25	\$75.15	\$38.70	\$76.80	\$55.35

County Interim F	CIR FY Rate (CIR) Table for 5 July 1, 2013 throu			Reimb	ursement				LOS ANGELES (19)	MADERA (20)	MARIN (21)	MARIPOSA (22)	MENDOCINO (23)	MERCED (24)	MODOC (25)	MONO (26)	MONTEREY (27)
Service Description	Procedure Code Code	Procedure Modifier 1	Procedure Modifier 2		SDMC	Service Function Code	Per Minute	Time Base	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per
				Code	Claiming Code				Unit								
Mental Health Services (MHS)	H2015	HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$45.00	\$32.85	\$72.00	\$65.25	\$47.25	\$75.15	\$38.70	\$76.80	\$55.35
Mental Health Services (MHS)	H2015	HE	SC	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$45.00	\$32.85	\$72.00	\$65.25	\$47.25	\$75.15	\$38.70	\$76.80	\$55.35
Mental Health Services (MHS)/Rehabilitation	H2017	HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$45.00	\$32.85	\$72.00	\$65.25	\$47.25	\$75.15	\$38.70	\$76.80	\$55.35
Mental Health Services (MHS)/Rehabilitation	H2017	HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$45.00	\$32.85	\$72.00	\$65.25	\$47.25	\$75.15	\$38.70	\$76.80	\$55.35
Mental Health Services (MHS)/Rehabilitation	H2017	HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$45.00	\$32.85	\$72.00	\$65.25	\$47.25	\$75.15	\$38.70	\$76.80	\$55.35
Mental Health Services (MHS)/Rehabilitation	H2017	HE	SC	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$45.00	\$32.85	\$72.00	\$65.25	\$47.25	\$75.15	\$38.70	\$76.80	\$55.35
Mental Health Services (MHS) / Plan Development	H0032	HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$45.00	\$32.85	\$72.00	\$65.25	\$47.25	\$75.15	\$38.70	\$76.80	\$55.35
Mental Health Services (MHS) / Plan Development	H0032	HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute									
Mental Health Services (MHS) / Plan Development	H0032	HE	HQ	15	12, 18	30 - 56, 59	3.17	increments) 15 minutes (Bill in one-minute	\$45.00	\$32.85	\$72.00	\$65.25	\$47.25	\$75.15	\$38.70	\$76.80	\$55.35
Mental Health Services (MHS) / Plan Development	H0032	HE	SC	15	12, 18	30 - 56, 59	3.17	increments) 15 minutes (Bill in one-minute	\$45.00	\$32.85	\$72.00	\$65.25	\$47.25	\$75.15	\$38.70	\$76.80	\$55.35
TBS	H2019	HE		15	12, 18	58	3.17	increments) 15 minutes (Bill in one-minute increments)	\$45.00 \$45.00	\$32.85 \$32.85	\$72.00 \$72.00	\$65.25 \$65.25	\$47.25 \$47.25	\$75.15 \$75.15	\$38.70 \$38.70	\$76.80 \$76.80	\$55.35 \$55.35
TBS	H2019	HE	HQ	15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$45.00	\$32.85	\$72.00	\$65.25	\$47.25	\$75.15 \$75.15	\$38.70	\$76.80	\$55.35 \$55.35
TBS	H2019	HE	SC	15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$45.00	\$32.85	\$72.00	\$65.25	\$47.25	\$75.15 \$75.15	\$38.70	\$76.80	\$55.35
Medication Support	H2010	HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$88.80	\$65.85	\$134.40	\$120.45	\$100.35	\$102.75	\$50.70 \$51.90	\$123.90	\$102.15
Medication Support	H2010	HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute			·	·		·	·	·	
Medication Support	H2010	HE	HQ	15	12, 18	60 - 69	8.49	increments) 15 minutes (Bill in one-minute increments)	\$88.80 \$88.80	\$65.85 \$65.85	\$134.40 \$134.40	\$120.45 \$120.45	\$100.35 \$100.35	\$102.75 \$102.75	\$51.90 \$51.90	\$123.90 \$123.90	\$102.15 \$102.15

County Interim	Rate (CIR) T	able for S	2013-14 Short-Doylough June 30		Reimb	ursement				LOS ANGELES (19)	MADERA (20)	MARIN (21)	MARIPOSA (22)	MENDOCINO (23)	MERCED (24)	MODOC (25)	MONO (26)	MONTEREY (27)
Service Description	Procedure	Revenue	Procedure			of Service	Service	Per	Time Base	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed
	Code	Code	Modifier 1	Modifier 2	CR/DC Code	Claiming Code	Function Code	Minute		Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit
Medication Support	H2010		HE	sc	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$88.80	\$65.85	\$134.40	\$120.45	\$100.35	\$102.75	\$51.90	\$123.90	\$102.15
Medication Support / Care Plan Develop and Document	G8437		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$88.80	\$65.85	\$134.40	\$120.45	\$100.35	\$102.75	\$51.90	\$123.90	\$102.15
Medication Support / Care Plan Develop and Document														\$100.35	\$102.75	\$51.90	\$123.90	\$102.15
Medication Support / Care Plan Develop and Document	G8437		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$88.80	\$65.85	\$134.40	\$120.45	\$100.35	\$102.75	\$51.90	\$123.90	\$102.15
Medication Support / Care Plan Develop and Document	G8437		HE	SC	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$88.80	\$65.85	\$134.40	\$120.45	\$100.35	\$102.75	\$51.90	\$123.90	\$102.15
Medication Support / Care Plan Develop and Document	H0034		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$88.80	\$65.85	\$134.40	\$120.45	\$100.35	\$102.75	\$51.90	\$123.90	\$102.15
Medication Support / Care Plan Develop and Document	H0034		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$88.80	\$65.85	\$134.40	\$120.45	\$100.35	\$102.75	\$51.90	\$123.90	\$102.15
Medication Support / Care Plan Develop and Document	H0034		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$88.80	\$65.85	\$134.40	\$120.45	\$100.35	\$102.75	\$51.90	\$123.90	\$102.15
Medication Support / Care Plan Develop and Document	H0034		HE	sc	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$88.80	\$65.85	\$134.40	\$120.45	\$100.35	\$102.75	\$51.90	\$123.90	\$102.15
Crisis Intervention	H2011		HE		15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$71.55	\$40.35	\$108.30	\$97.05	\$48.75	\$51.15	\$36.60	\$82.80	\$82.20
Crisis Intervention	H2011		HE	GT	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$71.55	\$40.35	\$108.30	\$97.05	\$48.75	\$51.15	\$36.60	\$82.80	\$82.20
Crisis Intervention	H2011		HE	HQ	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$71.55	\$40.35	\$108.30	\$97.05	\$48.75	\$51.15	\$36.60	\$82.80	\$82.20
Crisis Intervention	H2011		HE	sc	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$71.55	\$40.35	\$108.30	\$97.05	\$48.75	\$51.15	\$36.60	\$82.80	\$82.20

