LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH
SPECIALTY MENTAL HEALTH SERVICES
MAXIMUM REIMBURSEMENT RATES
FISCAL YEAR 2014-15

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	$1,275.19
Hospital Administrative Day		**07, 08, 09**	19	Client Day	$430.21
Psychiatric Health Facility (PHF)		**05**	20-29	Client Day	$643.47
Adult Crisis Residential		**05**	40-49	Client Day	$362.86
Adult Residential		**05**	65-79	Client Day	$176.99
B. DAY SERVICES	**10**	**12, 18**			
Crisis Stabilization					
Emergency Room			20-24	Client Hour	$104.17
Urgent Care			25-29	Client Hour	$104.17
Day Treatment Intensive					
Half Day			81-84	Client 1/2 Day	$158.81
Full Day			85-89	Client Full Day	$223.05
Day Rehabilitation					
Half Day			91-94	Client 1/2 Day	$92.65
Full Day			95-99	Client Full Day	$144.61
C. OUTPATIENT SERVICES	**15**	**12, 18**			
Case Management, Brokerage			01-09	Staff Minute	$2.22
Mental Health Services			10-19	Staff Minute	$2.88
			30-59	Staff Minute	$2.88
Medication Support			60-69	Staff Minute	$5.31
Crisis Intervention			70-79	Staff Minute	$4.27