1	[Health Code - I	Patient Rates	for FYS 202	2-2023 and 2	023-2024]		
2							
3	Ordinance ame	ending the H	ealth Code	to set patien	t rates and rates	for other services	
4	provided by the	e Departmen	t of Public	Health, for Fi	scal Years (FYs)	2022-2023 and	
5	2023-2024.						
6	NOTE:				ed text are in plair		
7		Deletions to	<b>codes</b> are	in <del>s<i>trikethrou</i>,</del>	<u>erline italics Times l</u> <del>gh italics Times Ne</del> w	Roman font.	
8	Board amendment additions are in double-underlined Arial font.  Board amendment deletions are in strikethrough Arial font.						
9	Asterisks (* * * *) indicate the omission of unchanged Code subsections or parts of tables.						
10							
11	Be it orda	ained by the F	People of the	e City and Cou	unty of San Francis	SCO:	
12							
13	Section 1	I. The Health	Code is her	reby amended	by revising Article	e 3, Section 128, to	
14	read as follows:						
15	SEC. 128	8. PATIENT I	RATES.				
16	The Boar	rd of Supervis	ors of the C	ity and Count	y of San Francisco	does hereby	
17	determine and f	ix the proper	reasonable a	amounts to be	charged to perso	ns for services	
18	furnished by the	Department	of Public He	ealth as follow	s, which rates sha	II be effective for	
19	services deliver	ed as of July	1, 202 <u>2</u> 0, thi	rough June 30	), 202 <u>4</u> 3.		
20				_			
21					AMOUNT		
22	TYPE OF S	SERVICE	UNIT	2020-21	<del>2021-22</del> 2022-23	2022-232023-24	

SAN FRANCISCO HEALTH NETWORK

23

24

1			AMOUNT					
2	TYPE OF SERVICE	UNIT	<del>2020-21</del>	<del>2021-22</del> <u>2022-23</u>	<del>2022-23</del> <u>2023-24</u>			
3		Special Price Lists located at 1001 Potrero Avenue, ZSFG,						
4		incorporated into this provision by reference as if specifically set forth herein. Such rates subject to change						
5	Constitute & Davids	by the Director of Health based on increases or decreases						
6	Supplies & Drugs	to procurement cost of the individual supplies and medications. These Special Price Lists are posted on the						
7		California Department of Health Care Access and						
8		<u>Information</u> Office of Statewide Health Planning and Development website (www.oshpdhttps://hcai.ca.gov).						
9	Zuckerberg San Francisco	General Ho	ospital and T	rauma Center (ZS	SFG)			
10		•		ed at 1001 Potrero				
11	Diagnostic Radiology Clinical Lab	incorporated into this provision by reference as if specifically set forth herein. Such rates are subject to change by the Director of Health. These Special Price Lists are posted on the <u>California Department of Health Care</u>						
12	Anatomic Pathology							
13	All Other Special Services	Access and Information Office of Statewide Health Planning and						
14		Development website (www.oshpdhttps://hcai.ca.gov).						
	In-Patient Care							
15	Medical Surgical	Day	<del>9,769</del>	9,769	9,769			
16	Intensive Care	Day	<del>22,460</del>	22,460	22,460			
17	Intensive Care - Trauma	Day	<del>22,460</del>	22,460	22,460			
18	Coronary Care	Day	<del>22,460</del>	22,460	22,460			
19	Stepdown Units	Day	<del>14,103</del>	14,103	14,103			
20	Pediatrics	Day	<del>9,343</del>	9,343	9,343			
	Obstetrics	Day	<del>7,645</del>	7,645	7,645			
21 22	Nursery							
23	New Born	Day	<del>4,177</del>	4,177	4,177			
	Semi-Intensive Care	Day	<del>14,901</del>	14,901	14,901			
24	Intensive Care	Day	<del>22,459</del>	22,459	22,459			
25								

