



Fee Schedule

- Dr. Frazier is a participating provider for Aetna, Anthem, Cigna, Optima, and United Healthcare commercial (non-Medicaid) health insurance plans. If you are a member of one of these insurance plans, claims will be submitted on your behalf. You will need to bring only your insurance card, and co-payment to each visit.
- Dr. Frazier is an out of network provider for all other health insurance plans. For these insurances, full payment is due at the time of service. However, a billing summary will be provided after your visit which you may submit to your insurance provider for reimbursement.
- **CPT codes are provided so that you may contact your insurance company ahead of time to understand what you will be reimbursed.**

Initial Visit Part 1: 80 minutes

Service Description	CPT Codes	Fee for Service Cost	Participating Insurances
<ul style="list-style-type: none"> • Review of past medical records, school reports, and questionnaires • Discussion and evaluation of concerns • Structured behavioral observation • Neurodevelopmental exam • Standardized developmental testing 	99245 96111* 96116*	\$300 \$150 \$150	Claim will be submitted for reimbursement Caregiver is responsible for any balance not covered by insurance**

* The decision to use this code is made during the visit, based on a patient's need and ability to participate.

** Frequent reasons for having a balance: deductible not yet being met, insurance company's lack of coverage for billable service(s).



Initial Visit Part 2: 30 minutes

Service Description	CPT Code	Fee for Service Cost	Participating Insurances
<ul style="list-style-type: none"> • Discussion of findings, treatment recommendations • Required referrals, labs, medications provided • Summary of findings and treatment plan is provided 	99215	\$150	<p>Claim will be submitted for reimbursement</p> <p>Caregiver is responsible for any balance not covered by insurance**</p>

** Frequent reasons for having a balance: deductible not yet being met, insurance company's lack of coverage for billable service(s).

Transfer to Pathways Developmental Pediatrics: 40 minutes

Service Description	CPT Codes	Fee for Service Cost	Participating Insurances
<ul style="list-style-type: none"> • Review of current educational, therapy, and medical plans. • Discussion of current concerns • Update goals of care • Medication management and referrals when needed • Assessment of current development • Tailored intervention and treatment recommendations 	99205	\$250	<p>Claim will be submitted for reimbursement</p> <p>Caregiver is responsible for any balance not covered by insurance**</p>

** Frequent reasons for having a balance: deductible not yet being met, insurance company's lack of coverage for billable service(s).



Follow-Up Visit: 30 minutes

Service Description	CPT Codes	Fee for Service Cost	Aetna, Anthem, Cigna Insurance
<ul style="list-style-type: none"> ● Review of ongoing therapies, school performance, IEP review where applicable ● Discussion and evaluation of ongoing concerns ● Assessment of developmental progress ● Structured behavioral observation ● Tailored intervention and treatment recommendations 	99215 96111*	\$200 \$150	Claim will be submitted for reimbursement Caregiver is responsible for any balance not covered by insurance**

* The decision to use this code is made during the visit, based on a patient's need and ability to participate.

** Frequent reasons for having a balance: deductible not yet being met, insurance company's lack of coverage for billable service(s).