1	[Health Code - I	Patient Rates - FYs 2017-2018 and 2018-2019]						
2								
3	Ordinance ame	ending the Health Code to set patient rates and other services provided						
4	by the Departm	nent of Public Health for patient and other services rendered, starting						
5	July 1, 2017, aı	nd continuing through June 30, 2019.						
6	NOTE: Unchanged Code text and uncodified text are in plain Arial font. Additions to Codes are in single-underline italics Times New Roman							
7		Deletions to Codes are in <u>strikethrough italics Times New Roman font</u> . Board amendment additions are in <u>double-underlined Arial font</u> .						
8		Board amendment deletions are in strikethrough Arial font. Asterisks (* * * *) indicate the omission of unchanged Code						
9		subsections or parts of tables.						
10								
11	Be it orda	ained by the People of the City and County of San Francisco:						
12								
13	Section 1	. The Health Code is hereby amended by revising Section 128, to read as						
14	follows:							
15	SEC. 128. PAT	ENT RATES.						
16	Th	ne Board of Supervisors of the City and County of San Francisco does hereby						
17	determine and f	ix the proper reasonable amounts to be charged to persons for services						
18	furnished by the	e Department of Public Health as follows, which rates shall be effective for						
19	services deliver	ed as of <i>July 1, 2016 through June 30, 2018 July 1, 2017, through June 30, 2019</i> .						
20								
21								
22								
23								
24								
25								

1	TYPE OF SERVICE	UNIT	AMOUNT				
2			2016-17 2017-18 2018				
3	SAN FRANCIS	SCO HEALTH	NETWOR	K			
4	Zuckerberg San Francisco Ge	neral Hospita	I and Trau	ma Center (ZSI	FG)		
5			Special Price Lists located at 1001				
6			-	enue, ZSFG, inco			
7				ovision by referer			
8			specifically set forth herein, and are not				
9				change except by			
10			amendment to this provision. Such				
11			rates shall be increased 6%7%				
12	Supplies & Drugs			luly 1, 201 <i>7<u>8,</u> r</i> o	ly 1, 201 <i>7</i> <u>8,</u> rounded to		
13			the neares	t dollar. These S	pecial		
14			Price Lists	are posted on the	e Office of		
15			Statewide	Health Planning a	and		
16			Developme	ent website			
17			(www.oshp	od.ca.gov).			
18							
19 20	In-Patient Care						
21	Medical Surgical	Day	8,695	9,216	<u>9,861</u>		
22	Intensive Care	Day	17,381	18,424	<u>19,714</u>		
23	Intensive Care – Trauma	Day	17,381	18,424	<u>19,714</u>		
24	Coronary Care	Day	17,381	18,424	<u>19,714</u>		
25							

1	TYPE OF SERVICE	UNIT	AMOUNT				
2			2016-17	2017-18	2018-19		
3	Stepdown Units	Day	12,551	13,305	<u>14,236</u>		
4	Pediatrics	Day	8,315	8,814	<u>9,431</u>		
5	Obstetrics	Day	6,804	7,212	<u>7,717</u>		
6	Nursery						
7	New Born	Day	3,475	3,683	<u>3,941</u>		
8	Observation/Well Baby	Day	6,045	6,408	<u>6,857</u>		
9	Semi-Intensive Care	Day	11,583	12,278	<u>13,138</u>		
10	Intensive Care	Day	17,381	18,424	<u>19,714</u>		
11	Labor/Delivery - 6G	Day	6,046	6,408	<u>6,857</u>		
12	Labor/Delivery Hours of Stay	Hour	302	320	<u>343</u>		
13	Psychiatric Inpatient	Day	6,804	7,212	<u>7,717</u>		
14	Psychiatric Forensic Inpatient - 7L	Day	6,804	7,212	<u>7,717</u>		
15	AIDS Unit - 5A	Day	-6,804	7,212	<u>7,717</u>		
16	Security Unit - 7D	Day	6,804	7,212	<u>7,717</u>		
17	Skilled Nursing Facility	Day	-2,723	2,886	<u>3,088</u>		
18	Mental Rehab Unit	Day	2,250	2,385	<u>2,552</u>		
19	Adult Residential Facility	Day	 454	482	<u>515</u>		
20							
21	Respiratory Therapy						
22	O2 Therapy	per 24 hours	888	942	<u>1,007</u>		
23							
24							
25							