			AMOUNT	
TYPE OF SERVICE	UNIT	<del>2020-21</del>	<del>2021-22</del> 2022-23	<del>2022-23</del> 2023-24
Labor/Delivery Hours of Stay	Hour	<del>363</del>	363	363
Psychiatric Inpatient	Day	<del>7,645</del>	7,645	7,645
Psychiatric Forensic Inpatient - 7L	Day	<del>7,645</del>	7,645	7,645
Security Unit - 7D	Day	<del>7,645</del>	7,645	7,645
Skilled Nursing Facility	Day	<del>3,059</del>	3,059	3,059
Mental Rehab Unit	Day	<del>2,528</del>	2,528	2,528
Adult Residential Facility	Day	<del>510</del>	510	510
Respiratory Therapy				
O2 Therapy	per 24 hours	<del>360</del>	<u>372<del>360</del></u>	<u>383</u> <del>360</del>
Surgical Services				
Minor Surgery I (Come & Go)	1st Hour	6,647	<u>6,860</u> 6 <del>,647</del>	<u>7,068</u> 6,647
Minor Surgery I (Come & Go)	Add'l ½ Hour or portion	<del>3,323</del>	<u>3,430</u> <del>3,323</del>	<u>3,534</u> <del>3,323</del>
Minor Surgery II	1st Hour	<del>7,256</del>	<u>7,489</u> 7,256	<u>7,716</u> 7,256
Minor Surgery II	Add'l ½ Hour or portion	<del>3,628</del>	<u>3,744</u> 3 <del>,628</del>	<u>3,857</u> <del>3,628</del>
Major Surgery I	1st Hour	<del>10,927</del>	<u>11,278</u> 10,927	<u>11,620<del>10,927</del></u>
Major Surgery I	Add'l ½ Hour or portion	<del>4,368</del>	<u>4,508</u> 4,368	<u>4,645</u> 4,368
Major Surgery II	1st Hour	<del>12,304</del>	<u>12,69912,304</u>	<u>13,084<del>12,304</del></u>

1				AMOUNT	
2	TYPE OF SERVICE	UNIT	<del>2020-21</del>	<del>2021-22</del> <u>2022-23</u>	<del>2022-23</del> <u>2023-24</u>
3 4	Major Surgery II	Add'l ½ Hour or portion	<del>4,927</del>	<u>5,085</u> 4 <del>,927</del>	<u>5,239</u> 4, <del>927</del>
5	Major Surgery III	1st Hour	<del>13,693</del>	<u>14,133</u> 13,693	<u>14,561</u> <del>13,693</del>
6 7	Major Surgery III	Add'l ½ Hour or portion	<del>5,478</del>	<u>5,654</u> 5,478	<u>5,825</u> <del>5,478</del>
8	Surgery (3 Teams)	1st Hour	<del>22,576</del>	<u>23,301</u> <del>22,576</del>	<u>24,007</u> <del>22,576</del>
9 10	Surgery (3 Teams)	Add'l ½ Hour or portion	<del>9,032</del>	<u>9,322</u> 9 <del>,032</del>	<u>9,604</u> 9 <del>,032</del>
11	Major Trauma I	1st Hour	<del>12,871</del>	<u>13,284</u> 12,871	<u>13,687</u> 12,871
12 13	Major Trauma I	Add'l ½ Hour or portion	<del>5,151</del>	<u>5,316</u> <del>5,151</del>	<u>5,477</u> <del>5,151</del>
14	Recovery Room	1st Hour	4,232	<u>4,368</u> 4,232	<u>4,500</u> 4,232
15 16 17	Recovery Room	Each Add'l Hour or portion	<del>2,116</del>	<u>2,184</u> 2 <del>,116</del>	<u>2,250<del>2,116</del></u>
18	Anesthesia	1st Hour	<del>9,508</del>	<u>9,813</u> 9,508	<u>10,110</u> 9,508
19 20	Anesthesia	Add'l ½ Hour or portion	<del>4,746</del>	<u>4,898</u> 4 <del>,746</del>	<u>5,046</u> 4 <del>,746</del>
21	Trauma Care				
22	Trauma Activation - 900	Visit	<del>29,924</del>	29,924	29,924
	Trauma Activation - 911	Visit	<del>17,602</del>	17,602	17,602
23 24	Trauma Critical Care	1st 1-74 minutes	<del>9,371</del>	9,371	9,371

