

FY2012-13

Enclosure 1

County Interim Rate Table for Short-Doyle Medi-Cal Reimbursement

July 1, 2012 through June 30, 2013

| Service Function Name | Procedure Code | MODE OF SERVICE | | Service Function Code | Time Base | ALAMEDA (01) | ALPINE (02) | AMADOR (03) | BUTTE (04) | CALAVERAS (05) | COLUSA (06) | CONTRA COSTA (07) | DEL NORTE (08) | EL DORADO (09) | FRESNO (10) | GLENN (11) | HUMBOLDT (12) | | | |
|-------------------------------------|-------------------------|-----------------|-------------------------|-----------------------|---|---|-------------|-------------|------------|----------------|-------------|-------------------|----------------|----------------|-------------|------------|---------------|------------|----------|----------|
| | | CR/DC Code | SD/MC Claiming Code | | | | | | | | | | | | | | | | | |
| A. 24-HOUR SERVICES | | 05 | 05, 07, 08 or 09 | | | | | | | | | | | | | | | | | |
| Hospital Inpatient | H2015 | 05 | 07, 08, 09 | 10 - 18 | Day | \$2,070.68 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$2,270.83 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,083.74 | | |
| Hospital Admin Day | H0046 | | 07, 08, 09 | 19 | | \$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 | |
| Psychiatric Health Facility (PHF) | H2013 | | 05 | 05 | | 20 - 29 | \$629.01 | \$629.01 | \$629.01 | \$578.85 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$651.82 | \$952.19 | \$629.01 | \$629.01 | |
| Adult Crisis Residential | H0018 | | 40 - 49 | | | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$370.70 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | |
| Adult Residential | H0019 | | 65 - 79 | | | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | |
| B. DAY SERVICES | | 10 | 12 or 18 | | | | | | | | | | | | | | | | | |
| Crisis Stabilization (ER) | S9484 | 10 | 12, 18 | 20 - 24 | Hour | \$138.78 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$177.50 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$72.40 | | |
| Crisis Stabilization (UC) | | | | 25 - 29 | | \$97.09 | \$97.09 | \$97.09 | \$226.65 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | |
| Day Treatment: Intensive (1/2 Day) | H2012 | 10 | 12, 18 | 81 - 84 | Hour (use Flat Half Day Rate for units = 3 and <4) | \$296.02 | \$148.02 | \$148.02 | \$148.02 | \$148.02 | \$148.02 | \$270.60 | \$148.02 | \$148.02 | \$293.81 | \$148.02 | \$148.02 | | | |
| Day Treatment: Intensive (Full Day) | | | | 85 - 89 | | Beneficiary Full Day | \$415.77 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$380.07 | \$207.90 | \$207.90 | \$412.68 | \$207.90 | \$207.90 | |
| Day Treatment: Rehab (1/2 Day) | | | | 91 - 94 | | Hour (use Flat Half Day Rate for units = 3 and <4) | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$90.00 |
| Day Treatment: Rehab (Full Day) | | | | 95 - 99 | | Beneficiary Full Day | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 |
| C. OUTPATIENT SERVICES | | 15 | 12 or 18 | | | | | | | | | | | | | | | | | |
| Linkage(Case Mgmt)/ Brokerage | T1017 | 15 | 12, 18 | 01 - 09 | 15 minutes (Billed in One minute increments) | \$45.75 | \$76.35 | \$79.20 | \$31.20 | \$26.70 | \$37.20 | \$28.65 | \$27.90 | \$34.05 | \$51.60 | \$32.25 | \$25.05 | | | |
| Mental Health Services (MHS) | H2015 H2017 H0032 | | | 10 - 19, 30 57, 59 | | \$46.80 | \$98.55 | \$62.55 | \$40.20 | \$34.35 | \$28.05 | \$37.35 | \$36.15 | \$43.80 | \$65.85 | \$41.70 | \$32.40 | | | |
| TBS | H2019 | | | 58 | | \$46.80 | \$98.55 | \$62.55 | \$40.20 | \$34.35 | \$28.05 | \$37.35 | \$36.15 | \$43.80 | \$65.85 | \$41.70 | \$32.40 | | | |
| Medication Support | H2010 G8437 H0034 | | | 60 - 69 | | \$125.10 | \$182.10 | \$125.40 | \$74.10 | \$63.60 | \$59.70 | \$68.85 | \$66.60 | \$81.30 | \$123.00 | \$76.95 | \$60.00 | | | |
| Crisis Intervention | H2011 | | | 70 - 79 | | \$51.45 | \$146.55 | \$118.20 | \$59.70 | \$51.30 | \$30.30 | \$55.50 | \$53.70 | \$65.55 | \$99.00 | \$61.95 | \$48.30 | | | |