1	TYPE OF SERVICE	UNIT	AMOUNT				
2			2016-17	2017-18	2018-19		
3	Surgical Services						
4	Minor Surgery I (Come & Go)	1st Hour	<i>4,551</i>	4,824	<u>5,162</u>		
5 6	Minor Surgery I (Come & Go)	Ea. Add'l 1/2 Hr.	2,319	2,458	<u>2,630</u>		
7	Minor Surgery II	1st Hour	4,968	5,266	<u>5,634</u>		
8 9 10	Minor Surgery II	Ea. Add'l 1/2 Hr.7,480	2,478	2,627	<u>2,811</u>		
11	Major Surgery I	1st Hour	7,480	7,929	<u>8,484</u>		
12 13	Major Surgery I	Add'l 1/2 Hour	2,991	3,170	<u>3,392</u>		
14 15	Major Surgery II	1st Hour	8,424	8,929	<u>9,554</u>		
16 17	Major Surgery II	Add'l 1/2 Hour	3,373	3,575	<u>3,825</u>		
18 19	Major Surgery III	1st Hour	9,374	9,937	<u>10,633</u>		
202122	Major Surgery III	Add'l 1/2 Hour	3,750	3,975	<u>4,254</u>		
23 24	Extraordinary Surgery	1st Hour	10,288	10,905	<u>11,668</u>		
25							

1	TYPE OF SERVICE	UNIT			
2			2016-17	2017-18	2018-19
3	Extraordinary Surgery	Add'l 1/2 Hour	4,115	4,362	<u>4,668</u>
5	Surgery (2 Teams)	1st Hour	13,902	14,736	<u>15,768</u>
6 7	Surgery (2 Teams)	Add'l 1/2 Hour	5,560	5,893	<u>6,306</u>
8 9 10	9 Surgery (3 Teams) 0	1st Hour	15,456	16,383	<u>17,530</u>
11		Add'l 1/2 Hour	6,183	6,554	<u>7,013</u>
12 13	Major Trauma III	1st Hour	12,182	12,913	<u>13,817</u>
14 15	Major Trauma III	Add'l 1/2 Hour	4,874	5,166	<u>5,528</u>
16 17	Major Trauma II	1st Hour	11,583	12,278	<u>13,138</u>
18 19	Major Trauma II	Add'l 1/2 Hour	4,636	4,914	<u>5,258</u>
202122	Major Trauma I	1st Hour	8,812	9,341	<u>9,995</u>
23 24	Major Trauma I	Add'l 1/2 Hour	3,526	3,738	<u>4,000</u>
25					

1	TYPE OF SERVICE	UNIT		AMOUNT				
2			2016-17	2017-18	2018-19			
3	Recovery Room	1st Hour	2,898	3,072	<u>3,287</u>			
4								
5	Recovery Room	2nd Add'l Hour	2,319	2,458	<u>2,630</u>			
6			1,739	1,843	<u>1,972</u>			
7	Recovery Room	Each Add'l Hour						
8			6.500	0.000	7 202			
9	Anesthesia	1st Hour	6,509	6,900	<u>7,383</u>			
10		A -1 -111 4 /O	3,249	3,444	<u>3,685</u>			
11	Anesthesia	Add'l 1/2 Hour						
12								
13	Trauma Care							
14	Trauma Care		26,632	28,230	<u>30,206</u>			
15	Trauma Activation -900	Visit	20,032	20,230	<u>50,200</u>			
16			15,666	16,606	<u>17,768</u>			
17	Trauma Activation – 911	Visit						
18		1st 30-74	8,340	8,841	9,460			
19	Trauma Critical Care	Minutes						
20		Each Add'l.	2,084	2,210	<u>2,364</u>			
21	Trauma Critical Care	30 Min.						
22			15,666	16,606	<u>17,768</u>			
23	ED Level 5 Team Trauma	Visit		·				
24								
25								

