



## OYA SERVICE RATES — ESTABLISHED RATE SCHEDULE

Effective March 1, 2025

**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 3/1/2025	PREVIOUS RATE Effective 1/15/2024
<p><b>Psychiatric diagnostic evaluation</b> (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> <ul style="list-style-type: none"> <li> <b>Interactive Complexity</b> (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> </li> <li> <b>Medical record review</b> (CPT 90885) Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes, <b>each 30 minutes</b>. <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> </li> <li> <b>Preparation of report</b> (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> </li> </ul>	<p>1 hour</p> <p>3 hour</p> <p>6 hours</p> <p>1 hour</p>	<p>\$345.25</p> <p><b>\$14.46</b></p> <p>\$51.16</p> <p>\$77.60</p>	<p>\$345.25</p> <p>\$14.47</p> <p>\$51.16</p> <p>\$77.60</p>

SERVICE Description / Instructions / Requirements	Max. UNIT	CURRENT RATE Effective 3/1/2025	PREVIOUS RATE Effective 1/15/2024
<p>Use for requesting a written report when requested for completing a psychiatric diagnostic interview examination. The written report must be in accordance with the recommended outline of the Comprehensive Psychiatric or Psychological Evaluation</p> <p><b>Do not use if Psychological testing and evaluation or Neurological testing are authorized; report prep is included in those services.</b></p> <p><i>Use for eligibility determination or ongoing case planning.</i></p>			
<p><b>Psychological testing evaluation</b> (CPT 96130) services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed.</p> <p>Use for initial or ongoing eligibility to determine intellectual disability or ability to grasp facts and figures. Use for ongoing case planning, if appropriate.</p>	8 hours	\$141.14	\$136.50
<p><b>Developmental testing</b> (CPT 96113) includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments (with interpretation and report);</p> <p>For Developmental Disability (DD) clients only. Use for eligibility or ongoing case planning to determine if an individual is a person with a development disability which is attributed to an intellectual disability, autism, cerebral palsy or other neurological condition that may be characterized by a concurrent adaptive behavior deficit. May be completed by school, psychiatric hospital, or other provider of residential services (request records).</p>	4 hours	\$165.78	\$165.78
<p><b>Neurobehavioral status examination</b> with interpretation and report (CPT 96116), <b>1st hour</b></p> <p>A neurobehavioral status exam is completed prior to the administration of neuropsychological testing. The status exam involves clinical assessment of the patient, collateral interviews (as appropriate), and review of prior records. The interview would involve clinical assessment of several domains including, but not limited to, thinking, reasoning, and judgment (e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities). The clinical assessment would determine the types of tests and how those tests should be administered.</p> <p>(a clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report</p> <ul style="list-style-type: none"> <li><b>additional hour</b> of Neurobehavioral status examination with interpretation and report</li> </ul>	1 hour          3 hours	\$322.24          \$84.43	\$322.24          \$84.43
<p><b>Neuropsychological testing</b> (CPT 96132) (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.</p>	8 hours	\$160.78	\$160.78

SERVICE Description / Instructions / Requirements	Max. UNIT	CURRENT RATE Effective 3/1/2025	PREVIOUS RATE Effective 1/15/2024
<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"> <li>there is known or suspected history of problems such as seizures, birth trauma, brain injury or genetic disorders which affect learning</li> <li>there is known or suspected environmental contamination which may have affected brain development (e.g., lead poisoning)</li> <li>there is a documented history indicating that a youth has either failed to progress or has lost skills previously attained</li> </ul> <p><i>*NOTE: Neuropsychological Testing requires the pre-approval of the OYA Treatment Services Director to be paid under OYA contract.</i></p> <ul style="list-style-type: none"> <li><b>Psychological or neuropsychological test administration and scoring</b> (CPT 96136) by physician or other qualified health care professional, two or more tests, any method; <b>30-minute units.</b></li> </ul> <p>Use to determine initial and ongoing eligibility to determine extent of brain damage in severely affected clients.</p>	12 units	\$70.40	\$70.40
<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	\$169.78	\$158.80
Individual Therapy (CPT 90837) (Services provided by a Qualified Mental Health Professional or Certified Alcohol and Drug Counselor.	Hourly	\$184.66	\$172.72
Group Therapy (CPT 90853) Services provided by a Qualified Mental Health Professional or Certified Alcohol and Drug Counselor.	Hourly	\$58.60	\$54.81
Family Therapy (CPT 90847) Client must be present	Hourly	\$205.47	\$192.18
Multi-family Treatment Group (90849) Services provided by a Qualified Mental Health Professional or Certified Alcohol and Drug Counselor.	Hourly	\$62.35	\$58.32
Consultation/Treatment Meetings (CPT 90887) NOTE: Telephonic okay	Hourly	\$99.92	\$90.55
Special Reports – Court reports, level of care authorizations (for example, PRTS referral packets).	Hourly	\$99.25	\$99.25
Urinalysis – (H00480) Alcohol and /or drug testing; Collection and handling only, specimens other than blood.	Each	\$18.90	\$17.68
Polygraph (PIN02)	Each	\$347.72	\$347.72
Mileage	Mile	<a href="#">GSA Travel Rates</a>	