FY2012-13

Enclosure 1

County Interim Rate Table for Short-Doyle Medi-Cal Reimbursement

July 1, 2012 through June 30, 2013

| Service Function Name | Procedure Code | MODE OF SERVICE | | Service Function Code | Time Base | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|-------------------------|-----------------|---------------------|-----------------------|---|---------------|------------|------------|------------|------------|-------------|------------------|-------------|------------|---------------|----------------|-------------|------------|------------|------------|----------|----------|----------|----------|
| | | CR/DC Code | SD/MC Claiming Code | | | IMPERIAL (13) | INYO (14) | KERN (15) | KINGS (16) | LAKE (17) | LASSEN (18) | LOS ANGELES (19) | MADERA (20) | MARIN (21) | MARIPOSA (22) | MENDOCINO (23) | MERCED (24) | MODOC (25) | MONO (26) | | | | | |
| A. 24-HOUR SERVICES | | 05 | 05, 07, 08 or 09 | | | | | | | | | | | | | | | | | | | | | |
| Hospital Inpatient | H2015 | 05 | 07, 08, 09 | 10 - 18 | Day | \$1,255.02 | \$1,255.02 | \$1,653.39 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | | | | |
| Hospital Admin Day | H0046 | | 07, 08, 09 | 19 | | \$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 | | | | |
| Psychiatric Health Facility (PHF) | H2013 | | 05 | 05 | | 20 - 29 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$712.46 | \$629.01 | \$629.01 | |
| Adult Crisis Residential | H0018 | | 40 - 49 | | | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | |
| Adult Residential | H0019 | | 65 - 79 | | | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 |
| B. DAY SERVICES | | 10 | 12 or 18 | | | | | | | | | | | | | | | | | | | | | |
| Crisis Stabilization (ER) | S9484 | 10 | 12, 18 | 20 - 24 | Hour | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | | |
| Crisis Stabilization (UC) | | | | 25 - 29 | | \$97.09 | \$97.09 | \$147.32 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$134.22 | \$97.09 | \$97.09 | \$71.72 | \$97.09 | \$97.09 | \$97.09 | |
| Day Treatment: Intensive (1/2 Day) | H2012 | 10 | 12, 18 | 81 - 84 | Hour (use Flat Half Day Rate for units = 3 and <4) | \$148.02 | \$148.02 | \$148.02 | \$154.60 | \$148.02 | \$161.24 | \$184.64 | \$148.02 | \$148.02 | \$218.27 | \$131.72 | \$148.02 | \$148.02 | \$148.02 | \$148.02 | \$148.02 | | | |
| Day Treatment: Intensive (Full Day) | | | | 85 - 89 | | \$207.90 | \$207.90 | \$207.90 | \$217.14 | \$207.90 | \$226.47 | \$259.34 | \$207.90 | \$207.90 | \$306.57 | \$185.00 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | |
| Day Treatment: Rehab (1/2 Day) | | | | 91 - 94 | | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$94.07 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$76.84 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 |
| Day Treatment: Rehab (Full Day) | | | | 95 - 99 | | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$146.83 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$119.94 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 |
| C. OUTPATIENT SERVICES | | 15 | 12 or 18 | | | | | | | | | | | | | | | | | | | | | |
| Linkage(Case Mgmt)/ Brokerage | T1017 | 15 | 12, 18 | 01 - 09 | 15 minutes (Billed in One minute increments) | \$42.90 | \$43.20 | \$33.00 | \$26.25 | \$31.50 | \$33.75 | \$36.75 | \$27.45 | \$42.90 | \$45.90 | \$27.75 | \$14.10 | \$40.95 | \$54.75 | \$54.75 | \$54.75 | | | |
| Mental Health Services (MHS) | H2015 H2017 H0032 | | | 10 - 19, 30 57, 59 | | \$55.35 | \$49.80 | \$42.60 | \$33.90 | \$40.65 | \$43.65 | \$47.10 | \$29.85 | \$55.50 | \$59.25 | \$35.85 | \$20.10 | \$40.05 | \$86.40 | \$86.40 | \$86.40 | \$86.40 | | |
| TBS | H2019 | | | 58 | | \$55.35 | \$49.80 | \$42.60 | \$33.90 | \$40.65 | \$43.65 | \$47.10 | \$29.85 | \$55.50 | \$59.25 | \$35.85 | \$20.10 | \$40.05 | \$103.95 | \$103.95 | \$103.95 | \$103.95 | | |
| Medication Support | H2010 G8437 H0034 | | | 60 - 69 | | \$102.30 | \$81.15 | \$78.75 | \$62.55 | \$75.15 | \$80.85 | \$92.85 | \$56.40 | \$102.60 | \$109.50 | \$66.15 | \$102.60 | \$47.70 | \$142.35 | \$142.35 | \$142.35 | \$142.35 | | |
| Crisis Intervention | H2011 | | | 70 - 79 | | \$82.35 | \$69.90 | \$63.45 | \$50.40 | \$60.60 | \$65.10 | \$74.85 | \$35.10 | \$82.50 | \$88.20 | \$53.25 | \$31.50 | \$45.15 | \$127.50 | \$127.50 | \$127.50 | \$127.50 | | |

