LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH
SPECIALTY MENTAL HEALTH SERVICES
MAXIMUM REIMBURSEMENT RATES
FISCAL YEAR 2015-16

SERVICE FUNCTION	MODE OF SERVICE CODE: CR/DC Code	MODE OF SERVICE CODE: SD/MC Claiming Code	SERVICE FUNCTION CODE	TIME BASE	PROPOSED COUNTY MAXIMUM ALLOWANCE
A. 24-HOUR SERVICES	**05**				
Hospital Inpatient		**07, 08, 09**	10-18	Client Day	$1,297.76
Hospital Administrative Day		**07, 08, 09**	19	Client Day	$437.83
Psychiatric Health Facility (PHF)		**05**	20-29	Client Day	$654.86
Adult Crisis Residential		**05**	40-49	Client Day	$369.28
Adult Residential		**05**	65-79	Client Day	$180.12
B. DAY SERVICES	**10**	**12, 18**			
Crisis Stabilization					
Emergency Room			20-24	Client Hour	$106.01
Urgent Care			25-29	Client Hour	$106.01
Day Treatment Intensive					
Half Day			81-84	Client 1/2 Day	$161.62
Full Day			85-89	Client Full Day	$227.00
Day Rehabilitation					
Half Day			91-94	Client 1/2 Day	$94.29
Full Day			95-99	Client Full Day	$147.17
C. OUTPATIENT SERVICES	**15**	**12, 18**			
Case Management, Brokerage			01-09	Staff Minute	$2.26
Mental Health Services			10-19	Staff Minute	$2.93
			30-59	Staff Minute	$2.93
Medication Support			60-69	Staff Minute	$5.40
Crisis Intervention			70-79	Staff Minute	$4.35