County Interim R	ate (CIR) T	able for S	2013-14 Short-Doylough June 30		Reimb	ursement				NAPA (28)	NEVADA (29)	ORANGE (30)	PLACER (31)	PLUMAS (32)	RIVERSIDE (33)	SACRAMENTO (34)	SAN BENITO (35)	SAN BERNARDINO (36)
	Procedure	Revenue	Procedure	Procedure	Mode	of Service	Service	Per		Max Allowed								
Service Description	Code	Code	Modifier 1	Modifier 2	CR/DC	SDMC Claiming	Function Code	Minute	Time Base	Rate Per	Rate Per Unit	Rate Per						
	110045	2422			Code	Code	10.10		Davi	Unit	- '			\$1,282.22		\$1,850.43		Unit \$1,406.95
General Hospital Inpatient	H2015	0100	HE	110	05	07, 08, 09	10 - 18		Day	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22	. ,	\$1,637.99	. ,	\$1,282.22	
Hospital Inpatient - Psychiatric Hospital: Under age 21	H2015	0100	HE	HA	05	07, 08, 09	10 - 18		Day Day	\$1,282.22 \$1,282.22	\$1,282.22 \$1,282.22	\$1,282.22 \$1,282.22	\$1,282.22 \$1,282.22	\$1,282.22 \$1,282.22	\$1,637.99 \$1,637.99	\$1,850.43 \$1,850.43	\$1,282.22 \$1,282.22	\$1,406.95 \$1,406.95
Hospital Inpatient - Psychiatric Hospital: Over age 64	H2015 H0046	0100 0101	HE HE	HC	05 05	07, 08, 09 07, 08, 09	10 - 18 19		Day	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95
General Hospital - Admin Day Hospital Inpatient - Psychiatric Hospital Under age 21: Admin Day	H0046	0101	HE	HA	05	07, 08, 09	19		Day	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95
Hospital Inpatient - Psychiatric Hospital Order age 21. Admin Day	H0046	0101	HE	HC	05	07, 08, 09	19		Day	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95
Psychiatric Health Facility	H2013	0101	HE	пс	05	05	20 - 29		Day	\$644.70	\$644.70	\$644.70	\$644.70	\$644.70	\$644.70	\$835.09	\$644.70	\$644.70
Adult Crisis Residential: Non-Geriatric	H0018		HE	HB	05	05	40 - 49		Day	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56
Adult Crisis Residential: Non Genatric	H0018		HE	HC	05	05	40 - 49		Day	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56
Adult Residential: Non-Geriatric	H0019		HE	HB	05	05	65 - 79		Day	\$177.33	\$178.26	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33
Adult Residential: Geriatric	H0019		HE	HC	05	05	65 - 79		Day	\$177.33	\$178.26	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33
Crisis Stabilization: Emergency Room (ER)	S9484		HE	TG	10	12, 18	20 - 24		Hour	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51	\$123.09	\$1,567.35	\$99.51	\$99.51
Crisis Stabilization: Urgent Care (UC)	S9484		HE	TG	10	12, 18	25 - 29		Hour	\$99.51	\$99.51	\$116.74	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51
, , , , , , , , , , , , , , , , , , ,						,			Hour (use Flat Half									
Day Treatment Intensive (Half Day)	H2012		HE	TG	10	12, 18	81 - 84		Day rate for units = 3									
` ''									and < 4)	\$151.71	\$151.71	\$151.71	\$288.43	\$151.71	\$151.71	\$151.71	\$151.71	\$151.71
									Hour: Full Day Rate									
Day Treatment Intensive (Full Day)	H2012		HE	TG	10	12, 18	85 - 89		used when units = or									
									> 4	\$213.09	\$213.09	\$213.09	\$405.12	\$213.09	\$213.09	\$213.09	\$213.09	\$213.09
									Hour (use Flat Half									
Day Rehabilitation (Half Day)	H2012		HE		10	12, 18	91 - 94		Day rate for units = 3									
									and < 4)	\$88.50	\$88.50	\$88.50	\$214.85	\$88.50	\$88.50	\$88.50	\$88.50	\$190.29
									Hour: Full Day Rate									
Day Rehabilitation (Full Day)	H2012		HE		10	12, 18	95 - 99		used when units = or									
									> 4	\$138.14	\$138.14	\$138.14	\$335.36	\$138.14	\$138.14	\$138.14	\$138.14	\$297.02
									15 minutes (Bill in									
Linkage(CM)/ Brokerage	T1017		HE		15	12, 18	01 - 09	3.11	one-minute					_	_			
									increments)	\$70.95	\$32.10	\$51.90	\$117.90	\$22.20	\$30.00	\$42.75	\$26.85	\$41.40
									15 minutes (Bill in									
Linkage(CM)/ Brokerage	T1017		HE	GT	15	12, 18	01 - 09	3.11	one-minute									
									increments)	\$70.95	\$32.10	\$51.90	\$117.90	\$22.20	\$30.00	\$42.75	\$26.85	\$41.40
(0.0)	T								15 minutes (Bill in									
Linkage(CM)/ Brokerage	T1017		HE	HQ	15	12, 18	01 - 09	3.11	one-minute	# 70.05	000.40	DE4.00	0447.00	# 00 00	# 00.00	040.75	000.05	044.40
			1						increments)	\$70.95	\$32.10	\$51.90	\$117.90	\$22.20	\$30.00	\$42.75	\$26.85	\$41.40
Linkogo (CM) / Brokorogo	T1017		HE	SC	15	10 10	01 - 09	2 11	15 minutes (Bill in one-minute									
Linkage(CM)/ Brokerage	11017		ne ne	SC	15	12, 18	01-09	3.11	increments)	\$70.95	\$32.10	\$51.90	\$117.90	\$22.20	\$30.00	\$42.75	\$26.85	\$41.40
									15 minutes (Bill in	\$70.93	φ32.10	φ31.90	\$117.90	\$22.20	φ30.00	Φ42.73	φ20.00	φ41.40
Intensive Care Coordination (ICC)	T1017		НК		15	12, 18	07	3.11	one-minute									
Intensive date coordination (ICC)	11017		TIIX		13	12, 10	07	3.11	increments)	\$70.95	\$32.10	\$51.90	\$117.90	\$22.20	\$30.00	\$42.75	\$26.85	\$41.40
		1	1						15 minutes (Bill in	\$10.55	ψ32.10	ψ51.90	ψ117.90	Ψ22.20	ψ30.00	ψ42.73	Ψ20.03	Ψ41.40
Intensive Home-Based Services (IHBS)	H2015		НК		15	12, 18	57	3.17	one-minute									
Interiore Frome Dased Services (ITIDS)	112013		""		13	12, 10	3,	3.17	increments)	\$72.60	\$41.40	\$66.00	\$61.65	\$28.80	\$30.45	\$55.20	\$34.65	\$44.25
	+	+	-	1	1		 	1	15 minutes (Bill in	ψ, 2.00	ψ-11-ΤΟ	ψοσ.σσ	ψ01.00	Ψ20.00	ψου.το	ψ00.20	ψυ-7.00	ψ11.20
Mental Health Services (MHS)	H2015		HE		15	12, 18	30 - 56, 59	3.17	one-minute									
Internal Florida Convictor (IVII 10)	112013		''-		'5	12, 10	30 - 30, 39	5.17	increments)	\$72.60	\$41.40	\$66.00	\$61.65	\$28.80	\$30.45	\$55.20	\$34.65	\$44.25
		<u> </u>	—						15 minutes (Bill in	ψ12.00	Ψ-10	ψ00.00	ψ01.00	Ψ20.00	ψουιο	ψ00.20	ψ0-1.00	ψ11.20
Mental Health Services (MHS)	H2015		HE	GT	15	12, 18	30 - 56, 59	3.17	one-minute									
	1.20.0		1]	"	,	55,55		increments)	\$72.60	\$41.40	\$66.00	\$61.65	\$28.80	\$30.45	\$55.20	\$34.65	\$44.25
<u> </u>	1		<u> </u>		1	·	1		,	Ţ: <u>_</u>	Ţ .	7.2.00	, ,,	7-3.00	Ţ. J	+ - J.= U	ŢUU	Ţ : _ U