1			AMOUNT		
2	TYPE OF SERVICE	UNIT	<del>2020-21</del>	<del>2021-22</del> <u>2022-23</u>	<del>2022-23</del> <u>2023-24</u>
3 4 5	Trauma Critical Care	Each add'l 30 min. or portion	<del>2,342</del>	2,342	2,342
6	ED Level 5 Team Trauma	Visit	<del>17,602</del>	17,602	17,602
7	Emergency Clinic				
8	Level I	Room	<del>556</del>	556	556
9	Level II	Room	<del>1,665</del>	1,665	1,665
10	Level III	Room	<del>3,563</del>	3,563	3,563
11	Level IV	Room	<del>5,869</del>	5,869	5,869
	Level V	Room	<del>11,846</del>	11,846	11,846
12	Resuscitation		<del>8,208</del>	8,208	8,208
13 14	Psychiatric Emergency Services				
15	Psych Crisis – Level 1 ER Room	Room	<del>1,135</del>	1,135	1,135
16 17	Psych Crisis – Level 2 ER Room	Room	<del>2,637</del>	2,637	2,637
18	Psych Crisis – Level 3 ER Room	Room	<del>4,143</del>	4,143	4,143
19 20	Psych Crisis – Level 4 ER Room	Room	<del>5,648</del>	5,648	5,648
21	Psych Crisis – Level 5 ER Room	Room	<del>7,156</del>	7,156	7,156
22	Psych Crisis – Level 6 ER Room	Room	<del>8,662</del>	8,662	8,662
23 24	Medication Svs/Min.	per minute	27	27	27
25	General Clinic				

1				AMOUNT	
2	TYPE OF SERVICE	UNIT	<del>2020-21</del>	<del>2021-22</del> <u>2022-23</u>	<del>2022-23</del> <u>2023-24</u>
3	Initial Patient				
4	Evaluation &	Visit	<del>621</del>	<u>641<del>621</del></u>	<u>660<del>621</del></u>
5	Management (E/M) E/M2 Expanded Exam				
6	E/M Detailed Exam	Visit	<del>709</del>	<u>732</u> <del>709</del>	<u>754</u> 709
7	E/M Comprehensive Exam	Visit	<del>949</del>	<u>979</u> 949	<u>1,009</u> 949
8	E/M Complex Exam	Visit	<del>1,185</del>	<u>1,223</u> 1,185	<u>1,260</u> 1,185
9	Established Patient				
10	E/M Brief Exam	Visit	<del>289</del>	<u>298</u> 289	<u>307</u> 289
11	E/M Focused Exam	Visit	<del>343</del>	<u>354</u> 343	<u>365</u> 343
12	E/M Expanded Exam	Visit	<del>452</del>	<u>467452</u>	<u>481</u> 452
13	E/M Detailed Exam	Visit	<del>641</del>	<u>662</u> 641	<u>682</u> 641
14	E/M Comprehensive Exam	Visit	<del>1,000</del>	<u>1,032</u> 1,000	<u>1,063</u> 1,000
15	Consultation				
16	E/M Focused Consult	Visit	<del>327</del>	<u>337</u> <del>327</del>	<u>347</u> <del>327</del>
17	E/M Expanded Consult	Visit	602	<u>621</u> 602	<u>640</u> 602
18	E/M Detailed Consult	Visit	<del>675</del>	<u>697</u> 675	<u>718</u> 675
19	E/M Comprehensive Consult	Visit	<del>891</del>	<u>920</u> <del>891</del>	<u>948</u> 891
20	E/M Complex Consult	Visit	<del>1,057</del>	<u>1,091</u> 1,057	<u>1,124</u> 1,057
21	Community Primary Care				
22	Initial Patient				
23	E/M Expanded Exam	Visit	<del>542</del>	<u>641<del>621</del></u>	<u>660</u> <del>621</del>
24	E/M Detailed Exam	Visit	<del>788</del>	<u>732<del>709</del></u>	<u>754</u> 709

