

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

SERVICE FUNCTION	MODE OF SERVICE CODE		SERVICE FUNCTION CODE	TIME BASE	PROPOSED COUNTY MAXIMUM ALLOWANCE
	CR/DC Code	SD/MC Claiming Code			
A. 24-HOUR SERVICES	05	07, 08, 09	10-18	Client Day	\$1,297.76
Hospital Inpatient			19	Client Day	\$437.83
Hospital Administrative Day					
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			20-24	Client Hour	\$106.01
Emergency Room			25-29	Client Hour	\$106.01
Urgent Care					
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