County Interim R	ate (CIR) Ta	able for S	2013-14 Short-Doyle		Reimb	ursement				NAPA (28)	NEVADA (29)	ORANGE (30)	PLACER (31)	PLUMAS (32)	RIVERSIDE (33)	SACRAMENTO (34)	SAN BENITO (35)	SAN BERNARDINO (36)
	Procedure	Revenue	Procedure	Procedure	Mode	of Service	Service	Per		Max Allowed	Max Allowed	Max Allowed						
Service Description	Code	Code	Modifier 1		CR/DC Code	SDMC Claiming Code	Function Code		Time Base	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit
Mental Health Services (MHS)	H2015		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$72.60	\$41.40	\$66.00	\$61.65	\$28.80	\$30.45	\$55.20	\$34.65	\$44.25
Mental Health Services (MHS)	H2015		HE	SC	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$72.60	\$41.40	\$66.00	\$61.65	\$28.80	\$30.45	\$55.20	\$34.65	\$44.25
Mental Health Services (MHS)/Rehabilitation	H2017		HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$72.60	\$41.40	\$66.00	\$61.65	\$28.80	\$30.45	\$55.20	\$34.65	\$44.25
Mental Health Services (MHS)/Rehabilitation	H2017		HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$72.60	\$41.40	\$66.00	\$61.65	\$28.80	\$30.45	\$55.20	\$34.65	\$44.25
Mental Health Services (MHS)/Rehabilitation	H2017		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$72.60	\$41.40	\$66.00	\$61.65	\$28.80	\$30.45	\$55.20	\$34.65	\$44.25
Mental Health Services (MHS)/Rehabilitation	H2017		HE	sc	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$72.60	\$41.40	\$66.00	\$61.65	\$28.80	\$30.45	\$55.20	\$34.65	\$44.25
Mental Health Services (MHS) / Plan Development	H0032		HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$72.60	\$41.40	\$66.00	\$61.65	\$28.80	\$30.45	\$55.20	\$34.65	\$44.25
Mental Health Services (MHS) / Plan Development	H0032		HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$72.60	\$41.40	\$66.00	\$61.65	\$28.80	\$30.45	\$55.20	\$34.65	\$44.25
Mental Health Services (MHS) / Plan Development	H0032		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$72.60	\$41.40	\$66.00	\$61.65	\$28.80	\$30.45	\$55.20	\$34.65	\$44.25
Mental Health Services (MHS) / Plan Development	H0032		HE	SC	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$72.60	\$41.40	\$66.00	\$61.65	\$28.80	\$30.45	\$55.20	\$34.65	\$44.25
TBS	H2019		HE		15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$72.60	\$41.40	\$66.00	\$61.65	\$28.80	\$30.45	\$55.20	\$34.65	\$44.25
TBS	H2019		HE	HQ	15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$72.60	\$41.40	\$66.00	\$61.65	\$28.80	\$30.45	\$55.20	\$34.65	\$44.25
TBS	H2019		HE	sc	15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$72.60	\$41.40	\$66.00	\$61.65	\$28.80	\$30.45	\$55.20	\$34.65	\$44.25
Medication Support	H2010		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$153.00	\$76.50	\$121.95	\$91.50	\$53.10	\$69.60	\$102.00	\$64.20	\$94.80
Medication Support	H2010		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$153.00	\$76.50	\$121.95	\$91.50	\$53.10	\$69.60	\$102.00	\$64.20	\$94.80
Medication Support	H2010		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$153.00	\$76.50	\$121.95	\$91.50	\$53.10	\$69.60	\$102.00	\$64.20	\$94.80

County Interin	n Rate (CIR) T	able for S	2013-14 Short-Doylough June 30		Reimb	ursement				NAPA (28)	NEVADA (29)	ORANGE (30)	PLACER (31)	PLUMAS (32)	RIVERSIDE (33)	SACRAMENTO (34)	SAN BENITO (35)	SAN BERNARDINO (36)
	Procedure	Revenue	Procedure	Procedure	Mode	of Service	Service	Per		Max Allowed	Max Allowed	Max Allowed						
Service Description	Code	Code		Modifier 2	CR/DC Code	SDMC Claiming Code	Function Code		Time Base	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit
Medication Support	H2010		HE	SC	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$153.00	\$76.50	\$121.95	\$91.50	\$53.10	\$69.60	\$102.00	\$64.20	\$94.80
Medication Support / Care Plan Develop and Document	G8437		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$153.00	\$76.50	\$121.95	\$91.50	\$53.10	\$69.60	\$102.00	\$64.20	\$94.80
Medication Support / Care Plan Develop and Document	G8437		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$153.00	\$76.50	\$121.95	\$91.50	\$53.10	\$69.60	\$102.00	\$64.20	\$94.80
Medication Support / Care Plan Develop and Document	G8437		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$153.00	\$76.50	\$121.95	\$91.50	\$53.10	\$69.60	\$102.00	\$64.20	\$94.80
Medication Support / Care Plan Develop and Document	G8437		HE	sc	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$153.00	\$76.50	\$121.95	\$91.50	\$53.10	\$69.60	\$102.00	\$64.20	\$94.80
Medication Support / Care Plan Develop and Document	H0034		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$153.00	\$76.50	\$121.95	\$91.50	\$53.10	\$69.60	\$102.00	\$64.20	\$94.80
Medication Support / Care Plan Develop and Document	H0034		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$153.00	\$76.50	\$121.95	\$91.50	\$53.10	\$69.60	\$102.00	\$64.20	\$94.80
Medication Support / Care Plan Develop and Document	H0034		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$153.00	\$76.50	\$121.95	\$91.50	\$53.10	\$69.60	\$102.00	\$64.20	\$94.80
Medication Support / Care Plan Develop and Document	H0034		HE	sc	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$153.00	\$76.50	\$121.95	\$91.50	\$53.10	\$69.60	\$102.00	\$64.20	\$94.80
Crisis Intervention	H2011		HE		15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$71.55	\$61.65	\$98.25	\$117.15	\$42.75	\$30.45	\$82.20	\$51.60	\$91.05
Crisis Intervention	H2011		HE	GT	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$71.55	\$61.65	\$98.25	\$117.15	\$42.75	\$30.45	\$82.20	\$51.60	\$91.05
Crisis Intervention	H2011		HE	HQ	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$71.55	\$61.65	\$98.25	\$117.15	\$42.75	\$30.45	\$82.20	\$51.60	\$91.05
Crisis Intervention	H2011		HE	SC	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$71.55	\$61.65	\$98.25	\$117.15	\$42.75	\$30.45	\$82.20	\$51.60	\$91.05

