12

13

1415

16

17

18

19

20

21

2223

24

25

[Patient Rates.]

Ordinance amending Section 128 of the San Francisco Health Code to revise selective patient rates for Mental Health services furnished by the Department of Public Health, retroactive to July 1, 2002, and to revise the passport application fee effective upon approval of this ordinance.

Note:

Additions are <u>single-underline italics Times New Roman</u>, deletions are <u>strikethrough italics Times New Roman</u>. Board amendment additions are <u>double underlined</u>. Board amendment deletions are <u>strikethrough normal</u>.

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

Section 1. The San Francisco Health Code is hereby amended by amending Section 128, to read as follows:

Sec. 128 PATIENT RATES. The Board of Supervisors of the City and County of San Francisco does hereby determine and fix the proper reasonable amounts to be charged to persons for services furnished by the Department of Public Health as follows, which rates shall be effective for services delivered as of July 1, 2002, with the exception of the passport application fee, which rate shall be effective upon the approval of this ordinance.

TYPE OF SERVICE

UNIT

**AMOUNT** 

COMMUNITY HEALTH NETWORK

San Francisco General Hospital

Surgical Supplies

Special Price List

| 1  | Pharmacy (IP)                       |      | Special Price List |
|----|-------------------------------------|------|--------------------|
| 2  | Medical Supplies                    |      | Special Price List |
| 3  | Diagnostic Radiology                |      | Special Price List |
| 4  | Clinical Lab                        |      | Special Price List |
| 5  | Anatomic Pathology                  |      | Special Price List |
| 6  |                                     |      | ·                  |
| 7  | In-Patient Care                     |      |                    |
| 8. | Medical Surgical                    | Day  | 2,250              |
| 9  | Intensive Care                      | Day  | 4,500              |
| 10 | Intensive Care – Trauma             | Day  | 4,500              |
| 11 | Coronary Care                       | Day  | 4,500              |
| 12 | Chest-Pulmonary                     | Day  | 3,750              |
| 13 | Stepdown Units                      | Day  | 3,250              |
| 14 | Pediatrics                          | Day  | 2,250              |
| 15 | Obstetrics                          | Day  | 2,250              |
| 16 | Nursery                             |      |                    |
| 17 | New Born                            | Day  | 1,150              |
| 18 | Observation/Well Baby               | Day  | 2,000              |
| 19 | Semi-Intensive Care                 | Day  | 3,000              |
| 20 | Intensive Care                      | Day  | 4,500              |
| 21 | Labor/Delivery - 6G                 | Day  | 1,775              |
| 22 | Labor/Delivery Hours of Stay        | Hour | 100                |
| 23 | Psychiatric Inpatient               | Day  | 2,250              |
| 24 | Psychiatric Forensic Inpatient - 7L | Day  | 2,250              |
| 25 | AIDS Unit - 5A                      | Day  | 2,250              |
| ŀ  | 1                                   | *    |                    |

| 1  | Security Unit - 7D                | Day               | 2,250 |
|----|-----------------------------------|-------------------|-------|
| 2  | Skilled Nursing Facility          | Day               | 900   |
| 3  | Mental Health Rehab. SNF          | Day               | 900   |
| 4  |                                   |                   |       |
| 5  | Respiratory Therapy               |                   |       |
| 6  | 02 Therapy                        |                   | 10    |
| 7  |                                   |                   |       |
| 8  | Surgical Services                 |                   |       |
| 9  | Minor Surgery Pre-Op Holding Room | Room              | 210   |
| 10 | Minor Surgery I (Come & Go)       | 1/4 Hour          | 300   |
| 11 |                                   | 1/2 Hour          | 595   |
| 12 |                                   | 3/4 Hour          | 900   |
| 13 |                                   | Full 1 Hour       | 1,175 |
| 14 |                                   | Ea. Add'l 1/4 Hr. | 300   |
| 15 | Minor Surgery II                  | 1st Hour          | 1,285 |
| 16 |                                   | Ea. Add'l 1/2 Hr. | 640   |
| 17 | Major Surgery Pre-Op Holding      | Room              | 210   |
| 18 | Major Surgery I                   | 1st Hour          | 1,935 |
| 19 |                                   | Add'l 1/2 Hour    | 675   |
| 20 | Major Surgery II                  | 1st Hour          | 2,175 |
| 21 |                                   | Add'l 1/2 Hour    | 755   |
| 22 | Major Surgery III                 | 1st Hour          | 2,420 |
| 23 |                                   | Add'l 1/2 Hour    | 895   |
| 24 | Extraordinary Surgery             | 1st Hour          | 2,660 |
| 25 | ·                                 | Add'l 1/2 Hour    | 980   |
| i  | <b>!</b>                          |                   |       |

