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[PATIENT RATES]

AMENDING PART II, CHAPTER V, OF THE SAN FRANCISCO MUNICIPAL CODE (HEALTH CODE) BY AMENDING SECTION 128 THEREOF, TO FIX PATIENT RATES FOR SERVICES FURNISHED BY DEPARTMENT OF PUBLIC HEALTH, RETROACTIVELY TO JULY 1, 2000.

Note: Additions are underlined; deletions are in ((double parenthesis)).

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

Section 1. Part II, Chapter V of the San Francisco Municipal Code (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 Department of Public Health as follows, which rates shall be effective for services delivered as of ((December 1, 1999)) July 1, 2000.

TYPE OF SERVICE

UNIT

**AMOUNT** 

Special Price List

COMMUNITY HEALTH NETWORK

San Francisco General Hospital

Supplies & Drugs

|                         |            | ·           |       |
|-------------------------|------------|-------------|-------|
| In-Patient Care         |            |             |       |
| Medical Surgical        | Day        | (( 1,130 )) | 1,350 |
| Intensive Care          | Day        | (( 2,600 )) | 2,950 |
| Intensive Care – Trauma | <u>Day</u> |             | 3300  |
| Coronary Care           | Day        | (( 2,600 )) | 2,950 |
| Chest-Pulmonary         | Day        | (( 2,600 )) | 2,950 |

Unit

| 1  | Stepdown Units                      | Day               | (( 1,700 )) | 2,000        |
|----|-------------------------------------|-------------------|-------------|--------------|
| 2  | Pediatrics                          | Day               | (( 1,130 )) | 1,350        |
| 3  | Obstetrics                          | Day               | (( 1,130 )) | 1,350        |
| 4  | Nursery                             |                   |             |              |
| 5  | New Born                            | Day               | (( 750 ))   | 850          |
| 6  | Observation/Well Baby               | Day               | (( 1,130 )) | 1,350        |
| 7  | Semi-Intensive Care                 | Day               | (( 1,700 )) | 2,000        |
| 8  | Intensive Care                      | Day               | (( 2,600 )) | 2,950        |
| 9  | Labor/Delivery - 6G                 | Day               | (( 1,130 )) | <u>1,350</u> |
| 10 | Labor/Delivery Hours of Stay        | Hour              | (( 65 ))    | <u>70</u>    |
| 11 | Psychiatric Inpatient               | Day               | (( 1,130 )) | 1,350        |
| 12 | Psychiatric Forensic Inpatient - 7L | Day               | (( 1,130 )) | <u>1,350</u> |
| 13 | AIDS Unit - 5A                      | Day               | (( 1,130 )) | 1,350        |
| 14 | Security Unit - 7D                  | Day               | (( 1,130 )) | 1,350        |
| 15 | Skilled Nursing Facility            | Day               | (( 450 ))   | 500          |
| 16 | Mental Health Rehab. SNF            | Day               | (( 450 ))   | 500          |
| 17 |                                     |                   |             |              |
| 18 | Surgical Services                   |                   |             |              |
| 19 | Minor Surgery Pre-Op Holding Room   | Room              | (( 137 ))   | 155          |
| 20 | Minor Surgery I (Come & Go)         | 1/4 Hour          | (( 195 ))   | 220          |
| 21 |                                     | 1/2 Hour          | (( 388 ))   | 440          |
| 22 |                                     | 3/4 Hour          | (( 583 ))   | 660          |
| 23 |                                     | Full 1 Hour       | (( 776 ))   | 870          |
| 24 |                                     | Ea. Add'l 1/4 Hr. | (( 195 ))   | 220          |
| 25 | Minor Surgery II                    | 1st Hour          | (( 842 ))   | 950          |
|    |                                     |                   |             |              |

