Good Faith Estimate Tool Overview

To help practices comply with the requirements of the No Surprises Act, a tool has been developed to assist in generating Good Faith Estimates for your patients.

Here is how to access and utilize it:

1. Select the patient

2. On the left menu, select **Patient Cost Estimator**

3. Select **+ New Estimate** on the right

4. Enter a title for the estimate and press **Create Estimate**
   - It is recommended that you enter the type of service so the estimate is easily distinguishable from others that may follow for the same patient.

The estimate will be saved to the patient's account and open additional fields that you can use to build the patient's document.

1. Once you select Create Estimate, this screen will appear:

Let's walk through each of the areas in more detail.

Applicable Diagnosis

The top left of the screen will allow you to add up to 3 diagnosis codes. If you do not have a diagnosis, you can leave it blank, and "TBD" will display on the estimate.

To add multiple diagnosis codes, use the search box to either add the ICD-10 code, or type in the diagnosis name. A selection for you to select from will populate.

Applicable Diagnosis:

Leave this field blank will set diagnosis to TBD

R00.0

R00.0: Tachycardia, unspecified

Applicable Diagnosis:

Leave this field blank will set diagnosis to TBD

tachycardia

I47.1: Supraventricular tachycardia

I47.2: Ventricular tachycardia
Removed since 2022-10-02

I47.9: Paroxysmal tachycardia, unspecified

P29.11: Neonatal tachycardia

R00.0: Tachycardia, unspecified

G90.A: Postural orthostatic tachycardia syndrome [POTS]

I47.20: Ventricular tachycardia, unspecified

I47.29: Other ventricular tachycardia

To add multiple diagnosis codes, enter the code/name in the search box and select the applicable entry. It will appear to the right of the box. To add additional codes, just clear out the selection box and type your next code/name.

Applicable Diagnosis:

Leave this field blank will set diagnosis to TBD

ICD-10 Diagnosis Code | R00.0: Tachycardia, unspecified × | E03.3: Postinfectious hypothyroidism × | A18.84: Tuberculosis of heart ×

If you accidentally enter the same code twice, the system will give you a warning:

.drchrono.com says

The code was already added

OK

If you need to change or delete a code, simply press on the red x in the box with the diagnosis to be removed.

Applicable Diagnosis:
Leave this field blank will set diagnosis to TBD

| ICD-10 Diagnosis Code ⬇ | R00.0: Tachycardia, unspecified ✕ | E03.3: Postinfectious hypothyroidism ✕ | A18.84: Tuberculosis of heart ✕ |

Period of Care

To set a specific period of care, you can utilize the drop-down menus at the bottom of the screen (green arrow). It will allow you to specify the days, weeks, and months of care, up to the No Surprises Act limit of 12 months.

Period of Care

According to No Surprises Act, estimate is only valid for 12 months, if the period of care is more than 12 months,
please issue another estimation.

| 12 | ⌄ |

| Months | ⌄ |

Providers

- The next section will allow you to add the provider(s) associated with the care listed on the estimate. First, select whether the provider/facility is within or outside of your practice.

Is this provider/facility outside your practice? *
○ No, the provider is outside of my practice.
◉ Yes, the provider is within my practice.

  - If the provider is within your practice, the Good Faith Estimate Tool will pull in information such as the provider's NPI, TIN, default address, etc. Just type their name in the Provider/Facility Name box, and the system will provide a drop-down from which you can select.

  - If the provider is outside of your practice, the information will need to be manually entered.

Adding Services/Items

Now that the provider/facility has been added, you can begin to add charges. Simply press the **+ New Item** under the Fee heading.

- Once you press on **+ New Item**, a new window will open that will allow you to enter the specific service/item information. Once complete, press the blue **Add** button on the bottom right.
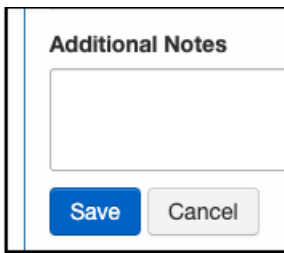

