

Lipscomb Family Therapy Center (LFTC)

Estimated Treatment Costs (“Good Faith Estimate”)

Under Section 2799B-6 of the Public Health Service Act, health care providers and health care facilities are required to inform individuals who are not enrolled in a plan or coverage or a Federal health care program, or not seeking to file a claim with their plan or coverage both orally and in writing of their ability, upon request or at the time of scheduling health care items and services, to receive a “Good Faith Estimate” of expected charges.

Therapy Costs

We want our clients to have a good idea what therapy will likely cost. Clinicians normally determine a per-session fee with clients during an intake phone call prior to the first session; if clients are ever uncertain about what their session fee is, we are happy to remind them. Having an understanding of their per-session fee and average treatment duration allows clients to get a Good Faith Estimate of treatment costs (fee x number of sessions = cost). Based on our data, estimated average total cost ranges are the following:

6 or fewer sessions cost \$60-\$300 (approx. 45% of clients)

7-10 sessions cost \$70-\$500 (approx. 14% of clients)

11-15 sessions cost \$110-\$750 (approx. 15% of clients)

16-20 sessions cost \$160-\$1000 (approx. 7% of clients)

≥ 21 sessions cost a minimum of \$210 (approx. 18% of clients)

(These estimates are based on a per-session fee range of \$10-\$50)

Less Common Costs

Although less common, there may be additional items or services provided as part of the course of care that must be scheduled or requested separately and are not reflected in the Good Faith Estimate. The fee for report writing (psychological evaluations, treatment summaries, etc.) is \$25 per hour with a minimum of one hour paid in advance. The fee must be paid in full before the requested document is released. Phone conversations and other consultations are billed to the nearest quarter hour and based on the client's session fee (e.g., 10 minute phone consultation for a client who is normally charged \$50 for a session would cost \$12.50). Clients and/or attorneys must pay \$50 per hour for courtroom testimony by a clinician, with a minimum of three hours payable in advance, when honoring a subpoena and/or when providing testimony in court, regardless of whether or not the clinician actually testifies. If clients or someone representing our clients requests their clinical record, there is a \$10 file location and/or printing fee.

Obtaining a Good Faith Estimate

Clients may ask their clinician for a Good Faith Estimate at any time. This Good Faith Estimate shows the costs of items and services that are reasonably expected for client health care needs for an item or service. The Good Faith Estimate document includes, but is not limited to, the following information:

Client name

Client date of birth

Description of the services that will be provided, in understandable language. At LFTC, these services are individual, couple, or family therapy. The CPT codes most often associated with these services are:

90832: Psychotherapy 30 minutes with patient

90834: Psychotherapy 45 minutes with patient

90837: Psychotherapy 60 minutes with patient

90846: Family psychotherapy 50 minutes without the patient present

90847: Family psychotherapy 50 minutes conjoint psychotherapy with the patient present

90849: Multiple-family group psychotherapy

90853: Group psychotherapy (other than of a multiple-family group)

Itemized list of goods or services reasonably expected to be provided in connection with the scheduled services. In our practice, this would be the number of individual, couple, and family therapy sessions and the date/s on which they occurred as well as a description of the average client experience (i.e., number of sessions, fee range).

Diagnostic codes, service codes, and expected charges associated with each of those goods or services. Before the first session or prior to the completion of a biopsychosocial assessment (i.e., usually within the first three sessions), it is impossible to provide clients with a specific disorder/dysfunction diagnosis (e.g., Major Depressive Disorder, Generalized Anxiety Disorder, etc.) on their documented good faith estimate. "Other Counseling or Consultation (V65.40)" is the diagnosis we use when clients do not meet the criteria for another diagnosis in the DSM, when clients have yet to complete their biopsychosocial assessment with their clinician, or when the primary topics discussed in treatment are not related to a specific disorder/dysfunction diagnosis met by a client.

Provider name, NPI, and tax ID number

Office location where services will be provided. This may include in-person or telehealth sessions.

Disclaimer

The Good Faith Estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not obligate or require the client to obtain any of the listed services from the provider and does not include any unknown or unexpected costs that may arise during treatment. Clients could be charged more if complications or special circumstances occur. If this happens, federal law allows clients to dispute (appeal) the bill.

Right to Dispute

If clients are billed for more than their Good Faith Estimate, they have the right to dispute the bill. Clients may contact the clinician or facility listed on this document to let them know the billed charges are higher than the Good Faith Estimate. Clients can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. Clients may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS).

If clients choose to use the dispute resolution process, they must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee (at last check) to use the dispute process. If the agency reviewing a client dispute agrees with the client, the client will have to pay the price on this Good Faith Estimate. If the agency disagrees with the client and agrees with the health care provider or facility, the client will have to pay the

higher amount. To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call (800) 368-1019.

For questions or more information about client rights to a Good Faith Estimate or the dispute process, visit www.cms.gov/nosurprises or call (800) 368-1019.

Clients should keep a copy of their Good Faith Estimate in a safe place or take pictures of it.

Clients may need it if they are billed a higher amount.