

CIR FY2013-14										ALAMEDA (01)	ALPINE (02)	AMADOR (03)	BUTTE (04)	CALAVERAS (05)	COLUSA (06)	CONTRA COSTA (07)	DEL NORTE (08)	EL DORADO (09)
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014																		
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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
					CR/DC Code	SDMC Claiming Code												
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	\$1,282.22	\$1,282.22	\$2,231.45	\$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	\$644.70	\$703.54	\$644.70	\$644.70	\$644.70	\$644.70	\$663.05
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	\$377.66
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
Day Treatment Intensive (Half Day)	H2012		HE	TG	10	12, 18	81 - 84		Hour (use Flat Half Day rate for units = 3 and < 4)	\$301.04	\$151.71	\$151.71	\$151.71	\$151.71	\$151.71	\$277.34	\$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	\$422.84	\$213.09	\$213.09	\$213.09	\$213.09	\$213.09	\$389.55	\$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	\$88.50	\$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	\$138.14	\$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)	\$46.65	\$52.65	\$53.25	\$27.15	\$41.70	\$48.60	\$30.75	\$23.85	\$34.80
Linkage(CM)/ Brokerage	T1017		HE	GT	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$46.65	\$52.65	\$53.25	\$27.15	\$41.70	\$48.60	\$30.75	\$23.85	\$34.80
Linkage(CM)/ Brokerage	T1017		HE	HQ	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$46.65	\$52.65	\$53.25	\$27.15	\$41.70	\$48.60	\$30.75	\$23.85	\$34.80
Linkage(CM)/ Brokerage	T1017		HE	SC	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$46.65	\$52.65	\$53.25	\$27.15	\$41.70	\$48.60	\$30.75	\$23.85	\$34.80
Intensive Care Coordination (ICC)	T1017		HK		15	12, 18	07	3.11	15 minutes (Bill in one-minute increments)	\$46.65	\$52.65	\$53.25	\$27.15	\$41.70	\$48.60	\$30.75	\$23.85	\$34.80
Intensive Home-Based Services (IHBS)	H2015		HK		15	12, 18	57	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		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	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

CIR FY2013-14

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2013 through June 30, 2014

CIR FY2013-14										ALAMEDA (01)	ALPINE (02)	AMADOR (03)	BUTTE (04)	CALAVERAS (05)	COLUSA (06)	CONTRA COSTA (07)	DEL NORTE (08)	EL DORADO (09)
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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
					CR/DC Code	SDMC Claiming Code												
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

CIR FY2013-14

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2013 through June 30, 2014

										ALAMEDA (01)	ALPINE (02)	AMADOR (03)	BUTTE (04)	CALAVERAS (05)	COLUSA (06)	CONTRA COSTA (07)	DEL NORTE (08)	EL DORADO (09)
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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
					CR/DC Code	SDMC Claiming Code												
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

CIR FY2013-14										FRESNO (10)	GLENN (11)	HUMBOLDT (12)	IMPERIAL (13)	INYO (14)	KERN (15)	KINGS (16)	LAKE (17)	LASSEN (18)	
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014																			
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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	Max Allowed Rate Per Unit
					CR/DC Code	SDMC Claiming Code													
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	\$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	\$1,282.22
Hospital Inpatient - Psychiatric Hospital: Over age 64	H2015	0100	HE	HC	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	\$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	\$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	\$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	\$416.95
Psychiatric Health Facility	H2013		HE		05	05	20 - 29		Day	\$975.94	\$644.70	\$644.70	\$644.70	\$644.70	\$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	\$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	\$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	\$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	\$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	\$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	\$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 > 4	\$138.14	\$138.14	\$138.14	\$138.14	\$138.14	\$138.14	\$138.14	\$138.14	\$205.63	
Linkage(CM)/ Brokerage	T1017		HE		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	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		HK		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		HK		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	

CIR FY2013-14										FRESNO (10)	GLENN (11)	HUMBOLDT (12)	IMPERIAL (13)	INYO (14)	KERN (15)	KINGS (16)	LAKE (17)	LASSEN (18)
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014																		
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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
					CR/DC Code	SDMC Claiming Code												
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

CIR FY2013-14										FRESNO (10)	GLENN (11)	HUMBOLDT (12)	IMPERIAL (13)	INYO (14)	KERN (15)	KINGS (16)	LAKE (17)	LASSEN (18)	
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014																			
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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	Max Allowed Rate Per Unit
					CR/DC Code	SDMC Claiming Code													
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	

CIR FY2013-14										LOS ANGELES (19)	MADERA (20)	MARIN (21)	MARIPOSA (22)	MENDOCINO (23)	MERCED (24)	MODOC (25)	MONO (26)	MONTEREY (27)	
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014																			
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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	
					CR/DC Code	SDMC Claiming Code													
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	\$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	\$1,282.22
Hospital Inpatient - Psychiatric Hospital: Over age 64	H2015	0100	HE	HC	05	07, 08, 09	10 - 18		Day	\$1,282.22	\$1,282.22	\$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	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	\$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	\$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	\$416.95
Psychiatric Health Facility	H2013		HE		05	05	20 - 29		Day	\$644.70	\$644.70	\$644.70	\$644.70	\$644.70	\$1,743.13	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$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	\$42.75
Intensive Care Coordination (ICC)	T1017		HK		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	\$42.75
Intensive Home-Based Services (IHBS)	H2015		HK		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	\$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	\$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	\$55.35

