

1 [Patient Rates]

2
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.**

6
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~~.

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

12 Section 1. Findings.

13 A. The Planning Department has determined that the actions contemplated in
14 this Ordinance are in compliance with the California Environmental Quality Act (California
15 Public Resources Code sections 21000 et seq.). Said determination is on file with the Clerk
16 of the Board of Supervisors in File No. 040748 and is incorporated herein by
17 reference.

18 Section 2. The San Francisco Health Code is hereby amended by amending Section
19 128, to read as follows:

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

24 **TYPE OF SERVICE** **UNIT** **AMOUNT**
25 **COMMUNITY HEALTH NETWORK**

1				
2	San Francisco General Hospital			
3	In General			
4				
5	Surgical Supplies	Special	Special Price	
6		Price List	List	
7	Surgical Supplies	Special	Special Price	
8		Price List	List	
9	Pharmacy (IP)	Special	Special Price	
10		Price List	List	
11	Medical Supplies	Special	Special Price	
12		Price List	List	
13	Diagnostic Radiology	Special	Special Price	
14		Price List	List	
15	Clinical Lab	Special	Special Price	
16		Price List	List	
17	Anatomic Pathology	Special	Special Price	
18		Price List	List	
19	Surgical Services – Women’s Options	Special	Special Price	
20	All Other Special Services	Price List	List	
21	All Other Special Services	Special	Special Price	
22		Price List	List	
23				
24	In-Patient Care			
25	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	02 Therapy	<u>Hour</u>	<u>11</u>	<u>12</u>
24				
25	Surgical Services			

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

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

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

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

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Home Health Services

Skilled Nursing	Visit	170	<u>187</u>
Home Health Aide Services	Visit	-90	<u>99</u>
Medical Social Services	Visit	235	<u>259</u>
Physical Therapy	Visit	195	<u>215</u>
Occupational Therapy	Visit	195	<u>215</u>
Speech Therapy	Visit	195	<u>214</u>

LAGUNA HONDA HOSPITAL

Regular Hospital Rates

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

All Inclusive Rates

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

POPULATION HEALTH & PREVENTION

Community Mental Health Services

24-Hour Service

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

1	Residential – Basic	24 Hours	95	<u>115</u>
2	Residential - Family	24 Hours	160	<u>190</u>
3	Residential - Medical Support	24 Hours	235	<u>280</u>
4	Recovery Home	24 Hours	80	<u>95</u>
5	Therapeutic Community	24 Hours	90	<u>110</u>
6	Day Care — Habilitative — <u>Rehabilitative</u>	Per Contract <u>Visit</u>	125	<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	Outpatient (include Detox)	Per Contract	120	
10	Prevention/Intervention	Hour	60	<u>65</u>
11	Methadone Treatment	Hour <u>Per Day</u>	30	<u>35</u>
12	<u>Buprenorphine</u>	<u>Per Day</u>	=	<u>60</u>
13	Naltrexone Treatment	Per Contract <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	Vital Records			
21	Birth Record <u>Certificate</u>	<u>Per Certificate</u>	Rates Per	Rates Per
22			State of	State of
23			California	California
24	Death Record <u>Certificate</u>	<u>Per Certificate</u>	Rates Per	Rates Per
25			State of	State of

California California
 Rates Per Rates Per
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Permit – Disposition of Human Remains Per Permit

Passport Application *Per Application* *Rate per US State Dept.*

Passport Photo *Per 2 Photos* 15

Apostille Walk thru
Same Day Initial Request per Client 40
Same Day Add'l Request per Client 20

Out-of-Country Certificate *Per Certificate* *Market Rate*
 +10

Out-of-Country Cross File Fee *Per Certificate* = 3

Certificate Embossing *Per Embossing* 7

~~*Death Certificate FAX Filing Fee*~~
Mortuary (Under Contact)
Per Reviewed Submission *Per Submission* 5
Per Accepted Certificate *Per Certificate* 7
Contract Change Order *Per Change Order* 95

Death Certificate FAX Filing Fee- Mortuary *Per Year* = 50

National Adoption Resources Booklet *Per Booklet* 2

Letter of Non-Contagious Disease Per Letter 10 10

Document / Certificate Will Call *Per Document* 5

Search of Hospital Records (Pre 4/17/06) *Per Book* 20

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	<i>Per Delivery</i>	<i>Market + 5</i>	<i>Market + 5</i>
5	<i>Regular Delivery - U.S. & International</i>	<i>Per Delivery</i>	<i>Market + 5</i>	
6	<i>Same Day - Greater Bay Area</i>	<i>Per Delivery</i>	<i>Market + 5</i>	
7	<i>Same Day - Other California</i>	<i>Per Delivery</i>	<i>Market + 10</i>	

8 **Adult Immunization Clinic**

9 Vaccines

10	Hepatitis A	Per Injection	42	<u>45</u>
11	Hepatitis B	Per Injection	50	50
12	Influenza	Per Injection	16	<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

21 ///

22 ///

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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.

5
6 APPROVED AS TO FORM:
7 DENNIS J. HERRERA, City Attorney

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9 By: 
10 ALEETA M. VAN RUNKLE for Aleeta Van Runkle
11 Deputy City Attorney

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City and County of San Francisco

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

Tails Ordinance

File Number: 040748

Date Passed:

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

July 13, 2004 Board of Supervisors — PASSED ON FIRST READING

Ayes: 8 - Alioto-Pier, Ammiano, Dufty, Ma, Maxwell, McGoldrick, Peskin,
Sandoval

Noes: 3 - Daly, Gonzalez, Hall

July 20, 2004 Board of Supervisors — FINALLY PASSED

Ayes: 8 - Alioto-Pier, Ammiano, Dufty, Ma, Maxwell, McGoldrick, Peskin,
Sandoval

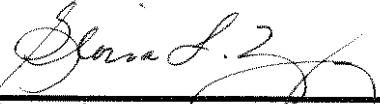
Noes: 3 - Daly, Gonzalez, Hall

File No. 040748

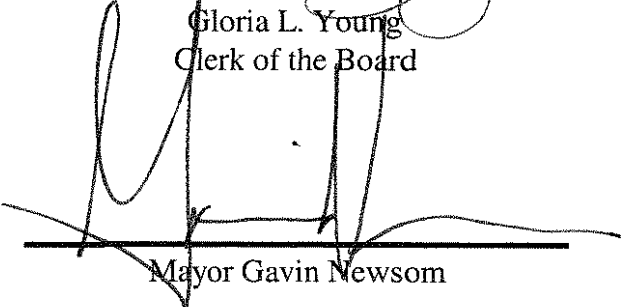
I hereby certify that the foregoing Ordinance was **FINALLY PASSED** on July 20, 2004 by the **Board of Supervisors of the City and County of San Francisco.**

JUL 22 2004

Date Approved



Gloria L. Young
Clerk of the Board



Mayor Gavin Newsom