

Over the years, the guidelines regarding procedure codes for psychiatric care has become more complex. The procedure codes and associated fees are determined by the intensity of the presenting problem and the specific nature of the service provided. The duration of a session is only one factor that determines the procedure code and the associated fee. As a result, I am not able to specify the precise fee that will be applied for a session. Still, I can provide a general range of my fee structure below. Even though the fee may vary because of the intensity of presenting concerns and the complexity and duration of the service required, for the most part, charges for evaluation and treatment sessions will fall within the ranges listed.

- Initial Evaluation (typically 1.5 to 2 hours meeting, in addition to review of testing results, previous evaluations, a copy of the written report upon request), \$1800
- Follow up consultations for medication management (typically 25-30 minutes sessions, occur monthly to every three months), \$300
- Follow up consultations for psychotherapy or monitoring of psychiatric treatment (typically 50-minutes sessions, occur weekly or every other week), \$330-360
- Follow up consultations for comprehensive monitoring of psychiatric treatment (typically 50-55minutes sessions, occur monthly to every three months), \$450

Patients and families may submit medical bills to their insurance carrier for reimbursement. Whether the insurance carrier will provide any reimbursement is determined by presence of out-of-network coverage through the individual policy. When available, the rate of this reimbursement also varies. Each insurance carrier has their own fee schedule, which is determined by complex calculations. Their fee schedule is shaped by not only the severity of the presenting problem, the type of procedure and its duration, but also other factors such as geographical location of the service provided, the specialty of the provider, etc. As a result, the rate of reimbursement varies among insurance carriers. Furthermore, these vary even within the same carrier, where it is not uncommon for two different people with same insurance carrier receiving different amounts of reimbursements based on their out-of-network coverage offered through their individual policies.

Therefore, it is not easy to calculate the exact amount of reimbursement. Please, consider asking for a general estimate of available coverage from your health insurance provider for most efficient financial planning. The health insurance carrier representative may ask for the procedure codes, which often includes a combination of the following:

- For an initial consultation: 99205 with 99417 add on code.
- For follow up consultations: 99213, 99214 or 99215 along with add on codes 90833, 90836, 90838, 90785 or G2211, where applicable.

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