| 1  |                              | Ea. Add'l 1/2 Hr. | (( 420 ))   | 470          |
|----|------------------------------|-------------------|-------------|--------------|
| 2  | Major Surgery Pre-Op Holding | Room              | (( 137 ))   | 155          |
| 3  | Major Surgery I              | 1st Hour          | (( 1,254 )) | <u>1,400</u> |
| 4  |                              | Add'l 1/2 Hour    | (( 438 ))   | 500          |
| 5  | Major Surgery II             | 1st Hour          | (( 1,416 )) | 1,600        |
| 6  |                              | Add'l 1/2 Hour    | (( 452 ))   | 550          |
| 7  | Major Surgery III            | 1st Hour          | (( 1,577 )) | <u>1,800</u> |
| 8  |                              | Add'l 1/2 Hour    | (( 583 ))   | 660          |
| 9  | Extraordinary Surgery        | 1st Hour          | (( 1,779 )) | 2,000        |
| 10 |                              | Add'l 1/2 Hour    | (( 647 ))   | 725          |
| 11 | Surgery (2 Teams)            | Procedure         | (( 2,465 )) | 2,800        |
| 12 |                              | Add'l 1/2 Hour    | (( 828 ))   | 950          |
| 13 | Surgery (3 Teams)            | Procedure         | (( 3,198 )) | 3,600        |
| 14 |                              | Add'l 1/2 Hour    | (( 1,076 )) | <u>1,200</u> |
| 15 | Major Trauma III             | First Hour        |             | 3,154        |
| 16 |                              | Subsequent Hours  | <u> </u>    | <u>1,166</u> |
| 17 | Major Trauma II              | First Hour        |             | 2,478        |
| 18 |                              | Subsequent Hours  | <u>s</u>    | <u>791</u>   |
| 19 | Major Trauma I               | First Hour        |             | <u>1,881</u> |
| 20 |                              | Subsequent Hours  | <u>s</u>    | <u>657</u>   |
| 21 | Recovery Room                | 1st Hour          | (( 485 ))   | 550          |
| 22 |                              | 2nd Add'l Hour    | (( 116 ))   | 130          |
| 23 |                              | 3rd Add'l Hour    | (( 73 ))    | 80           |
| 24 | Anesthesia                   | First 1/2 Hour    | (( 385 ))   | 440          |
| 25 |                              | Add'l Minute      | (( 12 ))    | <u>15</u>    |

| . 1 | Laser Treatment                | Procedure  | (( 1,272 )) | 1,450        |
|-----|--------------------------------|------------|-------------|--------------|
| 2   | Therapeutic Abortion           | Procedure  | (( 210 ))   | 250          |
| 3   | Trauma Care                    |            | •           |              |
| 4   | Admitted/Expired               | Day        |             | 4,500        |
| 5   | Treated & Released             | <u>Day</u> |             | <u>2,800</u> |
| 6   | Consultation                   | <u>Day</u> |             | 750          |
| 7   | Pediatric - Admitted/Expired   | <u>Day</u> |             | 4,500        |
| 8   | Pediatric - Treated & Released | <u>Day</u> |             | 2,800        |
| 9   | Pediatric - Consultation       | <u>Day</u> |             | 750          |
| 10  |                                |            |             |              |
| 11  | Emergency Clinic               |            |             |              |
| 12  | Level I                        | Room       | (( 77 ))    | 90           |
| 13  | Level II                       | Room       | (( 105 ))   | 120          |
| 14  | Level III                      | Room       | (( 133 ))   | <u>150</u>   |
| 15  | Level IV                       | Room       | (( 245 ))   | 280          |
| 16  | Level V                        | Room       | (( 559 ))   | 630          |
| 17  | Level VI                       | Room       | (( 1,328 )) | <u>1,500</u> |
| 18  | Non-Critical Observation       | 0-2 Hours  | (( 77 ))    | 90           |
| 19  |                                | 2-4 Hours  | (( 224 ))   | 250          |
| 20  |                                | 4-6 Hours  | (( 384 ))   | 430          |
| 21  | Critical Observation           | 0-2 Hours  | (( 224 ))   | 250          |
| 22  |                                | 2-4 Hours  | (( 447 ))   | 500          |
| 23  |                                | 4-6 Hours  | (( 664 ))   | 750          |
| 24  | Resuscitation                  |            | (( 1,328 )) | 1,500        |
| 25  |                                |            |             |              |

| 1  | General Clinic            | ·     |           |            |
|----|---------------------------|-------|-----------|------------|
| 2  | Initial                   |       |           |            |
| 3  | E/M Focused Exam          | Visit | (( 70 ))  | 80         |
| 4  | E/M Expanded Exam         | Visit | (( 119 )) | 140        |
| 5  | E/M Detailed Exam         | Visit | (( 136 )) | <u>160</u> |
| 6  | E/M Comprehensive Exam    | Visit | (( 190 )) | 220        |
| 7  | E/M Complex Exam          | Visit | (( 247 )) | 280        |
| 8  | Targeted Case Management  | Visit | (( 135 )) | 220        |
| 9  | Established Patient       |       |           |            |
| 10 | E/M Brief Exam            | Visit | (( 46 ))  | 50         |
| 11 | E/M Focused Exam          | Visit | (( 62 ))  | 72         |
| 12 | E/M Expanded Exam         | Visit | (( 70 ))  | 95         |
| 13 | E/M Detailed Exam         | Visit | (( 101 )) | 145        |
| 14 | E/M Comprehensive Exam    | Visit | (( 166 )) | 220        |
| 15 | Consultation              |       |           |            |
| 16 | E/M Focused Consult       | Visit | (( 67 ))  | <u>75</u>  |
| 17 | E/M Expanded Consult      | Visit | (( 101 )) | 115        |
| 18 | E/M Detailed Consult      | Visit | (( 103 )) | 115        |
| 19 | E/M Comprehensive Consult | Visit | (( 136 )) | 155        |
| 20 | E/M Complex Consult       | Visit | (( 201 )) | 230        |
| 21 | Use of Exam Room          | Room  | (( 34 ))  | 40         |
| 22 |                           |       |           |            |
| 23 | Primary Care              |       |           |            |
| 24 | Initial                   |       |           |            |
| 25 | E/M Focused Exam          | Visit | (( 68 ))  | 80         |
| ì  | 1                         |       |           |            |