| 1   | Surgery (2 Teams)              | Procedure        | 3,750              |
|-----|--------------------------------|------------------|--------------------|
| 2   |                                | Add'l 1/2 Hour   | 1,280              |
| 3   | Surgery (3 Teams)              | Procedure        | 4,840              |
| 4   |                                | Add'l 1/2 Hour   | 1,575              |
| 5   | Major Trauma III               | First Hour       | 3,815              |
| 6   |                                | Subsequent Hours | 1,415              |
| 7   | Major Trauma II                | First Hour       | 3,000              |
| 8   |                                | Subsequent Hours | 960                |
| 9   | Major Trauma I                 | First Hour       | 2,275              |
| 10  |                                | Subsequent Hours | 800                |
| 11  | Recovery Room                  | 1st Hour         | 750                |
| 12  |                                | 2nd Add'l Hour   | 180                |
| 13  |                                | 3rd Add'l Hour   | 110                |
| 14  | Anesthesia                     | First 1/2 Hour   | 595                |
| 15  |                                | Add'l Minute     | 28                 |
| 16  | Laser Treatment                | Procedure        | 1,940              |
| 17  | Women's Options                | Procedure        | Special Price List |
| 18  |                                |                  |                    |
| 19  | Trauma Care                    |                  |                    |
| 20  | Admitted/Expired               | Day              | 5,000              |
| 21  | Treated & Released             | Day              | 3,115              |
| 22  | Consultation                   | Day              | 835                |
| 23  | Pediatric - Admitted/Expired   | Day              | 5,000              |
| 24  | Pediatric - Treated & Released | Day              | 3,115              |
| 25  | Pediatric - Consultation       | Day              | 840                |
| - 1 |                                |                  |                    |

