



Reimbursement for Out-of-Network Services

Complete Care Family Psychiatry does not participate in insurance plans and is considered an out-of-network provider. Patients pay Complete Care Family Psychiatry directly for their treatment sessions at each visit. If they have out-of-network benefits, the insurance company may provide reimbursement. A superbill will be provided after each encounter which contains diagnosis code and CPT code. Please note that as a fee-for-service practice we are legally unable to see Medicare patients at this time. The CPT codes typically used are:

- CPT Code: 90791. Psychiatric Diagnostic Evaluation
- CPT Code: 90792. Psychiatric Diagnostic Evaluation with Medical
- CPT Code: 90846. Family Psychotherapy without patient present
- CPT Code: 90847. Family Psychotherapy, conjoint psychotherapy with the patient present
- CPT Code: 99205. Level 5 New Patient Office Visit
- CPT Code: 99213. Simple Established Patient Follow-up
- CPT Code: 99214. Moderate Established Patient Follow-up
- CPT Code: 99215. Complex Established Patient Follow-up

In order to verify out-of-network benefits one should call the insurance company and ask the following questions:

1. Do I have out of network mental health benefits?
2. Do I need to obtain prior authorization, and if so how?
3. Must I pay any deductibles or co-insurance amounts before benefits start?
4. When benefits do start, what percentage is covered?
5. To whom do I submit bills for reimbursement?
6. Are any special forms required by the insurance company?