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ASSOCIATION FOR UTAH COMMUNITY HEALTH

Good Faith Estimate by Sliding Fee Level Template, Basic GFE Workflow and Common Codes Chart

Health Center Name

Health Center Address

Health Centers should set up a preformulated template that includes their address, providers and their NPI's, and their fees for each office visit level and the sliding fees for each.

Good Faith Estimate for your Medical Appointment

Patient Name: _____ MRN/Account #: _____ Date of Appt. _____

Reason for Appointment: _____

Visit with:

| | |
|-----------|------|
| Provider: | NPI: |
| Provider: | NPI: |
| Provider: | NPI: |
| Provider: | NPI: |

Has patient's uninsured status been confirmed? Y / N

Medical Office Visit – Nurse Visit

Estimate based on patients assigned sliding fee level (*Circle applicable amount*)

- A. \$ billing procedure code 99211
- B. \$ billing procedure code 99211
- C. \$ billing procedure code 99211
- D. \$ billing procedure code 99211
- E. \$ billing procedure code 99211
- F. Full Fee No Slide. \$ billing procedure code 99211

Medical Office Visit – Minimal Complexity

Estimate based on patients assigned sliding fee level (*Circle applicable amount*)

- G. \$ billing procedure code 99202 or 99212
- H. \$ billing procedure code 99202 or 99212
- I. \$ billing procedure code 99202 or 99212
- J. \$ billing procedure code 99202 or 99212
- K. \$ billing procedure code 99202 or 99212
- L. Full Fee No Slide. \$ billing procedure code 99202 or 99212

Medical Office Visit – Low Complexity

Estimate based on patients assigned sliding fee level (*Circle applicable amount*)

- A. \$ billing procedure code 99203 or 99213
- B. \$ billing procedure code 99203 or 99213
- C. \$ billing procedure code 99203 or 99213
- D. \$ billing procedure code 99203 or 99213
- E. \$ billing procedure code 99203 or 99213
- F. Full Fee No Slide. \$ billing procedure code 99203 or 99213

Medical Office Visit – Moderate Complexity

Estimate based on patients assigned sliding fee level (*Circle applicable amount*)

- A. \$ billing procedure code 99204 or 99214
- B. \$ billing procedure code 99204 or 99214
- C. \$ billing procedure code 99204 or 99214
- D. \$ billing procedure code 99204 or 99214

- E. \$ billing procedure code 99204 or 99214
- F. Full Fee No Slide. \$ billing procedure code 99204 or 99214

Please list any services in addition to the office visit which are anticipated at the time of scheduling.

| Additional Anticipated Services: | | | |
|----------------------------------|--------------|-----------------|-------|
| CPT Code | Description: | Diagnosis Code: | Cost: |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Completed By: _____

By which method was the Good Faith Estimate provided to patient:

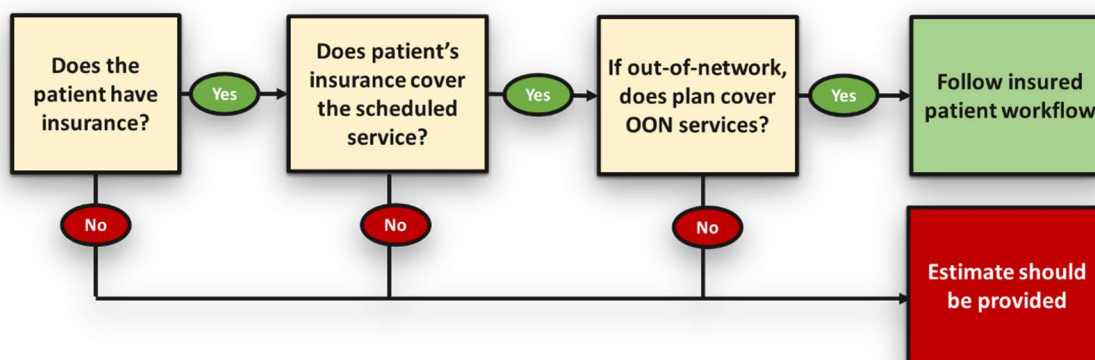
- ☐ In person
- ☐ E-mail
- ☐ Patient Portal
- ☐ Mail

DISCLAIMER This Good Faith Estimate shows the costs of items and services that are reasonably expected for your healthcare needs for an item or service. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute (appeal) the bill. If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill. You may contact the healthcare provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to updated the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill.