| 1  | Emergency Clinic   |   |   |
|--|--|---|---|
| 2  | Level 1  | Room  | 115   |
| 3  | Level II   | Room  | 152   |
| 4  | Level III  | Room  | 490   |
| 5  | Level IV   | Room  | 945   |
| 6  | Level V  | Room  | 1,410   |
| 7  | Level VI   | Room  | 2,850   |
| 8  | Resuscitation  |   | 1,975   |
| 9  | Crisis Intervention – PES  |   | 410   |
| 10   | Crisis Stabilization - PES   |   | 90  |
| 11   |  |   |   |
| 12   | General Clinic   |   |   |
| 13   | Initial  |   |   |
| 14   | E/M Focused Exam   | <i>\P</i> := *6 :   | 440   |
| 1  | E/W F Oodsed Exam  | Visit   | 110   |
| 15   | E/M Expanded Exam  | Visit   | 190   |
|  |  |   |   |
| 15   | E/M Expanded Exam  | Visit   | 190   |
| 15<br>16   | E/M Expanded Exam E/M Detailed Exam  | Visit<br>Visit  | 190<br>215  |
| 15<br>16<br>17                                     | E/M Expanded Exam E/M Detailed Exam E/M Comprehensive Exam   | Visit<br>Visit  | 190<br>215<br>290                                   |
| 15<br>16<br>17<br>18                               | E/M Expanded Exam  E/M Detailed Exam  E/M Comprehensive Exam  E/M Complex Exam   | Visit Visit Visit Visit                                     | 190<br>215<br>290<br>360                            |
| 15<br>16<br>17<br>18                               | E/M Expanded Exam  E/M Detailed Exam  E/M Comprehensive Exam  E/M Complex Exam  Targeted Case Management   | Visit Visit Visit Visit                                     | 190<br>215<br>290<br>360                            |
| 15<br>16<br>17<br>18<br>19<br>20                   | E/M Expanded Exam  E/M Detailed Exam  E/M Comprehensive Exam  E/M Complex Exam  Targeted Case Management  Established Patient  | Visit Visit Visit Visit Visit                               | 190<br>215<br>290<br>360<br>300                     |
| 15<br>16<br>17<br>18<br>19<br>20                   | E/M Expanded Exam  E/M Detailed Exam  E/M Comprehensive Exam  E/M Complex Exam  Targeted Case Management  Established Patient  E/M Brief Exam                                      | Visit Visit Visit Visit Visit Visit                         | 190<br>215<br>290<br>360<br>300                     |
| 15<br>16<br>17<br>18<br>19<br>20<br>21             | E/M Expanded Exam  E/M Detailed Exam  E/M Comprehensive Exam  E/M Complex Exam  Targeted Case Management  Established Patient  E/M Brief Exam  E/M Focused Exam                    | Visit Visit Visit Visit Visit Visit Visit Visit             | 190<br>215<br>290<br>360<br>300<br>70<br>100        |
| 15<br>16<br>17<br>18<br>19<br>20<br>21<br>22<br>23 | E/M Expanded Exam  E/M Detailed Exam  E/M Comprehensive Exam  E/M Complex Exam  Targeted Case Management  Established Patient  E/M Brief Exam  E/M Focused Exam  E/M Expanded Exam | Visit | 190<br>215<br>290<br>360<br>300<br>70<br>100<br>130 |

| 1   | Consultation                  |       |      |
|-----|-------------------------------|-------|------|
| 2   | E/M Focused Consult           | Visit | 95   |
| 3   | E/M Expanded Consult          | Visit | 155  |
| 4   | E/M Detailed Consult          | Visit | 155  |
| 5   | E/M Comprehensive Consult     | Visit | 205  |
| 6   | E/M Complex Consult           | Visit | 300  |
| 7   | Use of Exam Room – Brief Exam | Room  | 65   |
| 8   |                               |       | *.   |
| 9   | Primary Care                  |       |      |
| 10  | Initial                       |       | .* s |
| 11  | E/M Focused Exam              | Visit | 110  |
| 12  | E/M Expanded Exam             | Visit | 140  |
| 13  | E/M Detailed Exam             | Visit | 205  |
| 14  | E/M Comprehensive Exam        | Visit | 255  |
| 15  | E/M Complex Exam              | Visit | 400  |
| 16  | Targeted Case Management      | Visit | 215  |
| 17  | Established Patient           |       | •    |
| 18  | E/M Brief Exam                | Visit | 55   |
| 19  | E/M Focused Exam              | Visit | 80   |
| 20  | E/M Expanded Exam             | Visit | 130  |
| 21  | E/M Detailed Exam             | Visit | 205  |
| 22  | E/M Comprehensive Exam        | Visit | 240  |
| 23  |                               |       |      |
| 24  | Dental Services               |       |      |
| 25  | Initial Complete Exam         | Visit | 50   |
| - 1 |                               |       |      |

