

Udoka Addy, PMHNP-BC

Telepsychiatry for Washington State



About Me

As a board-certified psychiatric-mental health nurse practitioner, I provide direct, supportive, and patient-focused telepsychiatry. My passion is partnering with adults, including veterans, to achieve mental wellness through personalized care. I look forward to exploring how we can work together.

Fees & Out-of-Network Reimbursement

The Short Answer

I do not bill insurance directly. I am an out-of-network (OON) provider offering cash-pay telehealth psychiatry to adults in Washington State. Patients pay at the time of service and, if their plan includes out-of-network mental health benefits, can submit a superbill to their insurance for partial reimbursement.

Service	Length	Fee
Free Initial Phone Consultation	15 min	\$0
Comprehensive Psychiatric Evaluation (new patient) CPT Code: 90792	60 min	\$250
Medication Management Follow-Up CPT Code: 99213 or 99214	30 min	\$150
Extended Follow-Up (higher complexity) CPT Code: 99214 + 90833	50 min	\$200

Payment by credit card, HSA, or FSA is due at the time of service. No charge for the initial 15-minute consultation.

Who This Practice Fits Best

Adults in Washington seeking psychiatric care for depression, anxiety, trauma and PTSD, bipolar disorder, grief, mood disorders, sleep and insomnia, and stress. Veterans and those wanting continuity of care outside the VA system are specifically welcome.

Cash-pay works best for patients who value longer visits, flexible scheduling, no insurance-driven diagnosis requirements on their medical record, and fewer prior-authorization delays for medications.

What I Do Not Prescribe

I do not currently prescribe controlled substances. This includes **stimulants for ADHD** (Adderall, Vyvanse, Ritalin, Concerta), **benzodiazepines** (Xanax, Klonopin, Ativan, Valium), and **controlled sleep medications** (Ambien, Lunesta, Sonata).

If you are looking for ADHD medication management, ongoing benzodiazepine prescribing, or continuation of an existing controlled substance, this practice is not the right fit. I can still help with depression, anxiety (using non-controlled options), trauma, bipolar disorder, and sleep concerns.

Included in Every Visit – No Additional Charge

- **Behavioral health screening:** Validated tools (PHQ-9 for depression, GAD-7 for anxiety, PCL-5 for PTSD) administered regularly to track progress with real data, not guesswork.
- **Tobacco cessation support:** Motivational counseling and medication options (nicotine replacement, bupropion, varenicline) if you want to quit smoking or vaping.
- **Substance use screening & coordination:** Routine, nonjudgmental screening for alcohol, cannabis, and other substances, with referrals and coordination if additional support is needed.
- **Interactive care coordination:** Extra time built in when complex communication needs arise coordinating with your therapist, family involvement, primary care collaboration, or managing multiple conditions.

How Superbills Work

A superbill is an itemized receipt with the billing codes your insurance needs. After each session, I generate one automatically through my electronic records system. You submit it to your insurance for partial reimbursement.

1. You pay at the visit

Full fee charged to your card, HSA, or FSA.

2. I send a superbill

Itemized receipt with diagnosis & CPT codes.

3. You submit to insurer

Upload through your portal or mail it in.

WORKED EXAMPLE

Scenario: You have a \$1,500 OON deductible (already met), and your plan covers 70% of the allowed amount.

- You pay \$150 for a 30-minute follow-up at the visit.
- Your insurance's allowed amount for that code is \$100.
- They reimburse 70% of \$100 = \$70 back to you.
- **Your effective out-of-pocket cost: \$80 per visit.**

Questions to Ask Your Insurance

Call the member services number on the back of your card and ask these questions:

- Do I have out-of-network benefits for outpatient mental health services?
- Is telehealth covered the same as in-person for out-of-network providers?
- What is my out-of-network deductible, and how much of it have I met this year?
- After my deductible is met, what percentage of the allowed amount does my plan reimburse?
- **What is my plan's allowed amount for these specific CPT codes?**
 - 90792: Psychiatric evaluation (initial 60-min visit)
 - 99213 / 99214: Medication management follow-up (30-min visit)
 - 99214 + 90833: Med management + therapy (50-min complex visit)
- Is there an annual out-of-pocket maximum for out-of-network services?
- How do I submit a superbill — online portal, mail, or fax?

Your Right to a Good Faith Estimate (No Surprises Act)

Because you pay out-of-pocket, federal law gives you the right to a Good Faith Estimate of expected costs before treatment begins. If your final bill is \$400 or more above the estimate, you can dispute the charges. Learn more at [cms.gov/nosurprises](https://www.cms.gov/nosurprises).

Next Step: Schedule a free 15-minute consultation to see if we are a good fit.

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