1	TYPE OF SERVICE	UNIT		AMOUNT	
2			2016-17	2017-18	2018-19
3	Emergency Clinic				
4	Level I	Room	495	525	<u>561</u>
5	Level II	Room	1,482	1,571	<u>1,681</u>
6	Level III	Room	3,171	3,361	<u>3,596</u>
7	Level IV	Room	5,223	5,536	<u>5,924</u>
8	Level V	Room	10,543	11,176	<u>11,958</u>
9	Resuscitation		7,305	7,743	<u>8,285</u>
10					
11	Psychiatric Emergency Services				
12	Psych Crisis – Level 1 ER Room	Room	1,010	1,071	<u>1,146</u>
13	Psych Crisis – Level 2 ER Room	Room	2,347	2,488	<u>2,662</u>
14	Psych Crisis – Level 3 ER Room	Room	3,687	3,908	<u>4,182</u>
15	Psych Crisis – Level 4 ER Room	Room	5,027	5,328	<u>5,701</u>
16	Psych Crisis – Level 5 ER Room	Room	6,369	6,751	<u>7,224</u>
17	Psych Crisis – Level 6 ER Room	Room	7,709	8,172	<u>8,744</u>
18	Medication Svs/Min.	per minute	24	26	<u>27</u>
19					
20	General Clinic				
21	Initial				
22	E/M Focused Exam	Visit	332	352	<u>377</u>
23	E/M Expanded Exam	Visit	<i>553</i>	586	<u>627</u>
24	E/M Detailed Exam	Visit	631	669	<u>716</u>
25	E/M Comprehensive Exam	Visit	844	895	<u>958</u>

1	TYPE OF SERVICE	UNIT			
2			2016-17	2017-18	2018-19
3	E/M Complex Exam	Visit	1,054	1,118	<u>1,196</u>
4	Established Patient				
5	E/M Brief Exam	Visit	257	272	<u>291</u>
6	E/M Focused Exam	Visit	305	324	<u>346</u>
7	E/M Expanded Exam	Visit	403	427	<u>457</u>
8	E/M Detailed Exam	Visit	570	604	<u>647</u>
9	E/M Comprehensive Exam	Visit	890	943	<u>1,009</u>
10 11	Consultation				
12	E/M Focused Consult	Visit	291	309	<u>330</u>
13	E/M Detailed Consult	Visit	601	637	<u>682</u>
14					
15	Primary Care				
16	Initial				
17	E/M Focused Exam	Visit	363	385	<u>412</u>
18	E/M Expanded Exam	Visit	<i>451</i>	478	<u>512</u>
19	E/M Detailed Exam	Visit	655	694	<u>743</u>
20	E/M Comprehensive Exam	Visit	811	860	<u>920</u>
21	E/M Complex Exam	Visit	1,275	1,352	<u>1,446</u>
22	Established Patient				
23	E/M Brief Exam	Visit	185	196	<u>210</u>
24	E/M Focused Exam	Visit	276	292	<u>313</u>
25	E/M Expanded Exam	Visit	482	511	<u>546</u>

1	TYPE OF SERVICE UNIT AMOUNT			AMOUNT	
2			2016-17	2017-18	2018-19
3	E/M Detailed Exam	Visit	627	664	<u>711</u>
4	E/M Comprehensive Exam	Visit	979	1,038	<u>1,111</u>
5					
6	Dental Services				
7	Initial Complete Exam	Visit	154	163	<u>174</u>
8	Periodic Exam	Visit	154	163	<u>174</u>
9	Prophylaxis – Adult	Visit	213	226	<u>242</u>
10	Prophylaxis – Child	Visit	202	214	<u>229</u>
11	Extract Single Tooth	Visit	306	325	<u>347</u>
12	One Surface, Permanent Tooth	Visit	246	261	<u>279</u>
13					
14	Home Health Services				
15	Skilled Nursing	Visit	536	568	<u>608</u>
16	Home Health Aide Services	Visit	284	301	<u>322</u>
17	Medical Social Services	Visit	739	783	<u>838</u>
18	Physical Therapy	Visit	587	622	<u>666</u>
19	Occupational Therapy	Visit	587	622	<u>666</u>
20	Speech Therapy	Visit	587	622	<u>666</u>
21					
22					
23					
24					
25					

1	TYPE OF SERVICE	UNIT	AMOUNT			
2			2016-17	2017-18	2018-19	
3	Lagun	a Honda Hos	pital			
4	In-Patient Care					
5	Regular Hospital Rates					
6	Acute	Day	5,861	6,213	<u>6,648</u>	
7	Rehabilitation	Day	<i>5,861</i>	6,213	<u>6,648</u>	
8	Skilled Nursing Facility	Day	1,254	1,329	<u>1,422</u>	
9	All Inclusive Rates					
10	Acute	<u>Day</u>	7,692	8,154	<u>8,725</u>	
11 12	Rehabilitation	Per Diem <u>Day</u>	6,701	7,103	<u>7,601</u>	
13	Skilled Nursing Facility	Day	1,461	1,549	<u>1,657</u>	
141516						
17	POPULATION	HEALTH & P	REVENTIO	N		
18	Community	Mental Healtl	n Services			
19	24-Hour Service					
202122	Hospital Inpatient	Day	6,804	7,212	<u>7,717</u>	
23	Skilled Nursing	Day	2,250	2,385	<u>2,552</u>	
2425						
20						