County Interim Ra	ate (CIR) Ta	able for S	2013-14 Short-Doylo		Reimbi	ursement				SAN DIEGO (37)	SAN FRANCISCO (38)	SAN JOAQUIN (39)	SAN LUIS OBISPO (40)	SAN MATEO (41)	SANTA BARBARA (42)	SANTA CLARA (43)	SANTA CRUZ (44)	SHASTA (45)
	Procedure	Revenue	Procedure	Procedure	Mode	of Service	Service	Per		Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed
Service Description	Code	Code	Modifier 1	Modifier 2	CR/DC Code	SDMC Claiming	Function Code	Minute	Time Base	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit
General Hospital Inpatient	H2015	0100	HE		05	Code 07, 08, 09	10 - 18		Day	\$1,184.52	\$1,282.22	\$1,282.22	\$1,282.22	\$2,016.36	\$1,669.54	\$2,290.49	\$1,282.22	\$1,282.22
Hospital Inpatient - Psychiatric Hospital: Under age 21	H2015	0100	HE	HA	05	07, 08, 09	10 - 18		Day	\$1,184.52	\$1,282.22	\$1,282.22	\$1,282.22	\$2,016.36	\$1,669.54	\$2,290.49	\$1,282.22	\$1,282.22
Hospital Inpatient - Psychiatric Hospital: Over age 64	H2015	0100	HE	HC	05	07, 08, 09	10 - 18		Day	\$1,184.52	\$1,282.22	\$1,282.22	\$1,282.22	\$2,016.36	\$1,669.54	\$2,290.49	\$1,282.22	\$1,282.22
General Hospital - Admin Day	H0046	0101	HE		05	07, 08, 09	19		Day	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95
Hospital Inpatient - Psychiatric Hospital Under age 21: Admin Day	H0046	0101	HE	HA	05	07, 08, 09	19		Day	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95
Hospital Inpatient - Psychiatric Hospital Over age 64: Admin Day	H0046	0101	HE	HC	05	07, 08, 09	19		Day	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95
Psychiatric Health Facility	H2013		HE	_	05	05	20 - 29		Day	\$644.70	\$644.70	\$1,138.83	\$1,548.34	\$644.70	\$644.70	\$644.70	\$644.70	\$644.70
Adult Crisis Residential: Non-Geriatric	H0018		HE	HB	05	05	40 - 49		Day	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$365.46
Adult Crisis Residential: Geriatric	H0018		HE	HC	05	05	40 - 49		Day	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$365.46
Adult Residential: Non-Geriatric	H0019		HE	HB	05	05	65 - 79		Day	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33
Adult Residential: Geriatric	H0019		HE	HC	05	05	65 - 79		Day	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33
Crisis Stabilization: Emergency Room (ER)	S9484		HE	TG	10	12, 18	20 - 24		Hour	\$50.78	\$99.51	\$99.51	\$99.51	\$92.22	\$99.51	\$141.66	\$99.51	\$99.51
Crisis Stabilization: Urgent Care (UC)	S9484		HE	TG	10	12, 18	25 - 29		Hour	\$50.78	\$99.51	\$91.69	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51	\$220.76
									Hour (use Flat Half									
Day Treatment Intensive (Half Day)	H2012		HE	TG	10	12, 18	81 - 84		Day rate for units = 3									
									and < 4)	\$151.71	\$151.71	\$151.71	\$236.78	\$353.50	\$151.71	\$151.71	\$151.71	\$151.71
									Hour: Full Day Rate									
Day Treatment Intensive (Full Day)	H2012		HE	TG	10	12, 18	85 - 89		used when units = or									
									> 4	\$213.09	\$213.09	\$213.09	\$332.58	\$496.49	\$213.09	\$213.09	\$213.09	\$213.09
									Hour (use Flat Half									
Day Rehabilitation (Half Day)	H2012		HE		10	12, 18	91 - 94		Day rate for units = 3									
									and < 4)	\$88.50	\$88.50	\$88.50	\$88.50	\$206.22	\$88.50	\$88.50	\$88.50	\$88.50
									Hour: Full Day Rate									
Day Rehabilitation (Full Day)	H2012		HE		10	12, 18	95 - 99		used when units = or		_	_		_		_		_
									> 4	\$138.14	\$138.14	\$138.14	\$138.14	\$321.89	\$138.14	\$138.14	\$138.14	\$138.14
									15 minutes (Bill in									
Linkage(CM)/ Brokerage	T1017		HE		15	12, 18	01 - 09	3.11	one-minute		_	_	_	_				
									increments)	\$45.00	\$43.20	\$35.85	\$66.45	\$74.25	\$33.15	\$70.65	\$38.70	\$40.35
									15 minutes (Bill in									
Linkage(CM)/ Brokerage	T1017		HE	GT	15	12, 18	01 - 09	3.11	one-minute									
									increments)	\$45.00	\$43.20	\$35.85	\$66.45	\$74.25	\$33.15	\$70.65	\$38.70	\$40.35
									15 minutes (Bill in									
Linkage(CM)/ Brokerage	T1017		HE	HQ	15	12, 18	01 - 09	3.11	one-minute	0	0.40.00	•			000.45			0.40.0=
									increments)	\$45.00	\$43.20	\$35.85	\$66.45	\$74.25	\$33.15	\$70.65	\$38.70	\$40.35
11.1 (010/15.1									15 minutes (Bill in									
Linkage(CM)/ Brokerage	T1017		HE	SC	15	12, 18	01 - 09	3.11	one-minute	# 45.00	Ø 40 00	405.05	000.45	07405	000.45	#70.05	#00 7 0	040.05
									increments)	\$45.00	\$43.20	\$35.85	\$66.45	\$74.25	\$33.15	\$70.65	\$38.70	\$40.35
Lateral and Company Company (100)	T4047		НК		4.5	40.40	07	0.44	15 minutes (Bill in									
Intensive Care Coordination (ICC)	T1017		пк		15	12, 18	07	3.11	one-minute	¢45.00	£42.20	¢25.05	PCC 4E	Ф74 OF	#22.4 E	Ф70 CE	#20.70	¢40.25
				-					increments)	\$45.00	\$43.20	\$35.85	\$66.45	\$74.25	\$33.15	\$70.65	\$38.70	\$40.35
Intensive Home Record Convince (IHRS)	H2015		НК		15	10 10	57	2.17	15 minutes (Bill in									
Intensive Home-Based Services (IHBS)	H2015		пк		15	12, 18	5/	3.17	one-minute	\$58.20	\$57.00	\$49.95	\$64.65	\$96.00	\$42.90	¢01.25	\$50.10	\$52.05
	 			 		-		-	increments)	Φ 20.∠U	Φ07.00	Ф49.95	Ф04.bD	Φ90.UU	ֆ4∠.9U	\$91.35	φου.10	Φ0∠.05
Montal Ligath Consises (MLC)	LI201E		ше		15	10 10	20 56 50	2.17	15 minutes (Bill in									
Mental Health Services (MHS)	H2015	1	HE	I	15	12, 18	30 - 56, 59	3.17	one-minute	\$ E0.00	\$ E7.00	£40.0E	CA CE	¢06.00	£42.00	¢04.25	ΦEO 10	\$52.05
	 			-					increments)	\$58.20	\$57.00	\$49.95	\$64.65	\$96.00	\$42.90	\$91.35	\$50.10	\$52.05
Montal Health Convince (MHC)	H2015		HE	CT.	15	10 10	20 56 50	2.17	15 minutes (Bill in									
Mental Health Services (MHS)	H2015	1	ΠE	GT	15	12, 18	30 - 56, 59	3.17	one-minute increments)	\$58.20	¢57.00	¢40.05	¢64.65	\$06.00	¢42.00	¢01.25	¢50.10	\$52.05
	1	l		1		l	l	l	increments)	ΦOG.ZU	\$57.00	\$49.95	\$64.65	\$96.00	\$42.90	\$91.35	\$50.10	Φ0∠.∪5

County Interim R	ate (CIR) Ta	able for S	2013-14 Short-Doyle		Reimb	ursement				SAN DIEGO (37)	SAN FRANCISCO (38)	SAN JOAQUIN (39)	SAN LUIS OBISPO (40)	SAN MATEO (41)	SANTA BARBARA (42)	SANTA CLARA (43)	SANTA CRUZ (44)	SHASTA (45)
	Procedure	Revenue	Procedure	Procedure	Mode	of Service	Service	Per		Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed
