

# Your Guide to the No Surprises Act

Welcome to Alliance! We want to make sure you have a clear understanding of your billing and payment responsibilities. This guide is based on a federal law called the No Surprises Act, which protects you from unexpected medical bills. It requires us to give you a Good Faith Estimate of the costs for your services.

## What is a Good Faith Estimate?

A **Good Faith Estimate (GFE)** is a document that tells you the estimated cost of your scheduled services. It is not a bill. The estimate is for our services, but it also helps you understand what you might pay.

- **For clients with insurance:** Your actual cost will be determined by your specific insurance plan and the contracted rate Alliance Counseling Group has with your insurer. Your bill will reflect your copay, deductible, or coinsurance, as outlined in your plan. We strongly encourage you to contact your insurance company directly for a breakdown of your benefits.
- **For clients who are uninsured or self-pay:** Your GFE will provide the most accurate estimate of your costs before you receive care.

## Understanding Your Services and Codes

Healthcare services are described using codes. Here is a simple breakdown of the common codes you might see on your bill, along with a plain-language description.

### 1. Counseling & Psychotherapy Services

These codes are used for individual "talk therapy" sessions with a counselor or therapist. The codes are based on the session's duration. They apply to both in-person and telehealth sessions.

- **Initial Evaluation:**
  - **90791:** A psychiatric diagnostic evaluation, often used for your first session to conduct a thorough assessment and develop a treatment plan.
- **Standard Sessions:**
  - **90832** (16-37 minutes)
  - **90834** (38-52 minutes)
  - **90837** (53 minutes or more)
- **Family & Group Sessions:**
  - **90846:** Family psychotherapy session without the client present.

- **90847:** Family psychotherapy session with the client present.
- **90853:** Group psychotherapy session.

For telehealth sessions, these codes are often accompanied by a **-95 modifier**, which simply tells your insurance company the service was provided remotely.

## 2. Psychiatric & Medication Management Services

These codes are for visits with a psychiatric professional who may be performing an evaluation, managing medication, or providing both.

- **Initial Evaluation:**
  - **90792:** A psychiatric diagnostic evaluation that includes medical services like medication management.
- **In-Person E/M Codes (Established Patients):**
  - **99212, 99213, 99214, or 99215:** These are used for in-person psychiatric visits.
- **Telehealth E/M Codes (Established Patients):**
  - **98004** (10-19 minutes) or **98006** (30-39 minutes): These are used for specific telehealth E/M visits.
- **Psychotherapy Add-on Codes:**
  - **90833** (30-minute), **90836** (45-minute), or **90838** (60-minute): These are used when a psychotherapy session is provided during the same visit as a standard E/M service.

## 3. Other Services You Might See

Sometimes, additional factors affect your session. If so, we may use these codes:

- **Interactive Complexity (Code 90785):** This code is used when a session requires special attention due to factors such as a communication barrier (e.g., a family member or caregiver becoming involved in a way that complicates the session).
- **Crisis Psychotherapy (Codes 90839 & 90840):** These codes are used for urgent sessions with a client experiencing a mental health crisis. The first code is for the initial 60 minutes, and the second is for each additional 30 minutes.
- **Prolonged Services (Code 99417):** For sessions that go beyond the typical time, a prolonged service code may be added. The specific code and whether it's covered depends on your insurance plan.
- **After-Hours Services (Codes 99050 & 99051):** These codes may be used if you receive services outside of our regularly scheduled office hours, such as on a weekend, holiday, or late in the evening.
- **Brief Emotional/Behavioral Assessment (Code 96127):** This code is used when a healthcare provider performs a short, standardized assessment to measure emotional or behavioral functioning. It helps your provider track symptoms, monitor progress

over time, and guide treatment decisions.

## **Your Rights Under the No Surprises Act**

You have the right to receive a Good Faith Estimate of your costs. If your bill is **\$400 or more than your Good Faith Estimate**, you have the right to dispute the charge.

We are committed to transparent billing and are here to help you understand your options. Please don't hesitate to ask your therapist or our billing team any questions you may have.