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|---|-------------|
| FY2012-13 County Interim Rate Table for Short-Doyle Medi-Cal Reimbursement July 1, 2012 through June 30, 2013 | Enclosure 1 |
|---|-------------|

| Service Function Name | Procedure Code | MODE OF SERVICE | | Service Function Code | Time Base | | | | | | | | | | | | | | | | | |
|-------------------------------------|-------------------------|-----------------|-------------------------|-----------------------|---|---------------|------------|-------------|-------------|-------------|-------------|----------------|-----------------|-----------------|---------------------|----------------|--------------------|------------------|----------------------|----------|------------|----------|
| | | CR/DC Code | SD/MC Claiming Code | | | MONTEREY (27) | NAPA (28) | NEVADA (29) | ORANGE (30) | PLACER (31) | PLUMAS (32) | RIVERSIDE (33) | SACRAMENTO (34) | SAN BENITO (35) | SAN BERNARDINO (36) | SAN DIEGO (37) | SAN FRANCISCO (38) | SAN JOAQUIN (39) | SAN LUIS OBISPO (40) | | | |
| A. 24-HOUR SERVICES | | 05 | 05, 07, 08 or 09 | | | | | | | | | | | | | | | | | | | |
| Hospital Inpatient | H2015 | 05 | 07, 08, 09 | 10 - 18 | Day | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,623.69 | \$1,255.02 | \$1,255.02 | \$1,625.42 | \$1,089.11 | \$1,255.02 | \$1,255.02 | \$1,255.02 | | | |
| Hospital Admin Day | H0046 | | 07, 08, 09 | 19 | | \$416.95 | \$416.95 | \$416.95 | \$416.95 | \$416.95 | \$416.95 | \$416.95 | \$416.95 | \$416.95 | \$416.95 | \$520.41 | \$349.72 | \$416.95 | \$416.95 | \$416.95 | | |
| Psychiatric Health Facility (PHF) | H2013 | | 05 | 05 | | 20 - 29 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$865.56 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$675.73 | \$1,271.80 | |
| Adult Crisis Residential | H0018 | | 40 - 49 | | | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 |
| Adult Residential | H0019 | | 65 - 79 | | | \$173.01 | \$173.01 | \$176.38 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 |
| B. DAY SERVICES | | 10 | 12 or 18 | | | | | | | | | | | | | | | | | | | |
| Crisis Stabilization (ER) | S9484 | 10 | 12, 18 | 20 - 24 | Hour | \$97.09 | \$97.09 | \$97.09 | \$115.88 | \$97.09 | \$97.09 | \$150.58 | \$94.13 | \$97.09 | \$97.09 | \$142.23 | \$97.09 | \$97.09 | \$97.09 | | | |
