

**FISCAL YEAR 2002-03
SHORT-DOYLE/MEDI-CAL
MAXIMUM REIMBURSEMENT RATES**
July 1, 2002 through June 30, 2003

SERVICE FUNCTION	MODE OF SERVICE CODE		SERVICE FUNCTION CODE	TIME BASE	SHORT-DOYLE/MEDI-CAL MAXIMUM ALLOWANCE
	CR/DC Code	SD/MC Claiming Code			
A. 24-HOUR SERVICES	05				
Hospital Inpatient		07, 08, 09	10-18	Client Day	\$838.20
Hospital Administrative Day		07, 08, 09	19	Client Day	7/1/02 - 7/31/02 \$231.30 8/1/02 - 6/30/03 \$236.38
Psychiatric Health Facility (PHF)		05	20-29	Client Day	\$473.85
Adult Crisis Residential		05	40-49	Client Day	\$267.20
Adult Residential		05	65-79	Client Day	\$130.33
B. DAY SERVICES	10	12, 18			
Crisis Stabilization					
Emergency Room			20-24	Client Hour	\$82.94
Urgent Care			25-29	Client Hour	\$82.94
Day Treatment Intensive					
Half Day			81-84	Client 1/2 Day	\$126.46
Full Day			85-89	Client Full Day	\$177.60
Day Rehabilitation					
Half Day			91-94	Client 1/2 Day	\$73.77
Full Day			95-99	Client Full Day	\$115.14
C. OUTPATIENT SERVICES	15	12, 18			
Case Management, Brokerage			01-09	Staff Minute	\$1.77
Mental Health Services			10-19	Staff Minute	\$2.28
			30-59	Staff Minute	\$2.28