| Periodic Exam  | Visit  | 50   |
|--|--|--|
| Prophylaxis - Adult  | Visit  | 65   |
| Prophylaxis - Child  | Visit  | 60   |
| Extract Single Tooth   | Visit  | 100  |
| One Surface, Permanent Tooth   | Visit  | 80   |
|  |  |  |
| Home Health Services   |  |  |
| Skilled Nursing  | Visit  | 153  |
| Home Health Aide Services  | Visit  | 79   |
| Medical Social Services  | Visit  | 213  |
| Physical Therapy   | Visit  | 175  |
|  | * <i>I</i> * _ *:  | 4-75   |
| Occupational Therapy   | Visit  | 175  |
| Occupational Therapy Speech Therapy  | Visit  | 175  |
|  |  |  |
|  |  |  |
| Speech Therapy   |  |  |
| Speech Therapy<br>Laguna Honda Hospital  |  |  |
| Speech Therapy  Laguna Honda Hospital  Regular Hospital Rates  | Visit  | 177  |
| Speech Therapy  Laguna Honda Hospital  Regular Hospital Rates  Acute   | Visit<br>Day   | 177  |
| Speech Therapy  Laguna Honda Hospital  Regular Hospital Rates  Acute  Rehabilitation   | Visit<br>Day<br>Day  | 177<br>1490<br>1490  |
| Speech Therapy  Laguna Honda Hospital  Regular Hospital Rates  Acute  Rehabilitation  Skilled Nursing Facility   | Visit<br>Day<br>Day  | 177<br>1490<br>1490  |
| Speech Therapy  Laguna Honda Hospital  Regular Hospital Rates  Acute  Rehabilitation  Skilled Nursing Facility  All Inclusive Rates                        | Visit  Day  Day  Day   | 1490<br>1490<br>360  |
| Speech Therapy  Laguna Honda Hospital  Regular Hospital Rates  Acute  Rehabilitation  Skilled Nursing Facility  All Inclusive Rates  Acute                 | Day Day Day Per Diem   | 1490<br>1490<br>360  |
| Speech Therapy  Laguna Honda Hospital  Regular Hospital Rates  Acute  Rehabilitation  Skilled Nursing Facility  All Inclusive Rates  Acute  Rehabilitation | Day Day Day Per Diem Per Diem  | 1490<br>1490<br>360<br>1760  |
|  | Prophylaxis - Child Extract Single Tooth One Surface, Permanent Tooth Home Health Services Skilled Nursing Home Health Aide Services Medical Social Services | Prophylaxis - Child Visit  Extract Single Tooth Visit  One Surface, Permanent Tooth Visit  Home Health Services  Skilled Nursing Visit  Home Health Aide Services Visit  Medical Social Services Visit |

## POPULATION HEALTH & PREVENTION

24 Hours

24 Hours

24 Hours

24 Hours

Full Day

Full Day

Half Day

Hour

Hour

Hour

*Hour* 

Hour

Hour

Half Hour

1,775

450

<del>260</del>

<del>130</del>

<u>110</u>

190

200

75

90

30

<del>105</del>

150

130

240

280

<u>140</u>

*120* 

110

2

1

Community Mental Health Services

4

24-Hour Service

Inpatient

Residential

Rehabilitation

Intensive (children)