| Crisis Stabilization (UC) | | | | 25 - 29 | | \$97.09 | \$97.09 | \$97.09 | \$115.88 | \$97.09 | \$97.09 | \$150.58 | \$94.13 | \$97.09 | \$97.09 | \$142.23 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | |
| Day Treatment: Intensive (1/2 Day) | H2012 | 10 | 12, 18 | 81 - 84 | Hour (use Flat Half Day Rate for units = 3 and <4) | \$148.02 | \$148.02 | \$148.02 | \$148.02 | \$250.10 | \$148.02 | \$148.02 | \$148.02 | \$148.02 | \$148.02 | \$148.02 | \$148.02 | \$148.02 | \$148.02 | \$149.61 | | |
| Day Treatment: Intensive (Full Day) | | | | 85 - 89 | Beneficiary Full Day | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$351.27 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$210.13 | |
| Day Treatment: Rehab (1/2 Day) | | | | 91 - 94 | Hour (use Flat Half Day Rate for units = 3 and <4) | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$209.63 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$215.90 | \$126.50 | \$86.35 | \$30.16 | \$86.35 | |
| Day Treatment: Rehab (Full Day) | | | | 95 - 99 | Beneficiary Full Day | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$327.20 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$336.99 | \$197.45 | \$134.78 | \$47.07 | \$134.78 |
| C. OUTPATIENT SERVICES | | 15 | 12 or 18 | | | | | | | | | | | | | | | | | | | |
| Linkage(Case Mgmt)/ Brokerage | T1017 | 15 | 12, 18 | 01 - 09 | 15 minutes (Billed in One minute increments) | \$42.30 | \$34.65 | \$33.15 | \$43.05 | \$123.15 | \$27.30 | \$30.00 | \$37.05 | \$26.40 | \$34.20 | \$29.70 | \$45.00 | \$37.35 | \$63.00 | | | |
| Mental Health Services (MHS) | H2015 H2017 H0032 | | | 10 - 19, 30 57, 59 | | \$54.90 | \$44.70 | \$42.90 | \$55.35 | \$52.35 | \$35.25 | \$31.20 | \$50.25 | \$34.05 | \$39.90 | \$38.40 | \$58.20 | \$49.95 | \$63.00 | | | |
| TBS | H2019 | | | 58 | | \$54.90 | \$44.70 | \$42.90 | \$55.35 | \$52.35 | \$35.25 | \$31.20 | \$50.25 | \$34.05 | \$39.90 | \$38.40 | \$58.20 | \$49.95 | \$63.00 | | | |
| Medication Support | H2010 G8437 H0034 | | | 60 - 69 | | \$101.10 | \$82.65 | \$79.20 | \$102.60 | \$84.75 | \$65.10 | \$66.60 | \$83.85 | \$63.00 | \$81.75 | \$70.80 | \$110.70 | \$88.05 | \$77.40 | | | |
| Crisis Intervention | H2011 | | | 70 - 79 | | \$81.45 | \$66.45 | \$63.75 | \$82.65 | \$97.05 | \$52.35 | \$37.50 | \$60.00 | \$50.85 | \$78.15 | \$57.00 | \$80.40 | \$61.95 | \$63.00 | | | |