| 1  | E/M Expanded Exam            | Visit | (( 100 )) | 110        |
|----|------------------------------|-------|-----------|------------|
| 2  | E/M Detailed Exam            | Visit | (( 130 )) | 150        |
| 3  | E/M Comprehensive Exam       | Visit | (( 184 )) | 200        |
| 4  | E/M Complex Exam             | Visit | (( 234 )) | 300        |
| 5  | Targeted Case Management     | Visit | (( 142 )) | 160        |
| 6  | Established Patient          |       |           |            |
| 7  | E/M Brief Exam               | Visit | (( 37 ))  | 40         |
| 8  | E/M Focused Exam             | Visit | (( 52 ))  | 60         |
| 9  | E/M Expanded Exam            | Visit | (( 67 ))  | 95         |
| 10 | E/M Detailed Exam            | Visit | (( 78 ))  | <u>150</u> |
| 11 | E/M Comprehensive Exam       | Visit | (( 157 )) | 180        |
| 12 |                              |       |           |            |
| 13 | Dental Services              |       |           |            |
| 14 | Initial Complete Exam        | Visit | (( 37 ))  | 40         |
| 15 | Periodic Exam                | Visit | (( 37 ))  | 40         |
| 16 | Prophylaxis - Adult          | Visit | (( 52 ))  | 55         |
| 17 | Prophylaxis - Child          | Visit | (( 47 ))  | 50         |
| 18 | Extract Single Tooth         | Visit | (( 74 ))  | 80         |
| 19 | One Surface, Permanent Tooth | Visit | (( 68 ))  | 70         |
| 20 |                              |       |           |            |
| 21 | Home Health Services         |       |           |            |
| 22 | Skilled Nursing              | Visit | 153       |            |
| 23 | Home Health Aide Services    | Visit | 79        |            |
| 24 | Medical Social Services      | Visit | 213       |            |
| 25 | Physical Therapy             | Visit | 175       |            |

| 1  | Occupational Therapy             | Visit    | 175       |              |
|----|----------------------------------|----------|-----------|--------------|
| 2  | Speech Therapy                   | Visit    | 177       |              |
| 3  |                                  |          |           |              |
| 4  | Laguna Honda Hospital            |          |           |              |
| 5  | Regular Hospital Rates           |          |           |              |
| 6  | Acute                            | Day      | ((875))   | 1,050        |
| 7  | Rehabilitation                   | Day      | ((875))   | 1,050        |
| 8  | Skilled Nursing Facility         | Day      | ((300))   | <u>360</u>   |
| 9  | All Inclusive Rates              |          |           |              |
| 10 | Acute                            | Per Diem | ((1,100)) | <u>1,320</u> |
| 11 | Rehabilitation                   | Per Diem | ((1,100)) | <u>1,320</u> |
| 12 | Skilled Nursing Facility         | Day      | ((350))   | 420          |
| 13 |                                  |          |           |              |
| 14 |                                  |          |           |              |
| 15 | POPULATION HEALTH & PREVENTION   |          |           |              |
| 16 |                                  |          |           |              |
| 17 | Community Mental Health Services |          |           |              |
| 18 | 24-Hour Service                  |          |           |              |
| 19 | Inpatient                        | 24 Hours | ((850))   | <u>1350</u>  |
| 20 | Skilled Nursing                  | 24 Hours | 415       |              |
| 21 | Crisis Residential               | 24 Hours | 250       |              |
| 22 | Residential                      | 24 Hours | 125       |              |
| 23 | Day Services                     |          |           |              |
| 24 | Rehabilitation                   | Full Day | 110       |              |
| 25 | Intensive                        | Full Day | 190       |              |
|    |                                  |          |           |              |