Service Description	Code	Code	Modifier 1		CR/DC Code	SDMC Claiming Code	Function Code		Time Base	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit
Mental Health Services (MHS)	H2015		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$58.20	\$57.00	\$49.95	\$64.65	\$96.00	\$42.90	\$91.35	\$50.10	\$52.05
Mental Health Services (MHS)	H2015		HE	SC	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$58.20	\$57.00	\$49.95	\$64.65	\$96.00	\$42.90	\$91.35	\$50.10	\$52.05
Mental Health Services (MHS)/Rehabilitation	H2017		HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$58.20	\$57.00	\$49.95	\$64.65	\$96.00	\$42.90	\$91.35	\$50.10	\$52.05
Mental Health Services (MHS)/Rehabilitation	H2017		HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$58.20	\$57.00	\$49.95	\$64.65	\$96.00	\$42.90	\$91.35	\$50.10	\$52.05
Mental Health Services (MHS)/Rehabilitation	H2017		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$58.20	\$57.00	\$49.95	\$64.65	\$96.00	\$42.90	\$91.35	\$50.10	\$52.05
Mental Health Services (MHS)/Rehabilitation	H2017		HE	SC	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$58.20	\$57.00	\$49.95	\$64.65	\$96.00	\$42.90	\$91.35	\$50.10	\$52.05
Mental Health Services (MHS) / Plan Development	H0032		HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$58.20	\$57.00	\$49.95	\$64.65	\$96.00	\$42.90	\$91.35	\$50.10	\$52.05
Mental Health Services (MHS) / Plan Development	H0032		HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$58.20	\$57.00	\$49.95	\$64.65	\$96.00	\$42.90	\$91.35	\$50.10	\$52.05
Mental Health Services (MHS) / Plan Development	H0032		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$58.20	\$57.00	\$49.95	\$64.65	\$96.00	\$42.90	\$91.35	\$50.10	\$52.05
Mental Health Services (MHS) / Plan Development	H0032		HE	SC	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$58.20	\$57.00	\$49.95	\$64.65	\$96.00	\$42.90	\$91.35	\$50.10	\$52.05
TBS	H2019		HE		15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$58.20	\$57.00	\$49.95	\$64.65	\$96.00	\$42.90	\$91.35	\$50.10	\$52.05
TBS	H2019		HE	HQ	15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$58.20	\$57.00	\$49.95	\$64.65	\$96.00	\$42.90	\$91.35	\$50.10	\$52.05
TBS	H2019		HE	SC	15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$58.20	\$57.00	\$49.95	\$64.65	\$96.00	\$42.90	\$91.35	\$50.10	\$52.05
Medication Support	H2010		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$107.40	\$111.15	\$89.85	\$95.10	\$177.30	\$79.05	\$168.75	\$92.40	\$57.15
Medication Support	H2010		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$107.40	\$111.15	\$89.85	\$95.10	\$177.30	\$79.05	\$168.75	\$92.40	\$57.15
Medication Support	H2010		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$107.40	\$111.15	\$89.85	\$95.10	\$177.30	\$79.05	\$168.75	\$92.40	\$57.15

County Interim	Rate (CIR) T	able for S	2013-14 Short-Doylough June 30		Reimb	ursement				SAN DIEGO (37)	SAN FRANCISCO (38)	SAN JOAQUIN (39)	SAN LUIS OBISPO (40)	SAN MATEO (41)	SANTA BARBARA (42)	SANTA CLARA (43)	SANTA CRUZ (44)	SHASTA (45)
	Procedure	Revenue	Procedure	Procedure	Mode	of Service	Service	Per		Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed
Service Description	Code	Code		Modifier 2	CR/DC Code	SDMC Claiming Code	Function Code		Time Base	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit
Medication Support	H2010		HE	sc	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$107.40	\$111.15	\$89.85	\$95.10	\$177.30	\$79.05	\$168.75	\$92.40	\$57.15
Medication Support / Care Plan Develop and Document	G8437		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$107.40	\$111.15	\$89.85	\$95.10	\$177.30	\$79.05	\$168.75	\$92.40	\$57.15
Medication Support / Care Plan Develop and Document	G8437		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$107.40	\$111.15	\$89.85	\$95.10	\$177.30	\$79.05	\$168.75	\$92.40	\$57.15
Medication Support / Care Plan Develop and Document	G8437		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$107.40	\$111.15	\$89.85	\$95.10	\$177.30	\$79.05	\$168.75	\$92.40	\$57.15
Medication Support / Care Plan Develop and Document	G8437		HE	SC	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$107.40	\$111.15	\$89.85	\$95.10	\$177.30	\$79.05	\$168.75	\$92.40	\$57.15
Medication Support / Care Plan Develop and Document	H0034		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$107.40	\$111.15	\$89.85	\$95.10	\$177.30	\$79.05	\$168.75	\$92.40	\$57.15
Medication Support / Care Plan Develop and Document	H0034		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$107.40	\$111.15	\$89.85	\$95.10	\$177.30	\$79.05	\$168.75	\$92.40	\$57.15
Medication Support / Care Plan Develop and Document	H0034		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$107.40	\$111.15	\$89.85	\$95.10	\$177.30	\$79.05	\$168.75	\$92.40	\$57.15
Medication Support / Care Plan Develop and Document	H0034		HE	SC	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$107.40	\$111.15	\$89.85	\$95.10	\$177.30	\$79.05	\$168.75	\$92.40	\$57.15
Crisis Intervention	H2011		HE		15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$86.55	\$87.30	\$61.50	\$68.40	\$142.80	\$63.75	\$135.75	\$74.40	\$77.40
Crisis Intervention	H2011		HE	GT	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$86.55	\$87.30	\$61.50	\$68.40	\$142.80	\$63.75	\$135.75	\$74.40	\$77.40
Crisis Intervention	H2011		HE	HQ	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$86.55	\$87.30	\$61.50	\$68.40	\$142.80	\$63.75	\$135.75	\$74.40	\$77.40
Crisis Intervention	H2011		HE	SC	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$86.55	\$87.30	\$61.50	\$68.40	\$142.80	\$63.75	\$135.75	\$74.40	\$77.40

County Interim R	ate (CIR) T	able for S	2013-14 Short-Doylo		Reimbi	ursement				SIERRA (46)	SISKIYOU (47)	SOLANO (48)	SONOMA (49)	STANISLAUS (50)	SUTTER-YUBA (58)	^{TE} HAMA (52)	TRINITY (53)	TULARE (54)