FY2012-13

Enclosure 1

County Interim Rate Table for Short-Doyle Medi-Cal Reimbursement

July 1, 2012 through June 30, 2013

| Service Function Name | Procedure Code | MODE OF SERVICE | | Service Function Code | Time Base | | | | | | | | | | | | | | | | | |
|-------------------------------------|-------------------------|-----------------|-------------------------|-----------------------|---|----------------|--------------------|------------------|-----------------|-------------|-------------|---------------|-------------|-------------|-----------------|------------------|-------------|--------------|-------------|------------|----------|----------|
| | | CR/DC Code | SD/MC Claiming Code | | | SAN MATEO (41) | SANTA BARBARA (42) | SANTA CLARA (43) | SANTA CRUZ (44) | SHASTA (45) | SIERRA (46) | SISKIYOU (47) | SOLANO (48) | SONOMA (49) | STANISLAUS (50) | SUTTER-YUBA (58) | TEHAMA (52) | TRINITY (53) | TULARE (54) | | | |
| A. 24-HOUR SERVICES | | 05 | 05, 07, 08 or 09 | | | | | | | | | | | | | | | | | | | |
| Hospital Inpatient | H2015 | 05 | 07, 08, 09 | 10 - 18 | Day | \$1,833.55 | \$1,298.77 | \$2,210.42 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | \$1,255.02 | | |
| Hospital Admin Day | H0046 | | 07, 08, 09 | 19 | | \$416.95 | \$415.85 | \$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 | | |
| Psychiatric Health Facility (PHF) | H2013 | | 05 | 05 | | 20 - 29 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$629.01 | \$1,027.99 | \$629.01 | \$629.01 | \$629.01 | |
| Adult Crisis Residential | H0018 | | 40 - 49 | | | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$298.10 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | \$354.71 | |
| Adult Residential | H0019 | | 65 - 79 | | | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$173.01 | \$122.20 |
| B. DAY SERVICES | | 10 | 12 or 18 | | | | | | | | | | | | | | | | | | | |
| Crisis Stabilization (ER) | S9484 | 10 | 12, 18 | 20 - 24 | Hour | \$87.33 | \$97.09 | \$136.67 | \$97.09 | \$144.12 | \$97.09 | \$97.09 | \$97.09 | \$57.55 | \$97.09 | \$97.09 | \$97.09 | \$76.87 | \$97.09 | \$97.09 | | |
| Crisis Stabilization (UC) | | | | 25 - 29 | | \$87.33 | \$97.09 | \$136.67 | \$97.09 | \$144.12 | \$97.09 | \$97.09 | \$97.09 | \$97.09 | \$57.55 | \$97.09 | \$97.09 | \$97.09 | \$76.87 | \$97.09 | \$97.09 | |
| Day Treatment: Intensive (1/2 Day) | H2012 | 10 | 12, 18 | 81 - 84 | Hour (use Flat Half Day Rate for units = 3 and <4) | \$175.96 | \$148.02 | \$148.02 | \$91.82 | \$148.02 | \$148.02 | \$148.02 | \$197.94 | \$148.02 | \$148.02 | \$148.02 | \$148.02 | \$148.02 | \$148.02 | \$148.02 | | |
| Day Treatment: Intensive (Full Day) | | | | 85 - 89 | Beneficiary Full Day | \$247.13 | \$207.90 | \$207.90 | \$128.96 | \$207.90 | \$207.90 | \$207.90 | \$278.02 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | \$207.90 | |
| Day Treatment: Rehab (1/2 Day) | | | | 91 - 94 | Hour (use Flat Half Day Rate for units = 3 and <4) | \$91.98 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$87.65 | \$115.48 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 | \$86.35 |
| Day Treatment: Rehab (Full Day) | | | | 95 - 99 | Beneficiary Full Day | \$124.87 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$136.81 | \$180.25 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 | \$134.78 |
| C. OUTPATIENT SERVICES | | 15 | 12 or 18 | | | | | | | | | | | | | | | | | | | |
| Linkage(Case Mgmt)/ Brokerage | T1017 | 15 | 12, 18 | 01 - 09 | 15 minutes (Billed in One minute increments) | \$44.55 | \$33.15 | \$67.95 | \$38.40 | \$30.75 | \$90.90 | \$31.65 | \$41.70 | \$30.75 | \$36.00 | \$49.05 | \$24.60 | \$31.20 | \$68.70 | | | |
| Mental Health Services (MHS) | H2015 H2017 H0032 | | | 10 - 19, 30 57, 59 | | \$58.95 | \$42.75 | \$87.75 | \$49.65 | \$39.75 | \$118.80 | \$40.80 | \$53.85 | \$39.75 | \$46.35 | \$63.45 | \$31.80 | \$40.35 | \$30.75 | | | |
| TBS | H2019 | | | 58 | | \$58.95 | \$42.75 | \$87.75 | \$49.65 | \$39.75 | \$118.80 | \$40.80 | \$53.85 | \$39.75 | \$46.35 | \$63.45 | \$31.80 | \$40.35 | \$30.75 | | | |
| Medication Support | H2010 G8437 H0034 | | | 60 - 69 | | \$109.05 | \$78.90 | \$162.15 | \$91.80 | \$62.10 | \$220.50 | \$75.30 | \$99.45 | \$73.35 | \$86.10 | \$117.00 | \$58.80 | \$74.55 | \$78.45 | | | |
| Crisis Intervention | H2011 | | | 70 - 79 | | \$84.75 | \$63.60 | \$130.50 | \$73.80 | \$59.25 | \$118.80 | \$60.60 | \$79.95 | \$58.95 | \$57.45 | \$94.20 | \$47.25 | \$60.00 | \$58.80 | | | |

