



## Dale B. Mortimer, M.D., P.C.

Physician

General Adult Psychiatry

Child & Adolescent Psychiatry

Diplomate, American Board of Psychiatry & Neurology

### FEE SCHEDULE (effective date: 9/1/2022)

In January 2013, there were major changes made in the physicians' procedural terminology (CPT) codes to more accurately and fairly reflect the psychiatrists' time and cognitive work involved in evaluating and treating their patients. To wit: these recent revisions in the CPT codes are an attempt to correct the systematic and unjust devaluing of psychiatrists' professional medical and psychotherapeutic services by far too many medical insurance carriers. Do keep this Fee Schedule as a reference for interpreting both my billing statements and your medical insurance carrier's Explanation of Benefits ("EOB"). The CPT is a listing of descriptive terms and codes used by physicians to report the medical and psychiatric services and procedures that physicians provide for the benefit of their patients. [E&M: "medical evaluation and management"] Below are the most common codes I use.

Physicians' Current Procedural Terminology (CPT) Codes		Fees
99205	Diagnostic evaluation, new patient (first hour of assessment)	\$850
99213	Office visit, medical evaluation and management, 13–20 minutes	\$495
99214	Office visit, medical evaluation and management, 21–32 minutes	\$590
99215	Office visit, medical evaluation and management, 33 or more minutes	\$760
96127	Use of standardized instrument properly interpreted & documented	\$30
96146	Neuropsychological test administered with automated standardized instrument	\$30

#### New "add-on" CPT codes

+90785	[E&M] Plus "interactive complexity", (e.g., young patient; family members present; schools involved)	\$90
+90833	[E&M] Plus psychotherapy as part of – not in addition to – the office visit, 16–37 minutes	\$160
+90836	[E&M] Plus psychotherapy as part of – not in addition to – the office visit, 38–52 minutes	\$255
+90838	[E&M] Plus psychotherapy as part of – not in addition to – the office visit, 52 or more minutes	\$400
+99050	Professional medical services outside normal business hours in addition to basic service	\$210
+99358	Review extensive records, before or after office visit without patient, first 60 minutes	\$850

#### Professional Services Not Usually Covered By Insurance

90889	Special report prepared by Dr. Mortimer (e.g., for an agency or another physician)	\$850/hr
99011	Broken appointment ( <i>without</i> the required 2 working days' notice)	\$850/hr
99080	Special report prepared by Dr. Mortimer at patient's or family's request	\$850/hr
99441	Phone call from patient or family to Dr. Mortimer; 5–10 minutes of medical discussion; pull and review patient's medical record, document content of call and clinical decision-making rational	\$80
99442	Phone call from patient or family, 11–20 minutes of medical discussion; pull and review chart	\$160
99443	Phone call from patient or family, 21–30 minutes of medical discussion; pull and review chart	\$245

#### "Unofficial" Codes Used By Dr. Mortimer's Office

00000	No show for scheduled office visit: charges based on office time reserved	\$850/hr
0002	Broken appointment, with less than required two full <i>working</i> days' notice	\$850/hr
0003	Patient-initiated prescription refill processing (pull patient chart, review medical record, write prescription or complete fax authorization, arrange for prescription pick up, make medical chart note) without accompanying office visit	\$90
0005	Patient's insurance-initiated prescription prior authorization request processing by Dr. Mortimer	\$90
0006	Returned ("bounced") check fee	\$90

I have received a copy of this fee schedule: \_\_\_\_\_ Date: \_\_\_\_\_

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