			AMOUNT	
TYPE OF SERVICE	UNIT	<del>2020-21</del>	<del>2021-22</del> <u>2022-23</u>	<del>2022-23</del> 2023
E/M Comprehensive Exam	Visit	<del>976</del>	<u>979</u> 949	<u>1,009</u>
E/M Complex Exam	Visit	<del>1,533</del>	<u>1,223</u> 1,185	<u>1,260</u> 4
Established Patient				
E/M Brief Exam	Visit	223	<u>298</u> 289	<u>300</u>
E/M Focused Exam	Visit	<del>332</del>	<u>354</u> 343	<u>36.</u>
E/M Expanded Exam	Visit	<del>579</del>	<u>467</u> 452	<u>48.</u>
E/M Detailed Exam	Visit	<del>753</del>	<u>662</u> 641	<u>682</u>
E/M Comprehensive Exam	Visit	<del>1,177</del>	<u>1,032</u> 1,000	<u>1,063</u> 4
Consultation				
E/M Focused Consult	Visit	<del>327</del>	<u>337</u> 327	<u>342</u>
E/M Expanded Consult	Visit	602	<u>621602</u>	<u>64</u>
E/M Detailed Consult	Visit	<del>675</del>	<u>697</u> 675	<u>71</u>
E/M Comprehensive Consult	Visit	<del>891</del>	<u>920<del>891</del></u>	<u>94</u> .
E/M Complex Consult	Visit	<del>1,057</del>	<u>1,091</u> 1,057	<u>1,124</u> 1
Dental Services				
Initial Complete Exam	Visit	<del>185</del>	<u>191</u> 185	<u>19</u>
Periodic Exam	Visit	<del>185</del>	<u>191</u> 185	<u>19</u>
Prophylaxis - Adult	Visit	<del>256</del>	<u>264</u> 256	<u>27.</u>
Prophylaxis - Child	Visit	<del>243</del>	<u>251</u> 243	<u>25</u> 6
Extract Single Tooth	Visit	<del>368</del>	<u>380</u> 368	<u>39</u> .
One Surface, Permanent Tooth	Visit	<del>296</del>	<u>306<del>296</del></u>	<u>31.</u>
Home Health Services				
Skilled Nursing	Visit	644	665 <del>6</del> 44	683

			AMOUNT	
TYPE OF SERVICE	UNIT	<del>2020-21</del>	<del>2021-22</del> <u>2022-23</u>	<del>2022-23</del> <u>2023-24</u>
Home Health Aide Services	Visit	<del>341</del>	<u>352<del>3</del>41</u>	<u>363</u> 341
Medical Social Services	Visit	888	<u>917</u> 888	<u>945</u> 888
Physical Therapy	Visit	<del>706</del>	<u>729</u> 706	<u>751</u> 706
Occupational Therapy	Visit	<del>706</del>	<u>729</u> 706	<u>751</u> 706
Speech Therapy	Visit	<del>706</del>	<u>729</u> 706	<u>751</u> 706

8
9
10
11
12
13
14
15
16
17
17 18
18
18 19
18 19 20
18 19 20 21

		AMOUNT					
TYPE OF SERVICE	UNIT	<del>2020-21</del>	<del>2021-22</del> <u>2022-23</u>	<del>2022-23</del> <u>2023-24</u>			
Laguna Honda Hospital							
In-Patient Care							
Regular Hospital Rates							
Acute	Day	7,047	7,047	7,047			
Rehabilitation	Day	7,047	7,047	7,047			
Skilled Nursing Facility	Day	1,508	1,508	3 1,508			
All-Inclusive Rates							
Acute	Day	9,248	9,248	9,248			
Rehabilitation	Day	8,057	8,057	8,057			
Skilled Nursing Facility	Day	1,756	1,756	1,756			
Initial Patient							
E/M Expanded Exam	Visit	477	<u>641</u> 621	660621			

