

1 [Patient Rates]

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3 **Ordinance amending Section 128 of the San Francisco Health Code to set patient**  
4 **rates and charges for other services provided by the Department of Public Health,**  
5 **effective July 1, 2004; and making environmental findings.**

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7 Note: Additions are *single-underline italics Times New Roman*;  
8 deletions are ~~*strikethrough italics Times New Roman*~~.  
9 Board amendment additions are double underlined.  
10 Board amendment deletions are ~~strikethrough normal~~.

9

Be it ordained by the People of the City and County of San Francisco:

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Section 1. Findings.

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A. The Planning Department has determined that the actions contemplated in  
12 this Ordinance are in compliance with the California Environmental Quality Act (California  
13 Public Resources Code sections 21000 et seq.). Said determination is on file with the Clerk  
14 of the Board of Supervisors in File No. \_\_\_\_\_ and is incorporated herein by  
15 reference.

16

Section 2. The San Francisco Health Code is hereby amended by amending Section  
17 128, to read as follows:

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Sec. 128 PATIENT RATES. (a) The Board of Supervisors of the City and County of  
19 1San Francisco does hereby determine and fix the proper reasonable amounts to be  
20 charged to persons for services furnished by the Department of Public Health as follows,  
21 which rates shall be effective for services delivered as of ~~July 1, 2003~~ July 1, 2004.

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TYPE OF SERVICE	UNIT	AMOUNT
COMMUNITY HEALTH NETWORK		

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**San Francisco General Hospital**  
**In General**

Surgical Supplies	Special Price List	Special Price List
Surgical Supplies	Special Price List	Special Price List
Pharmacy (IP)	Special Price List	Special Price List
Medical Supplies	Special Price List	Special Price List
Diagnostic Radiology	Special Price List	Special Price List
Clinical Lab	Special Price List	Special Price List
Anatomic Pathology	Special Price List	Special Price List
Surgical Services – Women’s Options	Special Price List	Special Price List
All Other Special Services	Special Price List	Special Price List
All Other Special Services	Special Price List	Special Price List
<b>In-Patient Care</b>		
Medical Surgical	Day	\$2,475 <u>2,723</u>

1	Intensive Care	Day	4,950	<u>5,445</u>
2	Intensive Care – Trauma	Day	4,950	<u>5,445</u>
3	Coronary Care	Day	4,950	<u>5,445</u>
4	Chest-Pulmonary	Day	4,125	<u>4,538</u>
5	Stepdown Units	Day	3,574	<u>3,933</u>
6	Pediatrics	Day	2,475	<u>2,723</u>
7	Obstetrics	Day	2,475	<u>2,723</u>
8	Nursery			
9	New Born	Day	1,265	<u>1,392</u>
10	Observation/Well Baby	Day	2,200	<u>2,420</u>
11	Semi-Intensive Care	Day	3,300	<u>3,630</u>
12	Intensive Care	Day	4,950	<u>5,445</u>
13	Labor/Delivery - 6G	Day	1,960	<u>2,156</u>
14	Labor/Delivery Hours of Stay	Hour	110	<u>121</u>
15	Psychiatric Inpatient	Day	2,475	<u>2,723</u>
16	Psychiatric Forensic Inpatient - 7L	Day	2,475	<u>2,723</u>
17	AIDS Unit - 5A	Day	2,475	<u>2,723</u>
18	Security Unit - 7D	Day	2,475	<u>2,723</u>
19	Skilled Nursing Facility	Day	990	<u>1,089</u>
20	Mental Health Rehab. SNF	Day	990	<u>1,089</u>
21				
22	Respiratory Therapy			
23	O2 Therapy	<u>Hour</u>	<u>11</u>	<u>12</u>
24				
25	<b>Surgical Services</b>			