BOARD OF SUPERVISORS

| 1  | Intensive (children)          | Half Day     | 200           |                  |
|----|-------------------------------|--------------|---------------|------------------|
| 2  | Crisis Socialization          | Hour         | ((50))        | <u>75</u>        |
| 3  | Crisis Stabilization          | Hour         | 80            |                  |
| 4  | Socialization                 | Hour         | 30            |                  |
| 5  | Outpatient Services           |              |               |                  |
| 6  | Case Management Brokerage     | Hour         | ((80))        | 96               |
| 7  | Mental Health Services        | Hour         | 150           |                  |
| 8  | Medication Support            | Half Hour    | 120           |                  |
| 9  | Crisis Intervention           | Hour         | 375           |                  |
| 10 |                               |              |               |                  |
| 11 | Community Substance Abuse     |              |               |                  |
| 12 | Residential - Detoxification  | 24 Hours     | ((84))        | <u>87</u>        |
| 13 | Residential - Basic           | 24 Hours     | ((81))        | 84               |
| 14 | Residential - Family          | 24 Hours     | ((135))       | 140              |
| 15 | Residential - Medical Support | 24 Hours     | ((200))       | 207              |
| 16 | Recovery Home                 | 24 Hours     | 70            |                  |
| 17 | Therapeutic Community         | 24 Hours     | 80            |                  |
| 18 | Outpatient (include Detox)    | Per Contract | 108           |                  |
| 19 | Methadone Treatment           | Hour         | 26            |                  |
| 20 | Naltrexone Treatment          | Per Contract | 45            |                  |
| 21 | Prevention/Intervention       | Hour         | ((50))        | <u>52</u>        |
| 22 | Day Care - Habilitative       | Per Contract | ((108))       | 112              |
| 23 |                               |              |               |                  |
| 24 | Records and Statistics        |              |               |                  |
| 25 | Birth Record                  |              | Rates Per Sta | te of California |
| i  |                               |              |               |                  |

| 1  | Death Record                                  |                  | Rates Per State of California |
|----|---|------------------|-------------------------------|
| 2  | Permit - Disposition of Human Remains         |                  | Rates Per State of California |
| 3  | Passport Application                          | Per Application  | 15                            |
| 4  | Passport Photo                                | Per 2 Photos     | 10                            |
| 5  | Out-of-County Certificate                     | Per Certificate  | Market Rate + \$10            |
| 6  | Certificate Embossing                         | Per Embossing    | 5                             |
| 7  | Death Certificate FAX Filing Fee - Mortuary ( | Under Contract)  |                               |
| 8  | Per Reviewed Submission                       | Per Submission   | 3                             |
| 9  | Per Accepted Certificate                      | Per Certificate  | 7                             |
| 10 | Contract Change Order                         | Per Change Order | 95                            |
| 11 | National Adoption Resources Booklet           | Per Booklet      | 2                             |
| 12 | Letter of Non-Contagious Disease              | Per Letter       | 7                             |
| 13 | Document / Certificate Will-Call              | Per Document     | 5                             |
| 14 |   |                  |                               |
| 15 | DEPARTMENT OF PUBLIC HEALTH                   |                  |                               |
| 16 |   |                  |                               |
| 17 | Electronic / Internet Transaction Fee         | Per Transaction  | 5                             |
| 18 | Telephone / FAX Transaction Fee               | Per Transaction  | 5                             |
| 19 | Expedited Delivery of Documents               |                  |                               |
| 20 | Regular Delivery - U.S. & International       | Per Delivery     | Market Rate + \$5             |
| 21 | Same Day - Greater Bay Area                   | Per Delivery     | Market Rate + \$5             |
| 22 | Same Day - Other California                   | Per Delivery     | Market Rate + \$10            |
| 23 |   |                  |                               |
|    |   |                  |                               |

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**ADULT IMMUNIZATION CLINIC** 



## City and County of San Francisco Tails

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

## **Ordinance**

File Number:

001337

**Date Passed:** 

Ordinance amending Part II, Chapter V, of the San Francisco Municipal Code (Health Code) by amending Section 128 thereof, to fix patient rates for services furnished by Department of Public Health, retroactively to July 1, 2000.

August 21, 2000 Board of Supervisors — PASSED, ON FIRST READING

Ayes: 11 - Ammiano, Becerril, Bierman, Brown, Katz, Kaufman, Leno, Newsom, Teng, Yaki, Yee

August 28, 2000 Board of Supervisors — FINALLY PASSED

Ayes: 10 - Ammiano, Becerril, Brown, Katz, Kaufman, Leno, Newsom, Teng,

Yaki, Yee

Absent: 1 - Bierman

| File | Nο | - በብ : | 1337 |
|------|----|--------|------|

I hereby certify that the foregoing Ordinance was FINALLY PASSED on August 28, 2000 by the Board of Supervisors of the City and County of San Francisco.

Gloria L. Young

Clerk of the Board

SEP - 8 2000

Date Approved

Mayor Willie L. Brown Jr.