



OYA SERVICE RATES — ESTABLISHED RATE SCHEDULE

Effective January 15, 2024

IMPORTANT: Practitioners should refer to current contracts for service definitions and provider qualification requirements. Providers must also confirm that they are contracted for selected services.

SERVICE Description / Instructions / Requirements	Max. UNIT	CURRENT RATE Effective 1/15/2024	PREVIOUS RATE Effective 3/1/2023
<p>Psychiatric diagnostic evaluation (CPT 90791/90792) is an integrated biopsychosocial assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies (<u>without</u> testing). These services must be conducted by a licensed psychologist or medical professional. (For QMHP or CADC services, see Special Assessments below).</p> <p>Use for initial or ongoing eligibility for client with mental health or other psychological condition. Use for ongoing case planning, if appropriate. <u>Reimbursement includes up to 1 hour of medical record review. Refer to medical review beyond 1 hour.</u></p> <p>The psychiatric diagnostic evaluation may include interactive <i>complexity services</i> when factors exist that complicate the delivery of the psychiatric procedure. These services should be <i>reported and used in conjunction with psychiatric diagnostic evaluation.</i></p> <p>When requesting a psychiatric diagnostic interview examination, <i>also request Preparation of Report (narrative report).</i></p>	1 hour	\$345.25	\$333.90
<ul style="list-style-type: none"> Interactive Complexity (CPT 90785) List separately to be reported in conjunction solely with Psychiatric diagnostic evaluation. <p>Used when specific communication factors are present that complicate the delivery of a psychiatric procedure. Common factors include more difficult communication with discordant or emotional family members and engagement of young and verbally undeveloped or impaired patients.</p> <p>Typical patients are those who have third parties, such as parents, guardians, other family members, interpreters, language translators, agencies, court officers, or schools involved in their psychiatric care.</p> 	1 hour	\$14.47	\$13.99
<ul style="list-style-type: none"> Medical record review (CPT 90885) Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes, each 30 minutes. <p>When requested with Psychiatric diagnostic evaluation this service can be <u>used for time spent reviewing client medical records beyond the 1 hour included in the evaluation, and not to exceed 3 hours.</u></p> <p>Use for clients with a presumed severe psychiatric disorder. Psychiatric disorders are mental disorders including various affective, behavioral, cognitive and perceptual abnormalities.</p> 	3 hours	\$51.16	\$35.34
<ul style="list-style-type: none"> Preparation of report (CPT 90889) Written report of patient’s psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers. <p>Restricted for use in combination when psychiatric diagnostic evaluation is used independent of any other evaluation.</p> 	1 hour	\$77.60	\$53.61

SERVICE Description / Instructions / Requirements	Max. UNIT	CURRENT RATE Effective 1/15/2024	PREVIOUS RATE Effective 3/1/2023
<p>Use to determine initial and ongoing eligibility to determine extent of brain damage in severely affected clients. If required, can be requested with Psychiatric diagnostic evaluation and neurobehavioral status examination.</p> <p>May be warranted when:</p> <ul style="list-style-type: none"> • there is known or suspected history of problems such as seizures, birth trauma, brain injury or genetic disorders which affect learning • there is known or suspected environmental contamination which may have affected brain development (e.g., lead poisoning) • there is a documented history indicating that a youth has either failed to progress or has lost skills previously attained <p><i>*NOTE: Neuropsychological Testing requires the pre-approval of the OYA Treatment Services Director in order to be paid under OYA contract.</i></p> <ul style="list-style-type: none"> • Psychological or neuropsychological test administration and scoring (CPT 96136) by physician or other qualified health care professional, two or more tests, any method; 30-minute units. <p>Use to determine initial and ongoing eligibility to determine extent of brain damage in severely affected clients.</p>	12 units	\$70.40	\$68.08
<p>Special Assessment (CPT 90791) (includes comprehensive mental health assessment, substance use disorder assessment, fire setter assessment, or sex offender assessment conducted by an approved QMHP or CADC)</p> <p><i>NOTE: PROFESORs should be billed under this section.</i></p>	8 hours	\$158.80	\$158.80
<p>Individual Therapy (CPT 90837) (Services provided by a Qualified Mental Health Professional or Certified Alcohol and Drug Counselor.</p>	Hourly	\$172.72	\$172.72
<p>Group Therapy (CPT 90853) Services provided by a Qualified Mental Health Professional or Certified Alcohol and Drug Counselor.</p>	Hourly	\$54.81	\$54.81
<p>Family Therapy (CPT 90837) Client must be present</p>	Hourly	\$192.18	\$192.18
<p>Multi-family Treatment Group (90849) Services provided by a Qualified Mental Health Professional or Certified Alcohol and Drug Counselor.</p>	Hourly	\$58.32	\$58.32
<p>Consultation/Treatment Meetings (CPT 90887) NOTE: Telephonic okay</p>	Hourly	\$90.55	\$90.55
<p>Special Reports – Court reports, level of care authorizations (for example PRTS referral packets).</p>	Hourly	\$99.25	\$99.25
<p>Urinalysis – Alcohol and /or drug testing; Collection and handling only, specimens other than blood.</p>	Each	\$17.68	\$17.68
<p>Polygraph (PIN02)</p>	Each	\$347.72	\$240.00
<p>Mileage</p>	Mile	GSA Travel Rates	