1	Minor Surgery Pre-Op Holding Room	Room	<del>230</del>	<u>253</u>
2	Minor Surgery I (Come & Go)	1/4 Hour	<del>330</del>	<u>363</u>
3		1/2 Hour	<del>655</del>	<u>720</u>
4		3/4 Hour	<del>990</del>	<u>1,089</u>
5		Full 1 Hour	<del>1,295</del>	<u>1,425</u>
6		Ea. Add'l 1/4 Hr.	<del>330</del>	<u>363</u>
7	Minor Surgery II	1st Hour	<del>1,415</del>	<u>1,557</u>
8		Ea. Add'l 1/2 Hr.	<del>705</del>	<u>776</u>
9	Major Surgery Pre-Op Holding	Room	<del>230</del>	<u>253</u>
10	Major Surgery I	1st Hour	<del>2,130</del>	<u>2,343</u>
11		Add'l 1/2 Hour	<del>745</del>	<u>820</u>
12	Major Surgery II	1st Hour	<del>2,400</del>	<u>2,640</u>
13		Add'l 1/2 Hour	<del>830</del>	<u>913</u>
14	Major Surgery III	1st Hour	<del>2,670</del>	<u>2,937</u>
15		Add'l 1/2 Hour	<del>985</del>	<u>1,083</u>
16	Extraordinary Surgery	1st Hour	<del>2,930</del>	<u>3,223</u>
17		Add'l 1/2 Hour	<del>1,080</del>	<u>1,188</u>
18	Surgery (2 Teams)	Procedure	<del>4,140</del>	<u>4,554</u>
19		Add'l 1/2 Hour	<del>1,410</del>	<u>1,551</u>
20	Surgery (3 Teams)	Procedure	<del>5,330</del>	<u>5,863</u>
21		Add'l 1/2 Hour	<del>1,740</del>	<u>1,914</u>
22	Major Trauma III	First Hour	<del>4,200</del>	<u>4,620</u>
23		Subsequent Hours	<del>1,560</del>	<u>1,716</u>
24	Major Trauma II	First Hour	<del>3,300</del>	<u>3,630</u>
25		Subsequent Hours	<del>1,060</del>	<u>1,166</u>

1	Major Trauma I	First Hour	<del>2,510</del>	<u>2,761</u>
2		Subsequent Hours	<del>880</del>	<u>968</u>
3	Recovery Room	1st Hour	<del>825</del>	<u>908</u>
4		2nd Add'l Hour	<del>200</del>	<u>220</u>
5		3rd Add'l Hour	<del>125</del>	<u>138</u>
6	Anesthesia	First 1/2 Hour	<del>655</del>	<u>720</u>
7		Add'l Minute	<del>31</del>	<u>34</u>
8	Laser Treatment	Procedure	<del>2,140</del>	<u>2,354</u>
9				
10	<b>Trauma Care</b>			
11	<u>Trauma Activation</u> - Admitted/Expired	Day	<del>5,500</del>	<u>6,050</u>
12	<u>Trauma Activation</u> - Treated &	Day	<del>3,440</del>	<u>3,784</u>
13	Released			
14	Consultation	Day	<del>920</del>	<u>1,012</u>
15	Pediatric - Admitted/Expired	Day	<del>5,500</del>	<u>6,050</u>
16	Pediatric - Treated & Released	Day	<del>3,430</del>	<u>3,773</u>
17	Pediatric - Consultation	Day	<del>925</del>	<u>1,018</u>
18				
19	<b>Emergency Clinic</b>			
20	Level I	Room	<del>130</del>	<u>143</u>
21	Level II	Room	<del>170</del>	<u>187</u>
22	Level III	Room	<del>540</del>	<u>594</u>
23	Level IV	Room	<del>1,040</del>	<u>1,143</u>
24	Level V	Room	<del>1,555</del>	<u>1,711</u>
25	Level VI	Room	<del>3,140</del>	<u>3,454</u>