Crisis Socialization

Crisis Stabilization

Case Management Brokerage

Mental Health Services

**Medication Support** 

Crisis Intervention

Socialization

**Outpatient Services** 

Intensive

**Day Services** 

Skilled Nursing

Crisis Residential

|  | į | 5 |  |
|--|---|---|--|
|  |   |   |  |

6

7

8

9

10

11

12

13

14

15

16

10

17

18

19

20

21

22

23

24

25

Department of Public Health BOARD OF SUPERVISORS

Page 8 1/14/03

| 1  |  |  |  |
|--|--|--|--|
| 2  | Community Substance Abuse  | ÷  |  |
| 3  | Residential - Detoxification   | 24 Hours   | 91   |
| 4  | Residential - Basic  | 24 Hours   | 88   |
| 5  | Residential - Family   | 24 Hours   | 147  |
| -  | Residential - Medical Support  | 24 Hours   | 217  |
| 6  | Recovery Home  | 24 Hours   | 74   |
| 7  | Therapeutic Community  | 24 Hours   | 84   |
| 8  | Outpatient (include Detox)   | Per Contract   | 113  |
| 9  | Methadone Treatment  | Hour   | 27   |
| 10   | Naltrexone Treatment   | Per Contract   | 47   |
| 11   | Prevention/Intervention  | Hour   | 55   |
| 12   | Day Care - Habilitative  | Per Contract   | 118  |
| 13   |  |  |  |
| 14   | Records and Statistics   |  |  |
|  |  |  |  |
| 15   | Birth Record   |  | Rates Per State of California  |
| 16   | Birth Record  Death Record   |  | Rates Per State of California Rates Per State of California  |
| 16<br>17                                     |  |  | :  |
| 16<br>17<br>18                               | Death Record   | Per Application  | Rates Per State of California  |
| 16<br>17<br>18<br>19                         | Death Record  Permit - Disposition of Human Remains  |  | Rates Per State of California Rates Per State of California  |
| 16<br>17<br>18<br>19<br>20                   | Death Record  Permit - Disposition of Human Remains <u>Passport Application</u> Passport Photo   | Per Application  | Rates Per State of California Rates Per State of California  15 Rate per US State Dept                               |
| 16<br>17<br>18<br>19<br>20<br>21             | Death Record  Permit - Disposition of Human Remains  Passport Application  Passport Photo  Apostille Walk-thru   | Per 2 Photos   | Rates Per State of California Rates Per State of California  15 Rate per US State Dept  15                           |
| 16<br>17<br>18<br>19<br>20<br>21<br>22       | Death Record  Permit - Disposition of Human Remains  Passport Application  Passport Photo  Apostille Walk-thru  Same Day – Initial Request per Client  | Per Application  Per 2 Photos  Per Apostille                                 | Rates Per State of California Rates Per State of California  15 Rate per US State Dept  15  40                       |
| 16<br>17<br>18<br>19<br>20<br>21             | Death Record  Permit - Disposition of Human Remains  Passport Application  Passport Photo  Apostille Walk-thru  Same Day – Initial Request per Client  Same Day _ Add'l Request per Client                             | Per Application  Per 2 Photos  Per Apostille  Per Apostille                  | Rates Per State of California Rates Per State of California  15 Rate per US State Dept 15 40 20                      |
| 16<br>17<br>18<br>19<br>20<br>21<br>22       | Death Record  Permit - Disposition of Human Remains  Passport Application  Passport Photo  Apostille Walk-thru  Same Day – Initial Request per Client  Same Day _ Add'l Request per Client  Out-of-Country Certificate | Per Application  Per 2 Photos  Per Apostille  Per Apostille  Per Certificate | Rates Per State of California Rates Per State of California  15 Rate per US State Dept  15  40  20  Market Rate + 10 |
| 16<br>17<br>18<br>19<br>20<br>21<br>22<br>23 | Death Record  Permit - Disposition of Human Remains  Passport Application  Passport Photo  Apostille Walk-thru  Same Day – Initial Request per Client  Same Day _ Add'l Request per Client                             | Per Application  Per 2 Photos  Per Apostille  Per Apostille                  | Rates Per State of California Rates Per State of California  15 Rate per US State Dept 15 40 20                      |