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode CR/DC Code	of Service SDMC Claiming	Service Function Code	Per Minute	Time Base	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per
	112212					Code			0	Unit								
General Hospital Inpatient	H2015	0100	HE		05	07, 08, 09	10 - 18		Day	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22	\$1,282.22
Hospital Inpatient - Psychiatric Hospital: Under age 21	H2015	0100	HE	HA	05	07, 08, 09	10 - 18	1	Day Day	\$1,282.22 \$1,282.22								
Hospital Inpatient - Psychiatric Hospital: Over age 64	H2015 H0046	0100 0101	HE HE	HC	05 05	07, 08, 09 07, 08, 09	10 - 18 19		Day	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95
General Hospital - Admin Day Hospital Inpatient - Psychiatric Hospital Under age 21: Admin Day	H0046	0101	HE	HA	05	07, 08, 09	19		Day	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95
Hospital Inpatient - Psychiatric Hospital Order age 21: Admin Day Hospital Inpatient - Psychiatric Hospital Over age 64: Admin Day	H0046	0101	HE	HC	05	07, 08, 09	19		Day	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95	\$416.95
Psychiatric Health Facility	H2013	0101	HE	пС	05	07, 08, 09	20 - 29		Day	\$644.70	\$644.70	\$644.70	\$644.70	\$644.70	\$1,016.10	\$644.70	\$644.70	\$644.70
Adult Crisis Residential: Non-Geriatric	H0018		HE	НВ	05	05	40 - 49		Day	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56
Adult Crisis Residential: Not Poerlatric	H0018		HE	HC	05	05	40 - 49		Day	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56	\$363.56
Adult Residential: Non-Geriatric	H0019		HE	HB	05	05	65 - 79		Day	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$93.22
Adult Residential: Reriatric	H0019		HE	HC	05	05	65 - 79		Day	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$177.33	\$93.22
Crisis Stabilization: Emergency Room (ER)	S9484		HE	TG	10	12, 18	20 - 24		Hour	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51	\$99.51
Crisis Stabilization: Urgent Care (UC)	S9484		HE	TG	10	12, 18	25 - 29		Hour	\$99.51	\$99.51	\$99.51	\$58.86	\$99.51	\$99.51	\$90.82	\$99.51	\$99.51
Day Treatment Intensive (Half Day)	H2012		HE	TG	10	12, 18	81 - 84		Hour (use Flat Half Day rate for units = 3 and < 4)	\$151.71	\$197.94	\$312.21	\$151.71	\$151.71	\$151.71	\$151.71	\$151.71	\$151.71
Day Treatment Intensive (Full Day)	H2012		HE	TG	10	12, 18	85 - 89		Hour: Full Day Rate used when units = or > 4	\$213.09	\$278.02	\$438.53	\$213.09	\$213.09	\$213.09	\$213.09	\$213.09	\$213.09
Day Rehabilitation (Half Day)	H2012		HE		10	12, 18	91 - 94		Hour (use Flat Half Day rate for units = 3									
Day Rehabilitation (Full Day)	H2012		HE		10	12, 18	95 - 99		and < 4) Hour: Full Day Rate used when units = or	\$88.50	\$121.09	\$182.16	\$88.50	\$88.50	\$88.50	\$88.50	\$88.50	\$88.50
Linkage(CM)/ Brokerage	T1017		HE		15	12, 18	01 - 09	3.11	> 4 15 minutes (Bill in one-minute	\$138.14	\$189.01	\$284.33	\$138.14	\$138.14	\$138.14	\$138.14	\$138.14	\$138.14
Linkage(CM)/ Brokerage	T1017		HE	GT	15	12, 18	01 - 09	3.11	increments) 15 minutes (Bill in one-minute	\$19.95	\$44.70	\$65.70	\$31.35	\$36.15	\$43.20	\$27.60	\$34.35	\$21.00
									increments) 15 minutes (Bill in	\$19.95	\$44.70	\$65.70	\$31.35	\$36.15	\$43.20	\$27.60	\$34.35	\$21.00
Linkage(CM)/ Brokerage	T1017		HE	HQ	15	12, 18	01 - 09	3.11	one-minute increments) 15 minutes (Bill in	\$19.95	\$44.70	\$65.70	\$31.35	\$36.15	\$43.20	\$27.60	\$34.35	\$21.00
Linkage(CM)/ Brokerage	T1017		HE	SC	15	12, 18	01 - 09	3.11	one-minute increments)	\$19.95	\$44.70	\$65.70	\$31.35	\$36.15	\$43.20	\$27.60	\$34.35	\$21.00
Intensive Care Coordination (ICC)	T1017		НК		15	12, 18	07	3.11	15 minutes (Bill in one-minute increments)	\$19.95	\$44.70	\$65.70	\$31.35	\$36.15	\$43.20	\$27.60	\$34.35	\$21.00
Intensive Home-Based Services (IHBS)	H2015		НК		15	12, 18	57	3.17	15 minutes (Bill in one-minute increments)	\$26.10	\$37.50	\$84.75	\$40.65	\$46.50	\$55.80	\$37.65	\$44.40	\$43.95
Mental Health Services (MHS)	H2015		HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$26.10	\$37.50	\$84.75	\$40.65	\$46.50	\$55.80	\$37.65	\$44.40	\$43.95
Mental Health Services (MHS)	H2015		HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$26.10	\$37.50	\$84.75	\$40.65	\$46.50	\$55.80	\$37.65	\$44.40	\$43.95

County Interim F	ate (CIR) T	able for S	2013-14 Short-Doylo		Reimb	ursement				SIERRA (46)	SISKIYOU (47)	SOLANO (48)	SONOMA (49)	STANISLAUS (50)	SUTTER-YUBA (58)	TEHAMA (52)	TRINITY (53)	TULARE (54)
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode CR/DC Code	SDMC Claiming Code	Service Function Code	Per Minute	Time Base	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit
Mental Health Services (MHS)	H2015		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$26.10	\$37.50	\$84.75	\$40.65	\$46.50	\$55.80	\$37.65	\$44.40	\$43.95
Mental Health Services (MHS)	H2015		HE	sc	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$26.10	\$37.50	\$84.75	\$40.65	\$46.50	\$55.80	\$37.65	\$44.40	\$43.95
Mental Health Services (MHS)/Rehabilitation	H2017		HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$26.10	\$37.50	\$84.75	\$40.65	\$46.50	\$55.80	\$37.65	\$44.40	\$43.95
Mental Health Services (MHS)/Rehabilitation	H2017		HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$26.10	\$37.50	\$84.75	\$40.65	\$46.50	\$55.80	\$37.65	\$44.40	\$43.95
Mental Health Services (MHS)/Rehabilitation	H2017		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments) 15 minutes (Bill in	\$26.10	\$37.50	\$84.75	\$40.65	\$46.50	\$55.80	\$37.65	\$44.40	\$43.95
Mental Health Services (MHS)/Rehabilitation	H2017		HE	SC	15	12, 18	30 - 56, 59	3.17	one-minute increments) 15 minutes (Bill in	\$26.10	\$37.50	\$84.75	\$40.65	\$46.50	\$55.80	\$37.65	\$44.40	\$43.95
Mental Health Services (MHS) / Plan Development	H0032		HE		15	12, 18	30 - 56, 59	3.17	one-minute increments) 15 minutes (Bill in	\$26.10	\$37.50	\$84.75	\$40.65	\$46.50	\$55.80	\$37.65	\$44.40	\$43.95
Mental Health Services (MHS) / Plan Development	H0032		HE	GT	15	12, 18	30 - 56, 59	3.17	one-minute increments) 15 minutes (Bill in	\$26.10	\$37.50	\$84.75	\$40.65	\$46.50	\$55.80	\$37.65	\$44.40	\$43.95