1	Resuscitation		<del>2,175</del>	<u>2,393</u>
2				
3	<b>Psychiatric Emergency Services</b>			
4	Crisis Intervention – PES		<del>450</del>	<u>495</u>
5	Crisis Stabilization – PES		<del>100</del>	<u>110</u>
6				
7	<b>General Clinic</b>			
8	Initial			
9	E/M Focused Exam	Visit	<del>125</del>	<u>138</u>
10	E/M Expanded Exam	Visit	<del>210</del>	<u>231</u>
11	E/M Detailed Exam	Visit	<del>240</del>	<u>264</u>
12	E/M Comprehensive Exam	Visit	<del>320</del>	<u>352</u>
13	E/M Complex Exam	Visit	<del>400</del>	<u>440</u>
14	Targeted Case Management	Visit	<del>330</del>	<u>363</u>
15	Established Patient			
16	E/M Brief Exam	Visit	<del>80</del>	<u>88</u>
17	E/M Focused Exam	Visit	<del>110</del>	<u>121</u>
18	E/M Expanded Exam	Visit	<del>145</del>	<u>160</u>
19	E/M Detailed Exam	Visit	<del>205</del>	<u>226</u>
20	E/M Comprehensive Exam	Visit	<del>320</del>	<u>352</u>
21	Consultation			
22	E/M Focused Consult	Visit	<del>105</del>	<u>115</u>
23	E/M Expanded Consult	Visit	<del>170</del>	<u>187</u>
24	E/M Detailed Consult	Visit	<del>170</del>	<u>187</u>
25	E/M Comprehensive Consult	Visit	<del>225</del>	<u>248</u>

1	E/M Complex Consult	Visit	<del>330</del>	<u>363</u>
2	Use of Exam Room	Room	<del>75</del>	<u>83</u>
3				
4	<b>Primary Care</b>			
5	Initial			
6	E/M Focused Exam	Visit	<del>125</del>	<u>138</u>
7	E/M Expanded Exam	Visit	<del>155</del>	<u>171</u>
8	E/M Detailed Exam	Visit	<del>225</del>	<u>248</u>
9	E/M Comprehensive Exam	Visit	<del>280</del>	<u>308</u>
10	E/M Complex Exam	Visit	<del>440</del>	<u>484</u>
11	Targeted Case Management	Visit	<del>240</del>	<u>264</u>
12	Established Patient			
13	E/M Brief Exam	Visit	<del>60</del>	<u>66</u>
14	E/M Focused Exam	Visit	<del>90</del>	<u>99</u>
15	E/M Expanded Exam	Visit	<del>145</del>	<u>160</u>
16	E/M Detailed Exam	Visit	<del>225</del>	<u>248</u>
17	E/M Comprehensive Exam	Visit	<del>265</del>	<u>292</u>
18				
19	<b>Dental Services</b>			
20	Initial Complete Exam	Visit	<del>55</del>	<u>61</u>
21	Periodic Exam	Visit	<del>55</del>	<u>61</u>
22	Prophylaxis - Adult	Visit	<del>75</del>	<u>83</u>
23	Prophylaxis - Child	Visit	<del>70</del>	<u>77</u>
24	Extract Single Tooth	Visit	<del>110</del>	<u>121</u>
25	One Surface, Permanent Tooth	Visit	<del>90</del>	<u>99</u>

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2 **Home Health Services**

3	Skilled Nursing	Visit	<del>170</del>	<u>187</u>
4	Home Health Aide Services	Visit	<del>90</del>	<u>99</u>
5	Medical Social Services	Visit	<del>235</del>	<u>259</u>
6	Physical Therapy	Visit	<del>195</del>	<u>215</u>
7	Occupational Therapy	Visit	<del>195</del>	<u>215</u>
8	Speech Therapy	Visit	<del>195</del>	<u>214</u>

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10 **LAGUNA HONDA HOSPITAL**11 **Regular Hospital Rates**

12	Acute	Day	<del>1,675</del>	<u>1,920</u>
13	Rehabilitation	Day	<del>1,675</del>	<u>1,920</u>
14	Skilled Nursing Facility	Day	<del>400</del>	<u>410</u>

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16 **All Inclusive Rates**

17	Acute	Per Diem	<del>1,975</del>	<u>2,520</u>
18	Rehabilitation	Per Diem	<del>1,975</del>	<u>2,100</u>
19	Skilled Nursing Facility	Day	<del>465</del>	<u>477</u>

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21 **POPULATION HEALTH & PREVENTION**

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23 **Community Mental Health Services**24 **24-Hour Service**

