

To Whom It May Concern:

The following information is an explanation of my hospital daily charges. Procedure codes 99233 and 99232 are the codes I prefer using, since there are no other codes that best reflect my work. Some insurance companies may require the use of other specific codes.

I elect to charge a daily fee that encompasses a number of separate activities. In general, I see children and adolescents 5 – 7 times per week on acute services either individually, in a group or both. Also, we meet formally with the staff daily to discuss the children and formulate the team strategies for treatment. Informal meetings with staff also occur frequently, usually on a daily basis.

The daily fee includes any meetings or phone contacts needed with family, teachers, or outside therapists. This fee also includes time spent reviewing the chart with its staff notes, laboratory tests, psychological tests, and other information. Additionally, time is spent conferring with other physicians when needed, and staff questions and emergencies after hours are often required by me or a physician covering for me (covering physicians will bill separately). The fee also includes the completion of an admission and discharge dictation. Children and adolescents in the residential program are seen 2 – 4 times a week.

Hopefully this information is helpful. Many physicians who may charge lower fees do not spend the time in the other activities described, or they may elect to charge separately for each service such as staffing, group therapy, family therapy, phone calls, etc.