- To add additional items, tap on the + New Item tab and an additional window will open. You can add as many items under the provider as you need.
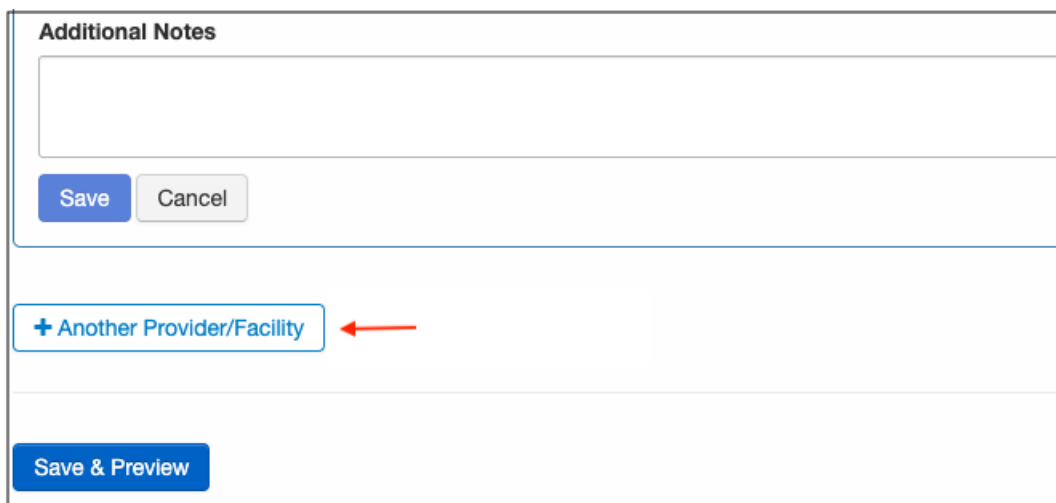
- Once you are done adding services/items for this provider/facility, press **Save** under the Additional Notes section on the bottom left.

Adding additional providers/facilities

1. Select **+ Another Provider/Facility**

2. An additional field will open so you can add additional providers and/or facilities to the estimate

Once you have completed adding all of the items to the estimate, press **Save & Preview** to review the document.
- The first page will list the patient's demographic information, the diagnosis codes (if known), the expected period of care, and a summary of each provider with their estimated total cost, and a total estimated cost including all providers/facilities listed on the estimate.
- The next page(s) will list, in detail, the breakdown of charges for each provider/facility.
- The last page includes a spot for the patient and provider to sign the estimate.

Delivering the estimate to the patient

From the preview screen, you have several options to deliver the estimate to the patient including:

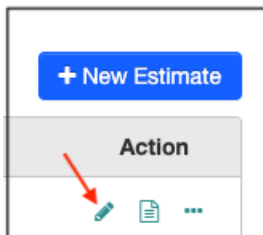- Sending to the patient's OnPatient account
- Printing it
- Faxing it

Editing an estimate

Editing charges

1. If you begin an estimate and are not able to complete it in one setting, the system will automatically save what you have entered so you can return at a later time to continue. When you are ready to resume work, just press on the pencil edit icon.

2. This also works if a charge/facility already entered into the estimate needs to be edited. Pressing on the pencil icon will open the estimate so that you can make any necessary edits.

- When you resume work on an estimate, the system will ask you if you are updating the estimate before or after the service.

  - If **before** the treatment, the estimate will open and allow you to continue right where you left off.
  - If it is **after** the treatment, the estimate will open and allow you to continue adding the additional services required. It will also give you a box to explain why these services were not included in the original estimate.

Please explain reasons why the final bill is different from the original estimation

[text area]

Save & Preview   Previous

- Once you have entered all of the services that are expected to be involved in the patient's service, press **Save & Preview** on the bottom left of the screen.

Period of Care

According to No Surprises Act, estimate is only valid for 12 months. If the period of care is more than 12 months, please issue another estimation.

| 12 | ∨ | Months | ∨ |

Save & Preview

Editing providers

If you need to update/remove a provider/facility from the document, you can do so using the **Edit** and **Remove** buttons to the right of the provider/facility name.

Provider/Facility Name: Edit   Remove

   Facility Code:
   Address:

   Office Number:
   Email:

   Provider NPI:
   Provider TIN:

Make sure you press **Save** after any update.

From the preview screen, you will have the same several options to deliver the estimate to the patient including:
- Sending to the patient's OnPatient account

- Printing it
- Faxing it