Mental Health Services (MHS) / Plan Development	H0032		HE	HQ	15	12, 18	30 - 56, 59	3.17	one-minute increments) 15 minutes (Bill in	\$26.10	\$37.50	\$84.75	\$40.65	\$46.50	\$55.80	\$37.65	\$44.40	\$43.95
Mental Health Services (MHS) / Plan Development	H0032		HE	SC	15	12, 18	30 - 56, 59	3.17	one-minute increments) 15 minutes (Bill in	\$26.10	\$37.50	\$84.75	\$40.65	\$46.50	\$55.80	\$37.65	\$44.40	\$43.95
TBS	H2019		HE		15	12, 18	58	3.17	one-minute increments) 15 minutes (Bill in	\$26.10	\$37.50	\$84.75	\$40.65	\$46.50	\$55.80	\$37.65	\$44.40	\$43.95
TBS	H2019		HE	HQ	15	12, 18	58	3.17	one-minute increments) 15 minutes (Bill in	\$26.10	\$37.50	\$84.75	\$40.65	\$46.50	\$55.80	\$37.65	\$44.40	\$43.95
TBS	H2019		HE	SC	15	12, 18	58	3.17	one-minute increments) 15 minutes (Bill in	\$26.10	\$37.50	\$84.75	\$40.65	\$46.50	\$55.80	\$37.65	\$44.40	\$43.95
Medication Support	H2010		HE	67	15	12, 18	60 - 69	8.49	one-minute increments) 15 minutes (Bill in	\$48.45	\$74.70	\$156.60	\$75.00	\$86.25	\$103.05	\$64.35	\$82.05	\$58.20
Medication Support	H2010		HE	GT	15	12, 18	60 - 69	8.49	one-minute increments) 15 minutes (Bill in	\$48.45	\$74.70	\$156.60	\$75.00	\$86.25	\$103.05	\$64.35	\$82.05	\$58.20
Medication Support	H2010		HE	HQ	15	12, 18	60 - 69	8.49	one-minute increments)	\$48.45	\$74.70	\$156.60	\$75.00	\$86.25	\$103.05	\$64.35	\$82.05	\$58.20

County Interim	Rate (CIR) T	able for S	2013-14 Short-Doylough June 30		Reimbi	ursement				SIERRA (46)	SISKIYOU (47)	SOLANO (48)	SONOMA (49)	STANISLAUS (50)	SUTTER-YUBA (58)	TEHAMA (52)	TRINITY (53)	TULARE (54)
	Procedure	Revenue		Procedure	Mode	of Service	Service	Per		Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed	Max Allowed
Service Description	Code	Code	Modifier 1		CR/DC Code	SDMC Claiming Code	Function Code		Time Base	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit	Rate Per Unit
Medication Support	H2010		HE	SC	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$48.45	\$74.70	\$156.60	\$75.00	\$86.25	\$103.05	\$64.35	\$82.05	\$58.20
Medication Support / Care Plan Develop and Document	G8437		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$48.45	\$74.70	\$156.60	\$75.00	\$86.25	\$103.05	\$64.35	\$82.05	\$58.20
Medication Support / Care Plan Develop and Document	G8437		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$48.45	\$74.70	\$156.60	\$75.00	\$86.25	\$103.05	\$64.35	\$82.05	\$58.20
Medication Support / Care Plan Develop and Document	G8437		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$48.45	\$74.70	\$156.60	\$75.00	\$86.25	\$103.05	\$64.35	\$82.05	\$58.20
Medication Support / Care Plan Develop and Document	G8437		HE	SC	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$48.45	\$74.70	\$156.60	\$75.00	\$86.25	\$103.05	\$64.35	\$82.05	\$58.20
Medication Support / Care Plan Develop and Document	H0034		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$48.45	\$74.70	\$156.60	\$75.00	\$86.25	\$103.05	\$64.35	\$82.05	\$58.20
Medication Support / Care Plan Develop and Document	H0034		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$48.45	\$74.70	\$156.60	\$75.00	\$86.25	\$103.05	\$64.35	\$82.05	\$58.20
Medication Support / Care Plan Develop and Document	H0034		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$48.45	\$74.70	\$156.60	\$75.00	\$86.25	\$103.05	\$64.35	\$82.05	\$58.20
Medication Support / Care Plan Develop and Document	H0034		HE	SC	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$48.45	\$74.70	\$156.60	\$75.00	\$86.25	\$103.05	\$64.35	\$82.05	\$58.20
Crisis Intervention	H2011		HE		15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$26.10	\$40.35	\$126.15	\$60.30	\$62.10	\$82.95	\$46.80	\$66.00	\$43.80
Crisis Intervention	H2011		HE	GT	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$26.10	\$40.35	\$126.15	\$60.30	\$62.10	\$82.95	\$46.80	\$66.00	\$43.80
Crisis Intervention	H2011		HE	HQ	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$26.10	\$40.35	\$126.15	\$60.30	\$62.10	\$82.95	\$46.80	\$66.00	\$43.80
Crisis Intervention	H2011		HE	SC	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$26.10	\$40.35	\$126.15	\$60.30	\$62.10	\$82.95	\$46.80	\$66.00	\$43.80

County Interim F	Rate (CIR) Ta	able for S	2013-14 Short-Doyle		Reimb	ursement				TUOLUMNE (55)	VENTURA (56)	YOLO (57)
		_			Mode	of Service				Max	Max	Max
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	CR/DC Code	SDMC Claiming Code	- Service Function Code	Per Minute	Time Base	Allowed Rate Per Unit	Allowed Rate Per Unit	Allowed Rate Per Unit
General Hospital Inpatient	H2015	0100	HE		05	07, 08, 09	10 - 18		Day	\$1,282.22	\$1,876.92	\$1,282.22
Hospital Inpatient - Psychiatric Hospital: Under age 21	H2015	0100	HE	HA	05	07, 08, 09	10 - 18		Day	\$1,282.22	\$1,876.92	\$1,282.22
Hospital Inpatient - Psychiatric Hospital: Over age 64	H2015	0100	HE	HC	05	07, 08, 09	10 - 18		Day	\$1,282.22	\$1,876.92	\$1,282.22
General Hospital - Admin Day	H0046	0101	HE		05	07, 08, 09	19		Day	\$416.95	\$416.95	\$416.95
Hospital Inpatient - Psychiatric Hospital Under age 21: Admin Day	H0046	0101	HE	HA	05	07, 08, 09	19		Day	\$416.95	\$416.95	\$416.95
Hospital Inpatient - Psychiatric Hospital Over age 64: Admin Day	H0046	0101	HE	HC	05	07, 08, 09	19		Day	\$416.95	\$416.95	\$416.95
Psychiatric Health Facility Adult Crisis Residential, New Coriettie	H2013		HE	ЦВ	05	05 05	20 - 29	1	Day	\$644.70 \$363.56	\$644.70 \$363.56	\$644.70 \$363.56
Adult Crisis Residential: Non-Geriatric Adult Crisis Residential: Geriatric	H0018 H0018		HE HE	HB HC	05 05	05 05	40 - 49 40 - 49		Day Day	\$363.56	\$363.56	\$363.56
Adult Crisis Residential: Genatric Adult Residential: Non-Geriatric	H0018		HE	HB	05	05	65 - 79		Day	\$177.33	\$177.33	\$177.33
Adult Residential: Non Genatic	H0019		HE	HC	05	05	65 - 79		Day	\$177.33	\$177.33	\$177.33
Crisis Stabilization: Emergency Room (ER)	S9484		HE	TG	10	12, 18	20 - 24		Hour	\$99.51	\$99.51	\$99.51