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17

		AMOUNT			
TYPE OF SERVICE	UNIT	<del>2020-21</del>	<del>2021-22</del> <u>2022-23</u>	<del>2022-23</del> <u>2023-24</u>	
E/M Detailed Exam	Visit	592	<u>732</u> 709	<u>754</u> 709	
E/M Comprehensive Exam	Visit	θ	<u>979</u> 949	<u>1,009</u> 949	
E/M Complex Exam	Visit	897	<u>1,223</u> 1,183	<u>1,260</u> 1,185	
Established Patient					
E/M Brief Exam	Visit	<del>308</del>	<u> 298</u> 289	<u>307</u> 289	
E/M Focused Exam	Visit	<del>372</del>	<u>354</u> 343	<u>365</u> 343	
E/M Expanded Exam	Visit	422	<u>467</u> 452	<u>481</u> 452	
E/M Detailed Exam	Visit	<del>526</del>	<u>662</u> 641	<u>682</u> 641	
E/M Comprehensive Exam	Visit	692	<u>1,032</u> <del>1,000</del>	<u>1,063</u> 1,000	
Consultation					
E/M Focused Consult	Visit	353	<u>337<del>327</del></u>	<u>347</u> <del>327</del>	
E/M Expanded Consult	Visit	602	<u>621</u> 602	<u>640</u> 602	
E/M Detailed Consult	Visit	626	<u>697<del>67</del></u> 5	<u>718</u> 675	
E/M Comprehensive Consult	Visit	719	<u>920</u> 891	<u>948</u> 891	
E/M Complex Consult	Visit	897	<u>1,091</u> 1,057	<u>1,124</u> <del>1,057</del>	

		AMOUNT						
TYPE OF SERVICE	UNIT	<del>2020-21</del>	<del>2021-22</del> <u>2022-23</u>	<del>2022-23</del> <u>2023-24</u>				
Community Behavioral Health Services								
Mental Health								
24-Hour Service								

				4444	
1		_		AMOUNT	
2	TYPE OF SERVICE	UNIT	<del>2020-21</del>	<del>2021-22</del> <u>2022-23</u>	<del>2022-23</del> <u>2023-24</u>
3	Hospital Inpatient	Day	<del>7,645</del>	7,645	7,645
4	Skilled Nursing	Day	<del>235.10</del>	-	
5	Adult Crisis Residential	Dov	480.94	<del>246.80</del>	
6	Adult Crisis Residential	Day	400.74	555.49 504.99	
7	Adult Residential	Day	<del>234.59</del>		
8	Therapeutic Foster Care	Day	232.93	246.32 269.03	
9	(TFC) Service Model	Day	232.73	244.57	
0	Day Services				
1	Day Rehabilitation	Day	<del>207.24</del>	239.30 217.60	
2	Day Rehabilitation	Half Day	<del>132.77</del>	<u> </u>	
3	,			<del>139.4</del> .	146.38
4	Day Treatment Intensive	Day	<del>319.67</del>	369.22 335.65	<u> </u>
5	Day Treatment Intensive	Half Day	227.59	262.87 238.97	
5	Day Treatment Intensive	Day	431.55	<u> </u>	
7	(Children)			<del>453.1.</del>	
<b>3</b>	Day Treatment Intensive (Children)	Half Day	<del>307.25</del>	<u>354.87</u> <del>322.6</del>	<u>372.61</u> <del>338.74</del>
) )	Crisis Stabilization	Hour	<del>192.89</del>	<u>222.78</u> <del>202.5</del> .	<u>233.92</u> 212.66
<b>,</b>	Socialization	Hour	118.07	<u>136.38</u> <del>123.98</del>	<u>143.20</u> <del>130.18</del>
2	Outpatient Services				
3	Case Management Brokerage	Minute	6.29	<u>7.27</u> 6.61	7.636.94
•	Mental Health Services	Minute	8.06	<u>9.32</u> 8.47	9.798.89
5		<u> </u>	<u> </u>		