Basic Good Faith Estimate Work Flow, At the time of scheduling

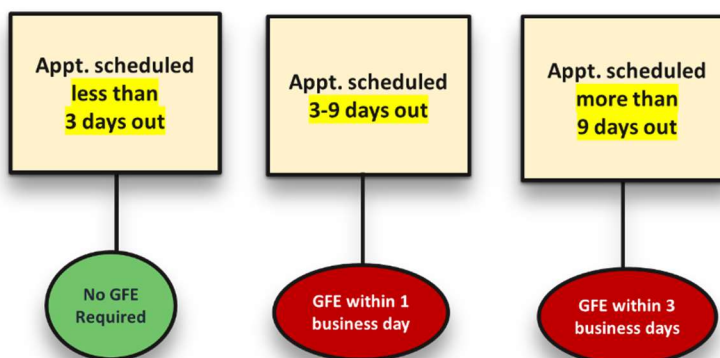
(1) Identify Uninsured/Self Pay Patients scheduling appointments:

Only patients who are uninsured or self-pay (*have elected not have their insurance billed*) require a good faith estimate. For each patient who schedules an appointment, use the chart below to determine if the patient will require a good faith estimate (GFE).



(2) Determine if uninsured/self-pay patient's appt. is 3+ day in advance, and the timeframe to provide the GFE:

Utilize the chart below to determine the applicable timeframe to provide the patient an estimate for their appointment.



(3) Ask the patient how they would prefer the completed GFE be communicated to them.

The GFE must be made available to the patient in written form. While the information contained in the estimate can be communicated verbally over the phone, a physical copy must be provided and should be saved to the patient documents within the patient's account.

- Does the patient prefer the GFE be sent to their email, patient portal, or regular mail)?

(4) Utilize the information provided during scheduling to complete the Good Faith Estimate form:

Carefully document the information discussed during scheduling, including the patient's primary issue for which they need to see a provider (also referred to as the Chief Complaint).

Information used to determine corresponding estimated charges include:

- Reason for visit
- Additional services anticipated (discussed) at the time of scheduling
- Patient's sliding fee level

(5) Complete the Good Faith Estimate Template for the scheduled visit.

- **Determine the anticipated Office Visit Level and mark the corresponding field on the GFE form.**

(The GFE form should be maintained to contain the current fees for each office visit level)

If the patient is seen at the health center on a regular basis, it is best to view their visit history within the EMR. Reference the Office Visit Level/Procedure Code for their previous appointments when completing the GFE.

For example, *if patient, Todd Smith, is seen once monthly to monitor his blood pressure and each month a 99213 is billed for the visit; You can assume that his scheduled visit for the same issue will also be a 99213.*

If there are no previous visits to reference, or the patient is being seen for a new condition or injury, reference the basic Office Visit Level chart. **See Below.**

| Predicting Office Visit Level by Chief Complaint | | |
|--|--|--|
| Straightforward | Low | Moderate |
| 1 minor problem | 2 or more minor problems OR 1 stable chronic illness OR 1 uncomplicated injury | 1 or more chronic illnesses with worsening symptoms OR 1 undiagnosed NEW problem OR 1 complicated injury |
| 99202 (New Patient) | 99203 (New Patient) | 99204 (New Patient) |
| 99212 (Established Patient) | 99213 (Established Patient) | 99214 (Established Patient) |

Nurse Visits 99211: Consult your health centers policies on scheduling nurse visits. Nurse Visits are most used for sports physical or immunization/vaccine encounters.

High Complexity Office Visits 99205/99215 are uncommon and require clinical insight on comorbidities.

A provider may deem that a visit qualifies as High Complexity after seeing the patient. In this scenario the difference in expected fee is within the \$400 margin of error for the Good Faith Estimate.

- **Indicate on the GFE Form any additional services that are expected to be rendered based on the information provided during scheduling.**

Note: Developing and maintaining a list of the most common additional services and their codes is recommended. For example: Injections, immunizations, and x-rays.

- **Verify in the EMR if the patient has been assigned a Sliding Fee Level, and if so which.**

Your preformed Good Faith Estimate template will include the sliding fee for each level of office visit. After determining the Office Visit Level, mark the corresponding sliding fee based on the patient's status.