1	TYPE OF SERVICE	UNIT			
2			2016-17	2017-18	2018-19
3	Psychiatric Health Facility (PHF)	Day	872	924	<u>989</u>
4	Adult Crisis Residential	Day	489	518	<u>555</u>
5	Adult Residential	Day	246	261 283	<u>325</u>
6					
7	Day Services				
8			210	070	2.42
9	Day Rehabilitation	Full Day	219	273	<u>342</u>
10	Day Rehabilitation	Half Day	140	175	<u>219</u>
11	Day Treatment Intensive	Full Day	363	453	<u>566</u>
12	Day Treatment Intensive	Half Day	240	300	<u>375</u>
13 14	Day Treatment Intensive (Children)	Full Day	488	609	<u>762</u>
15 16	Day Treatment Intensive (Children)	Half Day	350	438	<u>547</u>
17	Crisis Stabilization	Hour	348	434	<u>543</u>
18	Socialization	Hour	83	103	<u>129</u>
19	Outpatient Services				
20	Case Management Brokerage	Minute	6.96	10.09	<u>14.63</u>
21	Mental Health Services	Minute	9.21	13.35	<u>19.36</u>
22 23	Therapeutic Behavioral Services	Minute	9.21	13.35	<u>19.36</u>
24	Medication Support	Minute	18.27	26.49	<u>38.41</u>

25

1	TYPE OF SERVICE	UNIT	AMOUNT			
2			2016-17	20	017-18	2018-19
3	Crisis Intervention	Minute	13.20		19.13	<u>27.74</u>
4					1	
5						
6	Commun	ity Substance	e Abuse			
7	Residential Services					
8	Residential – Detoxification	Day		186	214	<u>247</u>
9	Residential – Basic	Day		192	221	<u>254</u>
11	Residential – Family	Day		277	319	<u>367</u>
12	Residential - Medical Support	Day		408	469	<u>540</u>
13 14	Recovery Home	Day		145	167	<u>192</u>
15	Therapeutic Community	Day		166	191	<u>220</u>
16 17 18	Non-Residential Services					
19 20	Intensive Outpatient Treatment/Day Care Rehabilitative	Per Visit		202	232	<u>267</u>
21	Outpatient - Individual Counseling	Per Visit		216	248	<u>286</u>
22	Outpatient - Group Counseling	Per Visit		112	129	<u>148</u>
23	Secondary Prevention Services					
24	Prevention/Intervention	Hour		98	113	<u>130</u>
25	Narcotic Treatment Programs (NTP)					

1	TYPE OF SERVICE	UNIT	AMOUNT			
2			2016-17 2017-18		2018-19	
3	Methadone Dosing	Day		50	58	<u>67</u>
4 5	Buprenorphine	Day		91	104	<u>120</u>
6 7	Narcotic Treatment Program – Individual Counseling	Per 10 minutes		<i>50</i>	58	<u>67</u>
8 9	Narcotic Treatment Program – Group Counseling	Per 10 minutes		29	33	<u>38</u>
10	NTP – Detoxification	Day		24	28	<u>32</u>
11	Organized Delivery System ODS					
12 13	Outpatient	Per 15 minutes			<u>40.20</u>	<u>50.25</u>
14	Recovery Services	Per 15 minutes			<u>33.29</u>	<u>41.61</u>
15 16	Case Management	Per 15 minutes			<u>49.14</u>	<u>61.42</u>
17	Physician Consultation	Per 15 minutes			<u>42.89</u>	<u>53.61</u>
18 19	Intensive Outpatient	Per 15 minutes			<u>40.20</u>	<u>50.25</u>
20	Level 1 Withdrawal Management	Day			<u>206.25</u>	<u>257.81</u>
212223	Level 3.2 Withdrawal Management	Day			<u>553.60</u>	<u>692.00</u>
24	Level 3.1 Residential	Day			<u>154.35</u>	<u>192.94</u>
25	Level 3.3 Residential	Day			<u>192.94</u>	<u>241.17</u>