			AMOUNT	
TYPE OF SERVICE	UNIT	<del>2020-21</del>	<del>2021-22</del> <u>2022-23</u>	<del>2022-23</del> 2023-24
Therapeutic Behavioral Services	Minute	8.06	<u>9.32</u> 8.47	<u>9.79</u> 8.89
Medication Support	Minute	<del>15.15</del>	<u>17.49</u> 15.90	<u>18.36</u> <del>16.70</del>
Crisis Intervention	Minute	14.45	<u>16.70<del>15.18</del></u>	<u>17.54</u> 15.94
Ş	Substance	Use Disorde	r (SUD)	
Organized Delivery System (ODS) Services				
Case Management	Per 15 minutes	67.72	<u>78.22</u> 71.11	<u>82.13</u> 74.67
Physician Consultation	Per 15 minutes	<del>59.10</del>	68.27 <del>62.0</del> 6	<del>71.68</del> <del>65.16</del>
Recovery Services	Per 15 minutes	67.72	<u>78.22</u> <del>71.1</del>	<u>82.13</u> 74.67
Medication Assisted Treatment (MAT) / Medication Support	Per 15 minutes	237.75	<u>274.60249.6</u> 4	4 <u>288.33</u> <del>262.12</del>
Outpatient SUD Services				
MAT – Buprenorphine <u>Window</u>	Day	132.30	<u>152.81</u> 138.92	<u>160.45</u> <del>145.87</del>
<u>MAT – Buprenorphine Take</u> <u>Iome</u>	<u>Day</u>		<u>43.60</u>	<u>45.78</u>
MAT - Disulfiram	Day	74.42	<u>85.97</u> <del>78.1</del> .	<u>90.27</u> 82.06
MAT - Naloxone	Kit	<del>310.08</del>	<u>358.14</u> 325.58	§ <u>376.05</u> 341.86
Ambulatory Level 1 Withdrawal Management	Day	284.24	<u>328.30<del>298.4.</del></u>	<u>344.72</u> <del>313.37</del>
Individual Counseling - Outpatient	Per 15 minutes	<del>55.4(</del>	<u>63.99</u> 58.1	<u>67.19</u> 61.08
Group Counseling - Outpatient	Per 15 minutes	48.24	<u>55.72</u> <del>50.6.</del>	<u>58.51</u> 53.18

1				AMOUNT	
2	TYPE OF SERVICE	UNIT	<del>2020-21</del>	<del>2021-22</del> 2022-23	<del>2022-23</del> 2023-24
3	Contingency Management	<u>Per 15</u> minutes		47.3	<u>49.67</u>
4 5	Opioid Replacement Therapy (OTP)/Narcotic Treatment Program (NTP)	minutes			
6 7	Window Methadone Dosing	Day	73.8	7 <u>85.32</u> 77.5	<u>89.59</u> 81.44
8	Take Home Methadone  Dosing	<u>Day</u>		<u>13.2</u>	<u>13.93</u>
9 10	Individual Counseling - NTP	Per 10 minutes	73.8	7 <u>85.32</u> 77.5	<u>89.59</u> 81.44
11	Group Counseling - NTP	Per 10 minutes	41.9	<del>48.39</del> 4 <del>3.9</del>	<del>50.81</del> 4 <del>6.19</del>
12 13	SUD Intensive Outpatient Treatment				
14	Intensive Outpatient Treatment	Per 15 minutes	55.4	<u>63.99</u> 58.1	<u>67.19</u> 61.08
15 16	SUD Residential Treatment				
17	Level 3.2 Residential Withdrawal Management	Day	<del>762.9.</del>	881.1 801.6	
18	Level 3.1 Residential	Day	<del>212.7.</del>	245.7 2 223.3	
19 20	Level 3.3 Residential	Day	<del>265.8</del> 9	307.1 9 279.1	
21	Level 3.5 Residential	Day	348.8-	402.9 4 366.2	
22			1		

24

		1	AMOUNT	
			<del>2021-</del>	<del>2022-</del>
TYPE OF SERVICE	UNIT	<del>2020-21</del>	222022- 23	23 <u>2023-</u> 24
POPULATION I	HEALTH & PR	EVENTION		
/ital Records				
Birth Certificate	Per Certificate	Rates Per ( Safety Co	California H de Section	
Death Certificate	Per Certificate	Rates Per C Safety Co	California H de Section	
Permit-Disposition of Human Remains	Per Permit	Rates Per C Safety Co	California H de Section	
Out-of-County Cross File Fee	Per Certificate	Rates Per C Safety Co	California H de Section	
Letter of Non-Contagious Disease	Per Letter	<del>15</del>	15	15
Expedited Registration of Vital Event	Per Event	Rates Per ( Safety Co	California H de Section	
Expedited Documents	Per Delivery	<del>30</del>	30	30
After Hours Registration of Vital Event	Per Event	<del>42</del>	42	42
Reproduction of Documents	Per Page	2	2	2
Medical Marijuana				
Medical Marijuana ID	Card	<del>100</del>	100	100

