

## GOOD FAITH ESTIMATE

Effective January 1, 2022, laws regulating client care have been updated to include the “No Surprises” Act, which requires a wide variety of providers to give current and potential future clients a “Good Faith Estimate” (GFE) on the cost of treatment. Below you will find a summary of this requirement.

*Effective January 1, 2022, a provider must furnish a self-pay patient with the notice and GFE prior to all scheduled services or by request if the patient is shopping for care (and not yet at the point of scheduling).*

### **Who qualifies as a self-pay patient?**

*A provider’s duty to provide notice and a GFE applies to self-pay patients, i.e., an individual who (1) does not have benefits for an item or service under a group health plan, group or individual health insurance coverage offered by a health insurance issuer, federal healthcare program, or a health benefits plan; or (2) chooses not to use his or her coverage benefit for the item or service.*

In many ways, this regulation protects patients from discovering, after they receive care, that they owe a massive medical bill for uncovered services. This makes sense from a medical point of view – we have all heard the horror stories of a patient going bankrupt after discovering their insurance doesn’t cover some services or providers. For example, if an out-of-network provider gives post-surgical care at an in-network hospital, the patient could end up with a big out-of-pocket expense that comes as a complete surprise.

However, therapy is a little different in that we cannot necessarily provide an estimate of how long it takes to treat since each individual is so different in their severity of symptoms, symptom presentation, level of motivation, etc.

**The frequency with which clients are seen, and the duration of time in which they are seen, is dependent on client need. The below examples are for illustrative purposes only and are not specific to you or your treatment. Instead, they are meant to show the variation of cost over the course of a year.**

### **List of Services and Associated Fees including applicable CPT codes:**

90791 Diagnostic Evaluation Postdoctoral Fellow: \$265  
90791 Diagnostic Evaluation Licensed Clinician: \$375  
90791 Diagnostic Evaluation Senior Licensed Clinician: \$450

90834 Psychotherapy 45 minutes -Postdoctoral Fellow: \$175  
For 12 months 1x weekly = \$9,100

90834 Psychotherapy 45 minutes- Licensed Clinician: \$250  
For 12 months 1x weekly = \$13,000

90834 Psychotherapy 45 minutes- Senior Licensed Clinician: \$325  
For 12 months 1x weekly = \$16,900

S9480 Intensive Outpatient Services- \$750  
IOP Services for 4 weeks at 3 days per week = \$9,000  
IOP Services for 4 weeks at 5 days per week = \$15,000  
IOP Services for 12 weeks at 5 days per week = \$45,000

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call us at 310-488-5850.