1	TYPE OF SERVICE	UNIT		A	MOUNT	
2			2016-17	2	017-18	2018-19
3	Level 3.5 Residential	Day			<u>253.13</u>	<u>316.41</u>
4	Medication Assisted Treatment	Day			<u>172.50</u>	<u>215.63</u>
5						
6	POPULATION	HEALTH & P	REVENTIO	N		
7	\	/ital Records	I			
8 9	Birth Certificate	Per Certificate	Rates Per State of California, Health and Safety Code, Section 103650			
10 11	Death Certificate	Per Certificate	Rates Per State of California, Health and Safety Code, Section 103650			
12 13 14	Permit - Disposition of Human Remains	Per Permit	Rates Per State of California, Health and Safety Code, Section 103650			
15 16	Out-of-County Cross File	Per Certificate	Rates Per State of California, Health and Safety Code, Section 103650			
17	Letter of Non-Contagious Disease	Per Letter		10	15	<u>15</u>
18 19	Expedited Registration of Vital Event	Per Event	Rates Per State of California, Health and Safety Code, Section 103650			
20 21	Expedited Documents	Per Delivery		30	30	<u>30</u>
22	After Hours Registration of Vital Event	Per Event		42	42	<u>42</u>
232425	Reproduction of Documents	Per Page		2	2	2

1	TYPE OF SERVICE	UNIT	AMOUNT			
2			2016-17 2017-18		017-18	2018-19
3	Medical Marijuana					
4	Medical Marijuana ID	Card		120	120 <u>100</u>	<u>100</u>
5 6	Medical Marijuana ID (Medi- Cal Beneficiaries)	Card		60	60 <u>50</u>	<u>50</u>
7	ADULT IN	MUNIZATION	CLINIC			
8	Clinic Visits					
9 10	Travel Health Visit (THV1)	Per Visit		55	57 – <u>55</u>	<u>55</u>
11 12	Travel Health Visit (THV2) – Under Age 18 with Parent THV1	Per Visit		55	57 – <u>55</u>	<u>55</u>
13 14 15 16 17	Registered Nurse Visit – Off- Site Location	Per Visit		190	198 - <u>200</u>	<u>200</u>
18 19 20 21 22 23 24 25	Other Vaccines	Per Injection	Grove S and Trav this pro specifical not sub amendm Special I San F Public Disease	treet, el Cli ovision lly set ject to ent to Price rancis Heal e and	e List locate Adult Imm nic, incorpo n by referent t forth herei to change ex this provis List is post sco Departr lth Commun Control Provebsite org/aitcprice	unization orated into nce as if n. and are except by sion. This ed on the ment of nicable evention

1	TYPE OF SERVICE	UNIT	AMOUNT				
2			2016-17	2017-18	2018-19		
3							
4							
5	PUBLIC HEALTH LABORATORY						
6							
7	Lab Testing	Per Specimen	Rates Per the Medicare Outpatient Fee-For-Service Reimbursement				
8		Rate					
9	SAN FRANCISCO CITY CLINIC						
10	Clinic Visit	Per Visit	25	25	<u>25</u>		
11							
12							

Section 2. Special price lists referenced in Section 128 of the Health Code are available on request at the Office of the Clerk of the Board of Supervisors.

Section 3. Effective Date. This ordinance shall become effective 30 days after enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the ordinance unsigned or does not sign the ordinance within ten days of receiving of it, or the Board of Supervisors overrides the Mayor's veto of the ordinance. As stated in Section 128 of the Health Code, the rates specified therein shall apply starting July 1, 2017.

Section 4. Scope of Ordinance. In enacting this ordinance, the Board of Supervisors intends to amend only those words, phrases, paragraphs, subsections, sections, articles, numbers, punctuation marks, charts, diagrams, or any other constituent parts of the municipal code that are explicitly shown in this ordinance as additions, deletions, Board amendment

1	additions, and Board amendment deletions in accordance with the "Note" that appears under
2	the official title of the ordinance.
3	
4	APPROVED AS TO FORM:
5	DENNIS J. HERRERA, City Attorney
6	Ву:
7	KATHEEN MURPHY Deputy City Attorney
8	n:\legana\as2017\1700589\01190580.docx
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	