| 1  | Death Certificate FAX Filling Fee – Mortu  | ıary (Under Contact | t)  |                   |
|----|--|---------------------|-----|-------------------|
| 2  | Per Reviewed Submission                    | Per Submission      | 5   | •                 |
| 3  | Per Accepted Certificate                   | Per Certificate     | 7   |                   |
| 4  | Contract Change Order                      | Per Change Order    | 95  |                   |
| 5  | National Adoption Resources Booklet        | Per Booklet         | 2   |                   |
| 6  | Letter of Non-Contagious Disease           | Per Letter          | 7   |                   |
| 7  | Document / Certificate Will-Call           | Per Document        | 5   |                   |
| 8  | Search of Historical Records (Pre 4/17/06) | Per Book            | 15  | ٠.                |
| 9  | Expedited Registration of Vital Events     | Per Event           | 40. |                   |
| 10 |  |                     |     |                   |
| 11 | Department of Public Health                |                     |     |                   |
| 12 |  |                     |     |                   |
| 13 | Electronic / Internet Transaction Fee      | Per Transaction     | 5   |                   |
| 14 | Telephone / FAX Transaction Fee            | Per Transaction     | 5   |                   |
| 15 | Expedited Delivery of Documents            |                     |     |                   |
| 16 | Regular Delivery - U.S. & International    | Per Delivery        |     | Market Rate + \$5 |
| 17 | Same Day - Greater Bay Area                | Per Delivery        |     | Market Rate + \$5 |
| 18 |  |                     |     |                   |
| 19 |  |                     |     |                   |
| 20 |  |                     |     |                   |
| 21 |  |                     |     |                   |
| 22 |  |                     |     |                   |
| 23 |  |                     |     |                   |
| 24 |  |                     |     |                   |
| 25 |  |                     |     |                   |

| 1   | Adult Immunization Clinic          |   |      |               |    |                |      |
|-----|------------------------------------|---|------|---------------|----|----------------|------|
| 2   |                                    |   |      |               |    |                |      |
| 3   |                                    |   |      |               |    |                |      |
| 4   | Vaccines                           |   |      | Dan I Sant    |    |                |      |
| 5   | Hepatitis A                        |   |      | Per Injection | 42 |                |      |
| 6   | Hepatitis B                        |   |      | Per Injection | 50 |                |      |
| 7   | Influenza                          |   |      | Per Injection | 16 |                |      |
| 8   | Other Vaccines                     |   | .* . | Per Injection | Sr | oecial Price L | .ist |
| 9 : |                                    |   | •    |               |    |                |      |
| 10  |                                    |   | •    |               |    |                |      |
| 11  | APPROVED AS TO FORM:               |   |      |               |    |                |      |
| 12  | DENNIS J. HERRERA, City At         | torney                                  |      |               |    |                |      |
| 13  | By: Aun alpers                     | *************************************** |      |               |    |                |      |
| 14  | Ann Alpers<br>Deputy City Attorney |   |      |               |    |                |      |
| 15  |                                    | ÷                                       |      |               |    |                |      |
| 16  |                                    |   |      |               | ı  |                |      |
| 17  |                                    |   |      |               |    |                |      |
| 18  |                                    |   |      |               |    |                |      |
| 19  |                                    |   |      |               |    |                |      |
| 20  |                                    |   |      |               |    |                |      |
| 21  |                                    |   |      |               |    |                |      |
| 22  |                                    |   |      |               |    |                |      |

23

24

25



## City and County of San Francisco Tails

City Hall 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689

## **Ordinance**

File Number:

030167

**Date Passed:** 

Ordinance amending Section 128 of the San Francisco Health Code to revise selective patient rates for Mental Health services furnished by the Department of Public Health, retroactive to July 1, 2002, and to revise the passport application fee effective upon approval of this ordinance.

February 25, 2003 Board of Supervisors — PASSED ON FIRST READING

Ayes: 10 - Ammiano, Daly, Dufty, Gonzalez, Hall, Ma, Maxwell, Newsom, Peskin,

Sandoval

Excused: 1 - McGoldrick

March 4, 2003 Board of Supervisors — FINALLY PASSED

Ayes: 11 - Ammiano, Daly, Dufty, Gonzalez, Hall, Ma, Maxwell, McGoldrick,

Newsom, Peskin, Sandoval

| File | No   | 0301 | 67  |
|------|------|------|-----|
| LHE  | INU. | UJUI | .07 |

I hereby certify that the foregoing Ordinance was FINALLY PASSED on March 4, 2003 by the Board of Supervisors of the City and County of San Francisco.

Gloria L. Young

Clerk of the Board

MAR 13 2003

**Date Approved**