If the patient does not qualify for Sliding Fee, or has not provided income information to calculate the SFS: Mark the box for *"Full Fee No Slide"*.

- **Check the corresponding box for the provider who will be seeing the patient.**

(7) Send the completed GFE to the patient via their preferred method

Good Faith estimates contain PHI. Make sure that the GFE is only sent via the method the patient indicated they would like to receive it: email, patient portal, or regular mail.

(8) Save a copy of the GFE to that patient documents within their account in EMR.

Ensure that a dated copy of all Good Faith estimates are saved to the patient's chart for future reference. Copies should be kept on file in the event the patient makes a dispute, and to document your health centers compliance.

Encounter Codes and Fees

| | | | | | | |
|-------------------------------------|---|----|--|----|--|----|
| Medical Office Visits | Straightforward | | Low | | Moderate | |
| | 1 minor problem | | 2 or more minor problems OR 1 stable chronic illness OR 1 uncomplicated injury | | 1 or more chronic illnesses with worsening symptoms OR 1 undiagnosed NEW problem OR 1 complicated injury | |
| | 99202 (New Patient) | \$ | 99203 (New Patient) | \$ | 99204 (New Patient) | \$ |
| | 99212 (Established Patient) | \$ | 99213 (Established Patient) | \$ | 99214 (Established Patient) | \$ |
| Less Frequent Medical Visits | High Complexity | | Nurse Visit | | | |
| | A provider may deem that a visit qualifies as High Complexity. Requires insight on comorbidities. | | Can be used for vaccine/immunization visits *Consult your policies* | | | |
| | 99205 (New Patient) | \$ | 99211 | \$ | | |
| | 99215 (Established Patient) | \$ | | \$ | | |
| Medicare Wellness Visits | Welcome To Medicare (1 x per patient) | | Initial Annual Wellness (1 x per patient) | | Subsequent Annual Wellness (1x per year) (must be 1 year since G0438) | |
| | G0402 | \$ | G0438 | \$ | G0439 | \$ |
| Mental Health Visits | Individual Psychotherapy 30 Min. | | Individual Psychotherapy 45 Min. | | Individual Psychotherapy 60 Min. | |
| | 90832 | \$ | 90834 | \$ | 90837 | \$ |

Common Additional Service Codes and Fees

| | | | | | |
|---|--------------|----|--------------------------------------|--------------|----|
| Common Labs | | | EKGs (Echocardiogram) | | |
| BLOOD DRAW | 36415 | \$ | Routine EKG | 93000 | \$ |
| A1C (every 3-6 months) | 83036 | \$ | Routing EKG (Tracing Only) | 93005 | \$ |
| Fasting Lipids | 80061 | \$ | | | |
| CBC- Complete Blood Count | 85004 | \$ | Vaccine Administration | | |
| CMP- Complete Metabolic Panel | 80053 | \$ | MMR- measles,mumps, rubella | 94060 | \$ |
| | | | HPV- Human Papiloma Virus | | |
| | | | RV- Rotavirus | 90461 | \$ |
| | | | DTAP- Diphtheria, Tetanus, Pertussis | | |
| | | | Pneumococcal | | |
| | | | Influenza | | |
| | | | Meningococcal | | |
| Common Xray's | | | COVID Vaccine Administration | | |
| Chest 2 View | 71046 | \$ | Pfizer - 1st Dose | 0001A | \$ |
| Wrist 3 Views | 73110 | \$ | Pfizer - 2nd Dose | 0002A | \$ |
| Hand 3 views | 73130 | \$ | Pfizer - 3rd Dose | 0003A | \$ |
| Foot 3 Views | 73630 | \$ | Moderna - 1st Dose | 0011A | \$ |
| Tib/Fib 2 views | 73590 | \$ | Moderna - 2nd Dose | 0012A | \$ |
| Forearm 2 View | 73090 | \$ | Moderna - 3rd Dose | 0013A | \$ |
| Shoulder 2 View | 73030 | \$ | Johnson & Johnson - Single Dose | 0031A | \$ |
| Injection for Pain | | | | | |
| Trigger Point Inj. For Pain 1 or 2 Muscles | 20552 | \$ | | | |
| Trigger Point Inj. For Pain 3 or More Muscles | 20553 | \$ | | | |
| Joint Inj. Shoulder, Hip, or Knee | 20611 | \$ | | | |