CIR FY2013-14										LOS ANGELES (19)	MADERA (20)	MARIN (21)	MARIPOSA (22)	MENDOCINO (23)	MERCED (24)	MODOC (25)	MONO (26)	MONTEREY (27)
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014																		
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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
					CR/DC Code	SDMC Claiming Code												
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 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	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) / Plan Development	H0032		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
TBS	H2019		HE		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	\$38.70	\$76.80	\$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	\$38.70	\$76.80	\$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	\$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	\$51.90	\$123.90	\$102.15
Medication Support	H2010		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	H2010		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

CIR FY2013-14										LOS ANGELES (19)	MADERA (20)	MARIN (21)	MARIPOSA (22)	MENDOCINO (23)	MERCED (24)	MODOC (25)	MONO (26)	MONTEREY (27)
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014																		
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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
					CR/DC Code	SDMC Claiming Code												
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	G8437		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	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

CIR FY2013-14										NAPA (28)	NEVADA (29)	ORANGE (30)	PLACER (31)	PLUMAS (32)	RIVERSIDE (33)	SACRAMENTO (34)	SAN BENITO (35)	SAN BERNARDINO (36)
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014																		
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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
					CR/DC Code	SDMC Claiming Code												
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	\$1,637.99	\$1,850.43	\$1,282.22	\$1,406.95
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	\$1,637.99	\$1,850.43	\$1,282.22	\$1,406.95
Hospital Inpatient - Psychiatric Hospital: Over age 64	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	\$1,637.99	\$1,850.43	\$1,282.22	\$1,406.95
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	\$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: 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	\$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
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	\$288.43	\$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	\$213.09	\$213.09	\$405.12	\$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 and < 4)	\$88.50	\$88.50	\$88.50	\$214.85	\$88.50	\$88.50	\$88.50	\$88.50	\$190.29
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	\$335.36	\$138.14	\$138.14	\$138.14	\$138.14	\$297.02
Linkage(CM)/ Brokerage	T1017		HE		15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$70.95	\$32.10	\$51.90	\$117.90	\$22.20	\$30.00	\$42.75	\$26.85	\$41.40
Linkage(CM)/ Brokerage	T1017		HE	GT	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$70.95	\$32.10	\$51.90	\$117.90	\$22.20	\$30.00	\$42.75	\$26.85	\$41.40
Linkage(CM)/ Brokerage	T1017		HE	HQ	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$70.95	\$32.10	\$51.90	\$117.90	\$22.20	\$30.00	\$42.75	\$26.85	\$41.40
Linkage(CM)/ Brokerage	T1017		HE	SC	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$70.95	\$32.10	\$51.90	\$117.90	\$22.20	\$30.00	\$42.75	\$26.85	\$41.40
Intensive Care Coordination (ICC)	T1017		HK		15	12, 18	07	3.11	15 minutes (Bill in one-minute increments)	\$70.95	\$32.10	\$51.90	\$117.90	\$22.20	\$30.00	\$42.75	\$26.85	\$41.40
Intensive Home-Based Services (IHBS)	H2015		HK		15	12, 18	57	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		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	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

CIR FY2013-14										NAPA (28)	NEVADA (29)	ORANGE (30)	PLACER (31)	PLUMAS (32)	RIVERSIDE (33)	SACRAMENTO (34)	SAN BENITO (35)	SAN BERNARDINO (36)
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014																		
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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
					CR/DC Code	SDMC Claiming Code												
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

CIR FY2013-14										NAPA (28)	NEVADA (29)	ORANGE (30)	PLACER (31)	PLUMAS (32)	RIVERSIDE (33)	SACRAMENTO (34)	SAN BENITO (35)	SAN BERNARDINO (36)
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014																		
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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
					CR/DC Code	SDMC Claiming Code												
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

CIR FY2013-14										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)
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014																		
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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
					CR/DC Code	SDMC Claiming Code												
General Hospital Inpatient	H2015	0100	HE		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: 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
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	\$236.78	\$353.50	\$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	\$213.09	\$213.09	\$332.58	\$496.49	\$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	\$206.22	\$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	\$321.89	\$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)	\$45.00	\$43.20	\$35.85	\$66.45	\$74.25	\$33.15	\$70.65	\$38.70	\$40.35
Linkage(CM)/ Brokerage	T1017		HE	GT	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$45.00	\$43.20	\$35.85	\$66.45	\$74.25	\$33.15	\$70.65	\$38.70	\$40.35
Linkage(CM)/ Brokerage	T1017		HE	HQ	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$45.00	\$43.20	\$35.85	\$66.45	\$74.25	\$33.15	\$70.65	\$38.70	\$40.35
Linkage(CM)/ Brokerage	T1017		HE	SC	15	12, 18	01 - 09	3.11	15 minutes (Bill in one-minute increments)	\$45.00	\$43.20	\$35.85	\$66.45	\$74.25	\$33.15	\$70.65	\$38.70	\$40.35
Intensive Care Coordination (ICC)	T1017		HK		15	12, 18	07	3.11	15 minutes (Bill in one-minute increments)	\$45.00	\$43.20	\$35.85	\$66.45	\$74.25	\$33.15	\$70.65	\$38.70	\$40.35
Intensive Home-Based Services (IHBS)	H2015		HK		15	12, 18	57	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		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	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