25	Inpatient	24 Hours	<del>1,900</del>	<u>2,723</u>
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1	Skilled Nursing	24 Hours	<del>500</del>	<u>550</u>
2	<u>Psychiatric Health Facility (PHF)</u>	<u>24 Hours</u>	=	<u>525</u>
3	Crisis Residential	24 Hours	<del>300</del>	<u>325</u>
4	Residential	24 Hours	<del>150</del>	<u>165</u>
5				
6	<b>Day Services</b>			
7	<u>Day</u> Rehabilitation	Full Day	<del>130</del>	<u>140</u>
8	<u>Day Rehabilitation</u>	<u>Half Day</u>	=	<u>90</u>
9	<u>Day Treatment</u> Intensive	Full Day	<del>205</del>	<u>225</u>
10	<u>Day Treatment Intensive</u>	<u>Half Day</u>	=	<u>160</u>
11	<u>Day Treatment</u> Intensive (children)	Half Day	<del>215</del>	<u>235</u>
12	Crisis Socialization	Hour	<del>80</del>	<u>90</u>
13	Crisis Stabilization	Hour	<del>100</del>	<u>110</u>
14	Socialization	Hour	<del>35</del>	<u>40</u>
15				
16	<b>Outpatient Services</b>			
17	Case Management Brokerage	Hour	<del>120</del>	<u>130</u>
18	Mental Health Services	Hour	<del>160</del>	<u>180</u>
19	<u>Therapeutic Behavioral Services</u>	<u>Hour</u>	=	<u>140</u>
20	<u>Medication Support</u>	<u>Half Hour</u>	<del>140</del>	
21	<u>Medication Support</u>	<u>Hour</u>	=	<u>310</u>
22	Crisis Intervention	Hour	<del>260</del>	<u>270</u>
23				
24	<b>Community Substance Abuse Services</b>			
25	Residential – Detoxification	24 Hours	<del>100</del>	<u>120</u>

1	Residential – Basic	24 Hours	95	<u>115</u>
2	Residential - Family	24 Hours	<del>160</del>	<u>190</u>
3	Residential - Medical Support	24 Hours	<del>235</del>	<u>280</u>
4	Recovery Home	24 Hours	80	<u>95</u>
5	Therapeutic Community	24 Hours	90	<u>110</u>
6	Day Care – <del>Habilitative</del> <u>Rehabilitative</u>	Per <del>Contract</del> <u>Visit</u>	<del>125</del>	<u>135</u>
7	<u>Outpatient – Individual Counseling</u>	<u>Per Visit</u>	=	<u>135</u>
8	<u>Outpatient – Group Counseling</u>	<u>Per Visit</u>	=	<u>70</u>
9	<del>Outpatient (include Detox)</del>	<del>Per Contract</del>	<del>120</del>	
10	Prevention/Intervention	Hour	60	<u>65</u>
11	Methadone <del>Treatment</del>	<del>Hour Per Day</del>	<del>30</del>	<u>35</u>
12	<u>Buprenorphine</u>	<u>Per Day</u>	=	<u>60</u>
13	Naltrexone <del>Treatment</del>	Per <del>Contract</del> <u>Visit</u>	50	<u>55</u>
14	<u>Levoalphacethimethadol (LAAM)</u>	<u>Per Dose</u>	=	<u>55</u>
15	<u>Narcotic Treatment Program –</u>	<u>Per 10 minutes</u>	=	<u>35</u>
16	<u>Individual Counseling</u>			
17	<u>Narcotic Treatment Program –</u>	<u>Per 10 minutes</u>	=	<u>10</u>
18	<u>Group Counseling</u>			
19				
20	<b>Vital Records</b>			
21	Birth <del>Record</del> <u>Certificate</u>	<u>Per Certificate</u>	Rates Per	Rates Per
22			State of	State of
23			California	California
24	Death <del>Record</del> <u>Certificate</u>	<u>Per Certificate</u>	Rates Per	Rates Per
25			State of	State of

