



MILESTONE Mental Health

No Surprises Act (2022)

Included in this document is demonstration of Milestone Mental Health's compliance with the Affordable Care Act (ACA) and certain provisions of title I (the No Surprises Act) and title II (Transparency) of Division BB of the Consolidated Appropriations Act, 2021 (the CAA).

PHS Act section 2799B-6, as added by section 112 of division BB of the CAA, requires providers and facilities, upon an individual's scheduling of items or services, or upon request, to inquire if the individual is enrolled in a health plan or health insurance coverage, and to provide a notification of the good faith estimate of the expected charges for furnishing the scheduled item or service and any items or services reasonably expected to be provided in conjunction with those items and services, including those provided by another provider or facility, with the expected billing and diagnostic codes for these items and services.

Good Faith Estimate (GFE)

Service duration and frequency is provided primarily based on client request in partnership with clinical recommendation. Diagnostic assessments and individual, couple's, and family therapy sessions are generally scheduled for 37-52 minutes or 53-60 minutes in duration. A common treatment protocol would include an initial intake appointment, one hour in length, during which a diagnostic assessment is completed. Sessions thereafter are frequently one hour in duration occurring weekly, every other week, or monthly as requested by client and per appropriate level of clinical response to client's primary concern, symptom presentation and diagnosis. Shorter or longer length sessions may be appropriate for check-in/preventative appointments or for crisis concerns, respectively. Clients have the right to terminate services at any time for any reason.

Beginning January 1, 2022, health care providers and facilities must provide a good-faith estimate of expected charges to uninsured consumers, or to insured consumers if they don't plan to have their health plan help cover the costs (self-paying individuals).

A good faith estimate (GFE) provided by Milestone Mental Health shall include name and date of birth of individual seeking care services, description of primary service, itemized list of services reasonably expected to be rendered, service codes, an estimate of diagnosis, length of treatment and cost associated with it, name of rendering provider(s) and facility, clinic location, tax ID and NPI numbers. This GFE shall be provided to all new clients who are seeking self-pay services. Additionally, a good faith estimate is available upon request at any time by any client. A request made in writing by a current or prospective client will be responded to within three (3) business days.

Fee Schedule

Service	Billing Code	Fee
Diagnostic Assessment (60 minutes)	90791	\$200
30 Minute Therapy Session (Individual)	90832	\$90
45 Minute Therapy Session (Individual)	90834	\$130
60 Minute Therapy Session (Individual)	90837	\$170
30-60 Minute Family Therapy (Couple's or Family)	90847	\$185
30-60 Minute Family Therapy (Couple's or Family – Patient Not Present)	90846	\$185
Extended Diagnostic Assessment (3 sessions; Typically used for children age 5 & under)	90791 TG	\$550
Brief Diagnostic Assessment (30 Minutes)	90791 52	\$100
Extended Therapy Session (additional 60 minutes of therapy)	99354	\$170
Extended Therapy Session (additional 30 minutes, after 99354 above)	99355	\$85
Group Therapy (90 Minutes)	90853	\$90
Complexity Add-On (EMDR, ART, Play, etc. Therapy Interventions)	90785	\$25
Late Cancel (less than 24 hour's notice)	Late Cancel	\$75
Missed Appointment (No Call/No Show)	No Show	\$170
Treatment Progress Summary Letter/Records Request	Records	\$35

Returned Check Fee	NSF	\$40
Disputed Charge Fee (bank)	Disputed Charge	\$15
Court Document Preparation Legal Prep/requests (per hour)	Legal	\$50
Court Appearance (per hour including travel)	Court	\$250

**Private pay rates may be negotiable; sliding fee scale is available to those who are able to demonstrate financial hardship.*

You have the right to receive a “Good Faith Estimate” explaining how much your health care will cost.

Under the law, health care providers need to give patients who don't have certain types of health care coverage or who are not using certain types of health care coverage an estimate of their bill for health care items and services before those items or services are provided.

- You have the right to receive a Good Faith Estimate for the total expected cost of any health care items or services upon request or when scheduling such items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- If you schedule a health care item or service at least 3 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule a health care item or service at least 10 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask any health care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after you ask.
- If you receive a bill that is at least \$400 or more for any provider or facility than your Good Faith Estimate from that provider or facility, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate and the bill.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.