CIR FY2013-14										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)
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014																		
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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
					CR/DC Code	SDMC Claiming Code												
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

CIR FY2013-14										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)
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014																		
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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
					CR/DC Code	SDMC Claiming Code												
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

CIR FY2013-14										SIERRA (46)	SISKIYOU (47)	SOLANO (48)	SONOMA (49)	STANISLAUS (50)	SUTTER-YUBA (58)	TEHAMA (52)	TRINITY (53)	TULARE (54)	
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014																			
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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	
					CR/DC Code	SDMC Claiming Code													
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	\$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	\$1,282.22
Hospital Inpatient - Psychiatric Hospital: Over age 64	H2015	0100	HE	HC	05	07, 08, 09	10 - 18		Day	\$1,282.22	\$1,282.22	\$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	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	\$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	\$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	\$416.95
Psychiatric Health Facility	H2013		HE		05	05	20 - 29		Day	\$644.70	\$644.70	\$644.70	\$644.70	\$644.70	\$1,016.10	\$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	\$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	\$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	\$93.22
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	\$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	\$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	\$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	\$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	\$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	\$121.09	\$182.16	\$88.50	\$88.50	\$88.50	\$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	\$189.01	\$284.33	\$138.14	\$138.14	\$138.14	\$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)	\$19.95	\$44.70	\$65.70	\$31.35	\$36.15	\$43.20	\$27.60	\$34.35	\$21.00	\$21.00
Linkage(CM)/ Brokerage	T1017		HE	GT	15	12, 18	01 - 09	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	\$21.00
Linkage(CM)/ Brokerage	T1017		HE	HQ	15	12, 18	01 - 09	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	\$21.00
Linkage(CM)/ Brokerage	T1017		HE	SC	15	12, 18	01 - 09	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	\$21.00
Intensive Care Coordination (ICC)	T1017		HK		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	\$21.00
Intensive Home-Based Services (IHBS)	H2015		HK		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	\$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	\$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	\$43.95

CIR FY2013-14										SIERRA (46)	SIKIKYOU (47)	SOLANO (48)	SONOMA (49)	STANISLAUS (50)	SUTTER-YUBA (58)	TEHAMA (52)	TRINITY (53)	TULARE (54)
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014																		
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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
					CR/DC Code	SDMC Claiming Code												
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)	\$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	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) / Plan Development	H0032		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) / Plan Development	H0032		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) / Plan Development	H0032		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) / Plan Development	H0032		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
TBS	H2019		HE		15	12, 18	58	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
TBS	H2019		HE	HQ	15	12, 18	58	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
TBS	H2019		HE	SC	15	12, 18	58	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
Medication Support	H2010		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	H2010		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	H2010		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

CIR FY2013-14										SIERRA (46)	SIKIKYOU (47)	SOLANO (48)	SONOMA (49)	STANISLAUS (50)	SUTTER-YUBA (58)	TEHAMA (52)	TRINITY (53)	TULARE (54)
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014																		
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		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
					CR/DC Code	SDMC Claiming Code												
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

CIR FY2013-14

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2013 through June 30, 2014

TUOLUMNE (55)

VENTURA (56)

YOLO (57)

Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Per Minute	Time Base	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit
					CR/DC Code	SDMC Claiming Code						
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	H2013		HE		05	05	20 - 29		Day	\$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
Adult Crisis Residential: Geriatric	H0018		HE	HC	05	05	40 - 49		Day	\$363.56	\$363.56	\$363.56
Adult Residential: Non-Geriatric	H0019		HE	HB	05	05	65 - 79		Day	\$177.33	\$177.33	\$177.33
Adult Residential: Geriatric	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		HK		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		HK		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

CIR FY2013-14										TUOLUMNE (55)	VENTURA (56)	YOLO (57)
County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement July 1, 2013 through June 30, 2014												
Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Per Minute	Time Base	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit
					CR/DC Code	SDMC Claiming Code						
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

CIR FY2013-14

County Interim Rate (CIR) Table for Short-Doyle Medi-Cal Reimbursement
July 1, 2013 through June 30, 2014

TUOLUMNE (55)

VENTURA (56)

YOLO (57)

Service Description	Procedure Code	Revenue Code	Procedure Modifier 1	Procedure Modifier 2	Mode of Service		Service Function Code	Per Minute	Time Base	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit	Max Allowed Rate Per Unit
					CR/DC Code	SDMC Claiming Code						
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