1			California	California
2	Permit – Disposition of Human Remains	<u>Per Permit</u>	Rates Per	Rates Per
3			State of	State of
4			California	California
5	<i>Passport Application</i>	<i>Per Application</i>	<i>Rate per US</i>	
6			<i>State Dept.</i>	
7	<i>Passport Photo</i>	<i>Per 2 Photos</i>	<i>15</i>	
8	<i>Apostille Walk thru</i>			
9	<i>Same Day Initial Request per Client</i>		<i>40</i>	
10	<i>Same Day Add'l Request per Client</i>		<i>20</i>	
11	<i>Out-of-Country Certificate</i>	<i>Per Certificate</i>	<i>Market Rate</i>	
12			<i>+ 10</i>	
13	<u><i>Out-of-Country Cross File Fee</i></u>	<u><i>Per Certificate</i></u>	<i>-</i>	<u><i>3</i></u>
14	<i>Certificate Embossing</i>	<i>Per Embossing</i>	<i>7</i>	
15	<del><i>Death Certificate FAX Filing Fee</i></del>			
16	<i>Mortuary (Under Contact)</i>			
17	<del><i>Per Reviewed Submission</i></del>	<del><i>Per Submission</i></del>	<del><i>5</i></del>	
18	<del><i>Per Accepted Certificate</i></del>	<del><i>Per Certificate</i></del>	<del><i>7</i></del>	
19	<del><i>Contract Change Order</i></del>	<del><i>Per Change Order</i></del>	<del><i>95</i></del>	
20	<u><del><i>Death Certificate FAX Filing Fee- Mortuary</i></del></u>	<u><del><i>Per Year</i></del></u>	<del><i>-</i></del>	<u><del><i>50</i></del></u>
21	<del><i>National Adoption Resources Booklet</i></del>	<del><i>Per Booklet</i></del>	<del><i>2</i></del>	
22	Letter of Non-Contagious Disease	Per Letter	10	10
23	<del><i>Document / Certificate Will Call</i></del>	<del><i>Per Document</i></del>	<del><i>5</i></del>	
24	<del><i>Search of Hospital Records (Pre 4/17/06)</i></del>	<del><i>Per Book</i></del>	<del><i>20</i></del>	
25	Expedited Registration of Vital Events	Per Event	40	40

1 *Department of Public Health*

2	Electronic / Internet Transaction Fee	Per Transaction	5	5
3	Telephone / FAX Transaction Fee	Per Transaction	5	5
4	Expedited Delivery of Documents	<u>Per Delivery</u>	<u>Market + 5</u>	<u>Market + 5</u>
5	<del>Regular Delivery –U.S. &amp; International</del>	<del>Per Delivery</del>	<del>Market + 5</del>	
6	<del>Same Day –Greater Bay Area</del>	<del>Per Delivery</del>	<del>Market + 5</del>	
7	<del>Same Day –Other California</del>	<del>Per Delivery</del>	<del>Market + 10</del>	

8 **Adult Immunization Clinic**

9 Vaccines

10	Hepatitis A	Per Injection	<del>42</del>	<u>45</u>
11	Hepatitis B	Per Injection	50	50
12	Influenza	Per Injection	<del>16</del>	<u>20</u>
13	Other Vaccines	Per Injection	Special	Special Price
14			Price List	List

16 (b) Beginning with fiscal year 2007-2008, no later than April 15 of each year, the Controller  
 17 shall adjust the fees provided in this Article to reflect changes in the relevant Consumer Price Index,  
 18 without further action by the Board of Supervisors. In adjusting the fees, the Controller may round  
 19 up or down these fees to the nearest dollar, half-dollar or quarter-dollar. The Director shall perform  
 20 an annual review of the fees scheduled to be assessed for the following fiscal year and shall file a

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1 report with the Controller no later than May 1st of each year, proposing, if necessary, an adjustment  
2 to the fees to ensure that they do not produce significantly more revenue than required to cover the  
3 costs of operating the program. The Controller shall adjust fees when necessary to ensure that the  
4 fees do not recover significantly more than estimated cost.

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6 APPROVED AS TO FORM:

7 DENNIS J. HERRERA, City Attorney

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9 By:

ALEETA M. VAN RUNKLE  
Deputy City Attorney

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