FY2012-13

Enclosure 1

County Interim Rate Table for Short-Doyle Medi-Cal Reimbursement

July 1, 2012 through June 30, 2013

| Service Function Name | Procedure Code | MODE OF SERVICE | | Service Function Code | Time Base | TUOLUMNE (55) | VENTURA (56) | YOLO (57) |
|-------------------------------------|-------------------------|-----------------|-------------------------|-----------------------|---|---------------|--------------|------------|
| | | CR/DC Code | SD/MC Claiming Code | | | | | |
| A. 24-HOUR SERVICES | | 05 | 05, 07, 08 or 09 | | | | | |
| Hospital Inpatient | H2015 | 05 | 05, 07, 08 or 09 | 10 - 18 | Day | \$1,255.02 | \$1,750.14 | \$1,255.02 |
| Hospital Admin Day | H0046 | | | 19 | | \$416.95 | \$544.14 | \$416.95 |
| Psychiatric Health Facility (PHF) | H2013 | | | 20 - 29 | | \$629.01 | \$629.01 | \$629.01 |
| Adult Crisis Residential | H0018 | | | 40 - 49 | | \$354.71 | \$354.71 | \$354.71 |
| Adult Residential | H0019 | | | 65 - 79 | | \$173.01 | \$173.01 | \$173.01 |
| B. DAY SERVICES | | 10 | 12 or 18 | | | | | |
| Crisis Stabilization (ER) | S9484 | 10 | 12, 18 | 20 - 24 | Hour | \$118.33 | \$97.09 | \$97.09 |
| Crisis Stabilization (UC) | | | | 25 - 29 | | \$118.33 | \$97.09 | \$97.09 |
| Day Treatment: Intensive (1/2 Day) | H2012 | 10 | 12, 18 | 81 - 84 | Hour (use Flat Half Day Rate for units = 3 and <4) | \$148.02 | \$148.02 | \$148.02 |
| Day Treatment: Intensive (Full Day) | | | | 85 - 89 | Beneficiary Full Day | \$207.90 | \$207.90 | \$207.90 |
| Day Treatment: Rehab (1/2 Day) | | | | 91 - 94 | Hour (use Flat Half Day Rate for units = 3 and <4) | \$86.35 | \$86.35 | \$86.35 |
| Day Treatment: Rehab (Full Day) | | | | 95 - 99 | Beneficiary Full Day | \$134.78 | \$134.78 | \$134.78 |
| C. OUTPATIENT SERVICES | | 15 | 12 or 18 | | | | | |
| Linkage(Case Mgmt)/ Brokerage | T1017 | 15 | 12, 18 | 01 - 09 | 15 minutes (Billed in One minute increments) | \$37.95 | \$33.75 | \$31.65 |
| Mental Health Services (MHS) | H2015 H2017 H0032 | | | 10 - 19, 30 57, 59 | | \$49.05 | \$43.65 | \$40.80 |
| TBS | H2019 | | | 58 | | \$49.05 | \$43.65 | \$40.80 |
| Medication Support | H2010 G8437 H0034 | | | 60 - 69 | | \$90.45 | \$80.55 | \$75.45 |
| Crisis Intervention | H2011 | | | 70 - 79 | | \$72.90 | \$64.95 | \$60.75 |