

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			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)			
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	\$1,083.74			
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		
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	\$97.09	\$177.50	\$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		\$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		\$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	\$86.35	\$90.00
Day Treatment: Rehab (Full Day)				95 - 99		\$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	\$140.48
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			

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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	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)			
		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	\$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	\$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	\$814.49	\$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
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
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		
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	\$134.22	\$97.09	\$97.09	\$42.93	\$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		
Day Treatment: Intensive (Full Day)				85 - 89	Beneficiary Full Day	\$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	
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	\$94.07	\$86.35	\$86.35	\$86.35	\$86.35	\$86.35	\$76.84	\$86.35	\$86.35	\$86.35	\$86.35
Day Treatment: Rehab (Full Day)				95 - 99	Beneficiary Full Day	\$134.78	\$134.78	\$134.78	\$134.78	\$134.78	\$134.78	\$146.83	\$134.78	\$134.78	\$134.78	\$134.78	\$134.78	\$134.78	\$119.94	\$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	\$67.50	\$40.95	\$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	\$82.05	\$40.05	\$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			
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	\$88.05	\$47.70	\$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	\$33.00	\$45.15	\$127.50			

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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	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)			
		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	\$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	\$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	\$351.27	\$207.90	\$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	\$209.63	\$86.35	\$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	\$327.20	\$134.78	\$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			

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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			
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			
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	\$97.09	\$57.55	\$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	\$76.87	\$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)	\$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			

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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