Mayor Breed **BOARD OF SUPERVISORS** 

TYPE OF SERVICE	UNIT	<del>2020-21</del>	2 <del>021-</del> 222022- 23	<del>2022-</del> <del>23</del> 2023-2
ADULT IM	MUNIZATION	CLINIC		
Vaccines				
Clinic Visits				
Travel Health Visit (THV1)	Per Visit	<del>55</del>	55	5
Travel Health Visit (THV2) – Under Age 18 with Parent THV1	Per Visit	<del>55</del>	55	5
Registered Nurse Visit – Off-Site Location	Per Visit	<del>200</del>	200	20
Other Vaccines	Per Injection	into this pro if specificall not subject amendment Special Pro the San Frat Public He Disease and (https://wwww.regular-pro	et, Adult Im I Clinic, inc vision by re y set forth I to change to this pro- rice List is p ancisco Dep alth Comm	munization orporated aference aferein, an except by vision. The posted on partment of the prevention or exception or excep

		AMOUNT		
			<del>2021-</del> <del>22</del> 2022-	<del>2022-</del> <del>23</del> 2023-
TYPE OF SERVICE	UNIT	<del>2020-21</del>	<u>23</u>	<u>24</u>

24

PUBLIC HEALTH LABORATORY						
Lab Testing	Per Specimen	Rates Per the Medicare Outpatient Fee-For-Service Reimbursement Rate				

			AMOUNT	
TYPE OF SERVICE	UNIT	<del>2020-21</del>	2021- 222022- 23	2022-23 2023-24
SAN FRA	NCISCO CITY	CLINIC		
Clinic Visit	Per Visit	25	25	25
Initial Patient				
E/M Expanded Exam	<u>Per Visit</u>		<u>641</u>	<u>660</u>
E/M Detailed Exam	<u>Per Visit</u>		<u>732</u>	<u>754</u>
E/M Comprehensive Exam	<u>Per Visit</u>		<u>979</u>	<u>1,009</u>
<u>E/M Complex Exam</u>	<u>Per Visit</u>		<u>1,223</u>	<u>1,260</u>
Established Patient				
E/M Brief Exam	<u>Per Visit</u>		<u>298</u>	<u>307</u>
E/M Focused Exam	<u>Per Visit</u>		<u>354</u>	<u>365</u>
E/M Expanded Exam	<u>Per Visit</u>		<u>467</u>	<u>481</u>
E/M Detailed Exam	<u>Per Visit</u>		<u>662</u>	<u>682</u>
E/M Comprehensive Exam	<u>Per Visit</u>		<u>1,032</u>	<u>1,063</u>
<u>Consultation</u>				
E/M Focused Consult	<u>Per Visit</u>		<u>337</u>	<u>347</u>
E/M Expanded Consult	<u>Per Visit</u>		<u>621</u>	<u>640</u>
E/M Detailed Consult	<u>Per Visit</u>		<u>697</u>	<u>718</u>
E/M Comprehensive Consult	<u>Per Visit</u>		<u>920</u>	<u>948</u>

E/	M Complex Consult	Per Visit		1,091	<u>1,124</u>					
	ar compress consum	101 11011		1,001	1,121					
Section 2. Effective Date. This ordinance shall become effective 30 days after										
enac	tment. Enactment occurs when th	ne Mayor signs t	he ordinance	e, the Mayor	returns the					
ordin	ance unsigned or does not sign th	e ordinance wit	hin ten days	of receiving i	t, or the Bo					
of Su	upervisors overrides the Mayor's v	eto of the ordina	ince.							
	Section 3. Scope of Ordinance.	In enacting this	s ordinance,	the Board of	Supervisor					
inten	ds to amend only those words, ph	rases, paragrap	hs, subsection	ons, sections	, articles,					
	bers, punctuation marks, charts, d									
	e that are explicitly shown in this o			·						
	ions, and Board amendment delet									
	official title of the ordinance.	10113 111 00001001	ice with the	TVOIC THAT A	ppears are					
1116 0	inicial title of the ordinarice.									
	ROVED AS TO FORM: ID CHIU, City Attorney									
Ву:	<u>/s/ Henry L. Lifton</u> HENRY L. LIFTON									
	Deputy City Attorney									
n:\legar	na\as2022\2200422\01604957.docx									