



No Surprises Act/Good Faith Estimate for Mental Health Services

Effective January 2022, the No Surprises Act was passed to protect consumers from “surprise” medical bills from healthcare providers. The purpose is to prohibit an out-of-network provider from charging, without the patient’s prior agreement, their rates for treatment. The Act requires that healthcare facilities and individual healthcare providers furnish a Good Faith Estimate (GFE) of the likely costs of a proposed treatment prior to the self-pay patient’s receiving that service.

This law requires that I provide a Good Faith Estimate of what I believe the cost of treatment will entail. In terms of providing an estimate regarding the length of treatment, that is difficult to do prior to the initial appointment as precisely as I would like, without knowing all relevant factors. Even after the initial appointment, I cannot predict with certainty how a client will respond to recommendations – and especially if coordinated care by other related providers is involved - but I will provide you with a written update regardless and discuss this with you at the time of service, and after initial conversations during intake on the phone.

With that said, the following general statements are provided, based on a standard hourly rate of \$250/hour for all services (p ro-rated to the nearest quarter hour) after an initial 1-hour intake (fee of \$325). The table below represents a summary of the way I charge for sessions and all client-related work. If you have any questions about a particular charge, please ask. I try to complete all required documentation during the actual appointment – other than 5-15 minutes to review intake paperwork pri or to the first session – so that you know exactly what the final charge will be for any appointment, with additional hours only needed for preparing an evaluation report if formal testing was administered or is requested for other parties. After the initial intake, I typically need to refine this estimate if additional services are required, since that first appointment helps me to an appropriately individualized follow-up plan.

This information can also be referenced when calling your insurance company to see what services may be covered by out-of-network providers.

Service	CPT (Service) Code	Duration/Number of sessions
Initial intake evaluation or consultation for concussion or other MEDICAL or PSYCH	96116/96121, 90791, 96132/96133	usually 1-2 hours
Follow-up evaluation for medical illness or injury	96116/96121, 96132/96133	usually 1 hour
Sleep, attention, or mood concerns (without co-occurring medical diagnosis), initial intake	90791, +90785	1 hour
Follow-up appointments for sleep, attention, or mood concerns as above	90832, 90834, 90837 +90785	2-8 additional appointments (4-8 total is standard for CBTi
ADHD screening evaluation (clinical interview and document review, only)	90791, 96130/96131	1-6 hours
Comprehensive testing	96116/96121, 96132/ 96133, 90791, 96130/ 96131, 96136/96137	6-15 hours
Document review for accommodations request	Cannot bill insurance	1-2 hours, more if written summary requested
>15-minute phone call with you unless your insurance allows audio only telehealth	Can sometimes submit to insurance	Pro-rated based on time to the nearest quarter hour
>15-minute phone call with others	Not likely payable by insurance unless included in evaluation services	Pro-rated based on time to the nearest quarter hour
Requested letters, forms (outside of evaluation report or standard appointment forms, letters, evaluation reports)	Not payable by insurance	Pro-rated based on time to the nearest quarter hour
Brief periodic phone call	Not payable by insurance	No charge
Brief reply to questions via secure patient portal	Not payable by insurance	No charge

Please use this as a guide. An initial and individualized written estimate will be provided to you in writing after you have scheduled your initial appointment.