

Washington State Department of CHILDREN, YOUTH & FAMILIES PSYCHIATRIC SERVICES FEE TABLE

EVALUATION

| | MD/DO | ARNP | |
|--|--------------|--------------|------------------|
| Diagnostic Evaluation | \$121.28 per | \$100.24 per | 10 hours maximum |
| with written report | hour | hour | |
| Parenting Evaluation/ | \$121.28 per | \$100.24 per | 5 hours maximum |
| Parenting Component | hour | hour | |
| (Conducted in addition to a diagnostic | | | |
| evaluation) | | | |
| | | | |

| TREATMENT & SERVICE | | | (1 unit is 30 minutes) |
|---|---------------------|---------------------|--|
| Psychotherapy with report (Children only) | \$60.64 per unit | \$50.12 per unit | Maximum of15 hours over 3 month period |
| Medication Management with report | \$60.64 per unit | \$50.12per unit | Maximum of15 hours over 3 month period |
| Professional Consultation with DCYF staff or other authorized parties | \$60.64 per unit | \$50.12 per unit | Maximum of15 hours over 3 month period |

| CASE RELATED TRAVEL | (1 unit is 15 minutes) |
|---------------------|--|
| Travel | Pre-Authorization from DCYF needed above 1 hour travel |