Crisis Stabilization: Urgent Care (UC)	S9484		HE	TG	10	12, 18	25 - 29		Hour	\$121.28	\$99.51	\$99.51
Day Treatment Intensive (Half Day)	H2012		HE	TG	10	12, 18	81 - 84		Hour (use Flat Half Day rate for units = 3 and < 4)	\$151.71	\$151.71	\$151.71
Day Treatment Intensive (Full Day)	H2012		HE	TG	10	12, 18	85 - 89		Hour: Full Day Rate used when units = or > 4	\$213.09	\$213.09	\$213.09
Day Rehabilitation (Half Day)	H2012		HE		10	12, 18	91 - 94		Hour (use Flat Half Day rate for units = 3 and < 4)	\$88.50	\$88.50	\$88.50
Day Rehabilitation (Full Day)	H2012		HE		10	12, 18	95 - 99		Hour: Full Day Rate used when units = or > 4	\$138.14	\$138.14	\$138.14
Linkage(CM)/ Brokerage	T1017		HE		15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$48.75	\$35.10	\$32.10
Linkage(CM)/ Brokerage	T1017		HE	GT	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$48.75	\$35.10	\$32.10
Linkage(CM)/ Brokerage	T1017		HE	HQ	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$48.75	\$35.10	\$32.10
Linkage(CM)/ Brokerage	T1017		HE	SC	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$48.75	\$35.10	\$32.10
Intensive Care Coordination (ICC)	T1017		НК		15	12, 18	07	3.11	15 minutes (Bill in one-minute increments)	\$48.75	\$35.10	\$32.10
Intensive Home-Based Services (IHBS)	H2015		НК		15	12, 18	57	3.17	15 minutes (Bill in one-minute increments)	\$63.00	\$45.30	\$41.55
Mental Health Services (MHS)	H2015		HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$63.00	\$45.30	\$41.55
Mental Health Services (MHS)	H2015		HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$63.00	\$45.30	\$41.55

County Interim R	ate (CIR) Ta	able for S	2013-14 Short-Doyle		Reimb	ursement				^{TUOLUMNE (55)}	VENTURA (56)	YOLO (57)
	Procedure	Revenue	Procedure	Procedure	Mode	of Service	Service	Per		Max Allowed	Max Allowed	Max Allowed
Service Description	Code	Code	Modifier 1	Modifier 2	CR/DC Code	SDMC Claiming Code	Function Code	Minute	Time Base	Rate Per Unit	Rate Per Unit	Rate Per Unit
Mental Health Services (MHS)	H2015		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$63.00	\$45.30	\$41.55
Mental Health Services (MHS)	H2015		HE	SC	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$63.00	\$45.30	\$41.55
Mental Health Services (MHS)/Rehabilitation	H2017		HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$63.00	\$45.30	\$41.55
Mental Health Services (MHS)/Rehabilitation	H2017		HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$63.00	\$45.30	\$41.55
Mental Health Services (MHS)/Rehabilitation	H2017		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$63.00	\$45.30	\$41.55
Mental Health Services (MHS)/Rehabilitation	H2017		HE	SC	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$63.00	\$45.30	\$41.55
Mental Health Services (MHS) / Plan Development	H0032		HE		15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$63.00	\$45.30	\$41.55
Mental Health Services (MHS) / Plan Development	H0032		HE	GT	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$63.00	\$45.30	\$41.55
Mental Health Services (MHS) / Plan Development	H0032		HE	HQ	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$63.00	\$45.30	\$41.55
Mental Health Services (MHS) / Plan Development	H0032		HE	SC	15	12, 18	30 - 56, 59	3.17	15 minutes (Bill in one-minute increments)	\$63.00	\$45.30	\$41.55
TBS	H2019		HE		15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$63.00	\$45.30	\$41.55
TBS	H2019		HE	HQ	15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$63.00	\$45.30	\$41.55
TBS	H2019		HE	SC	15	12, 18	58	3.17	15 minutes (Bill in one-minute increments)	\$63.00	\$45.30	\$41.55
Medication Support	H2010		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$116.40	\$83.70	\$76.80
Medication Support	H2010		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$116.40	\$83.70	\$76.80
Medication Support	H2010		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$116.40	\$83.70	\$76.80

County Interim R	ate (CIR) Ta	able for S	2013-14 Short-Doyle		Reimbu	ırsement				TUOLUMNE (55)	VENTURA (56)	YOLO (57)
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode CR/DC	of Service	Service Function Code	Per Minute	Time Base	Max Allowed Rate Per	Max Allowed Rate Per	Max Allowed Rate Per
					Code	Claiming Code				Unit	Unit	Unit
Medication Support	H2010		HE	SC	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$116.40	\$83.70	\$76.80
Medication Support / Care Plan Develop and Document	G8437		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$116.40	\$83.70	\$76.80
Medication Support / Care Plan Develop and Document	G8437		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$116.40	\$83.70	\$76.80
Medication Support / Care Plan Develop and Document	G8437		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$116.40	\$83.70	\$76.80
Medication Support / Care Plan Develop and Document	G8437		HE	SC	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$116.40	\$83.70	\$76.80
Medication Support / Care Plan Develop and Document	H0034		HE		15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$116.40	\$83.70	\$76.80
Medication Support / Care Plan Develop and Document	H0034		HE	GT	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$116.40	\$83.70	\$76.80
Medication Support / Care Plan Develop and Document	H0034		HE	HQ	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$116.40	\$83.70	\$76.80
Medication Support / Care Plan Develop and Document	H0034		HE	SC	15	12, 18	60 - 69	8.49	15 minutes (Bill in one-minute increments)	\$93.60	\$83.70	\$76.80
Crisis Intervention	H2011		HE		15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$93.60	\$67.35	\$61.80
Crisis Intervention	H2011		HE	GT	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$93.60	\$67.35	\$61.80
Crisis Intervention	H2011		HE	HQ	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$93.60	\$67.35	\$61.80
Crisis Intervention	H2011		HE	SC	15	12, 18	70 - 79	3.49	15 minutes (Bill in one-minute increments)	\$93.60	\$67.35	\$61.80