



Family Center by The Falls

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Family Center by the Falls 2023 Good Faith Estimate (GFE) of your Out-of-Pocket Treatment Costs Information for Prospective Patients

Dear Parent,

As a result of the recently enacted “No Surprises Act,” the Federal government has imposed a new requirement on psychiatrists to provide a good faith estimate (GFE) of the potential out of pocket costs of treatment. Beginning January 1, 2022, psychiatrists and other health care practitioners are required to give new and established patients who are uninsured, or self-pay, or patients who are shopping for care, a good faith estimate of costs for services that they provide. These rules do NOT apply for patients who have health insurance and plan to submit claims to their insurance company.

Initial Evaluations of New Patients:

Most new evaluations in our practice are conducted over two visits of approximately ninety minutes in duration. The first interview is usually with parents alone, and the second interview is primarily with the child, followed by time with parents to discuss diagnostic impressions and treatment recommendations. The charge for the first visit with parents is \$450.00 and the charge second part of the evaluation with the child is \$550, resulting in a cost to you of \$1,000.00. Most often, the parent interview is conducted by Zoom and the second session occurs in-person.

We typically use the billing code 90791 for the interview with parents and 90792 for the interview including the child (99350 when the second evaluation is home-based).

When we conduct the entire evaluation in one day, we use the 99205 and 99354 billing codes together, for a total charge of \$1,000.00.

In very rare instances where children have extremely complicated histories and/or extensive educational or treatment records requiring review, an additional evaluation session may be requested. You would always be informed of this need either during your initial intake call or prior to the end of the first evaluation visit. Out of sixty new evaluations completed in 2021, no one was billed for this additional charge.

On occasion, evaluations may be conducted in less than 2 ½ hours, in which case your charges may be less than \$1,000.00. Assume your cost will be \$1,000.00 – in 2021, the charge for 87% of all psychiatric evaluations was what we now charge \$1,000.00 for. No evaluations in 2021 were billed at a rate higher than our current two session rate of \$1,000.00.

If my child requires ongoing/follow-up care:

Most patients seen for an initial evaluation will receive one or more appropriate diagnoses and recommendations for ongoing treatment that may include individual and/or family counseling or therapy, group therapy, educational supports/interventions, psychoeducational testing and, in some instances, medication management.

Stephen Grcevich, MD
President and Founder

If counseling/therapy and/or additional psychoeducational evaluation is recommended and your child doesn't have an established relationship with a psychologist, therapist or counselor, Dr. Grcevich will make recommendations to you for where you might access those services outside of this practice. The cost of care received outside of our practice is not covered under this Good Faith Estimate and may vary widely based upon the services provided and whether those services are provided by an individual or group contracted with your insurance company.

Dr. Grcevich provides ongoing evaluation and management services for patients who may require prescription medication or are failing to progress in meeting their treatment goals with non-medical services. The charges for these services are typically based upon the time spent in delivering the service. Components included calculating the charge for service on a given day include...

- Time spent reviewing medical or other treatment records, test results, school records or parent correspondence while preparing to see the patient and/or parents and guardians.
- Time spent with the patient and/or parents and caregivers during the scheduled appointment performing medically appropriate evaluation and/or examination, independently interpreting test results and communicating results to the patient and/or parents and caregivers
- Time spent in counseling and educating the patient and/or their parents and caregivers
- Time spent in referring to and coordinating care with other health care professionals, schools, agencies and service providers involved in the child's care.
- Time spent in documenting clinical information in the electronic or other health record

Although response to psychiatric treatment is highly variable and dependent on many factors beyond Dr. Grcevich's control, the law nevertheless obliges our practice to make a "Good Faith Estimate" of the cost of your child's treatment over the next twelve months. Our fee schedule for ongoing evaluation and management are as follows:

99213 (99347 in-home)	Typical appointment: 15-24 minutes	\$230.00
99214 (99348 in-home)	Typical appointment: 25-54 minutes	\$275.00
99215 (99349 in-home)	Typical appointment: 55-75 minutes	\$350.00
90846	Family therapy without patient	
90847	Family therapy with patient	

Family therapy with/without patient is billed at same rates used for individual follow-up.

In addition to the charges for follow-up appointments, families may incur additional charges for the following services.

No show, late cancel: 50% of customary appointment charge

Lost prescriptions/prescriptions requested when follow-up is overdue: \$50.00 for first prescription, \$10.00 for each additional prescription.

Travel time to home or school visits more than 30 minutes from Dr. Grcevich's home: 50% of Dr. Grcevich's current hourly rate (\$350.00)

90882: **School visits/team meetings:** 50% of Dr. Grcevich's current hourly rate (\$350.00)

90885: **Record Review** (\$87.50 minimum + \$87.50/15 minutes)

90889: **Report Writing** (\$87.50 minimum + \$87.50/15 minutes)

Phone/Zoom Calls (billing codes 99442, 99443) FREE for calls under 10 minutes, \$50.00 for calls of 11-20 minutes, \$100.00 for calls over 21 minutes in length.

E-mail (billing code 99444): free for responses requiring under 10 minutes, \$50.00 for responses requiring 11-20 minutes, \$100.00 for responses requiring more than 21 minutes.

Note regarding professional fees: This fee schedule is current as of January 1, 2023. The up-to-date practice fee schedule may be found here:

<https://www.drgcevich.com/professional-fees>

Good Faith Estimate of Treatment Costs

Since families are entitled under the new law to seek dispute resolution through the U.S. Department of Health and Human Services if the cost of their child's treatment exceeds the good faith estimate by more than \$400 in a twelve-month period, our **Good Faith Estimate for the upper limit of the potential cost for treatment offered through our practice over a twelve-month period is \$6,640**. That dollar amount represents 200% of the largest sum of money any family paid our practice (\$3,320) for any individual child's psychiatric care in 2022.

In the spirit of the law, the anticipated cost of treatment for most families will be substantially less than the Good Faith Estimate. Provided below are statistics describing the service utilization of Dr. Grcevich's patients in 2021. These statistics are intended to assist families in calculating a realistic range of treatment costs for their child over a twelve-month period:

Follow-up appointments are based on time spent, as described above in our fee schedule. This list shows the frequency with which each follow-up billing code was used in the last three months of 2022 and the corresponding charge in 2023:

99213/99347/90846	\$230.00	5.0%
99214/99348/90846/90847	\$275.00	81.0%
99215/99349/90846	\$350.00	14.0%

As a result of state-mandated changes requiring electronic prescribing in late September 2022, the frequency with which the codes for our shortest office visits were used decreased from 16.07% in 2021 to 5.0%. Use of our most frequent billing code increased from 75.0% to 81.0%. The billing code for longer follow-up visits (greater than 50 minutes) increased from 9.0% to 14.0%. Our visits are getting longer because of regulations imposed in the past year.

Average number of appointments per patient in 2021 (2022 data not yet available):

4.06 visits/year - including evaluation visits for patients new to the practice in 2021`

3.55 visits/year – for established patients of the practice

Average follow-up appointment charge in last three months of 2022: \$241.40 – equates to \$283.25 had 2023 fee structure been in place.

Percentage of patients requiring substantially more follow-up than average (2021):

10 appointments	1.01%
7-9 appointments	3.53%

5-6 appointments	10.61%
4 appointments or less	84.85%

Preliminary data from 2022 – One patient had 11 appointments. Two had nine. Five had eight. Three had seven. Approximately 90% of patients had six appointments or less.

Disclaimers:

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care 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 health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You 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. 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. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount.

Dr. Grcevich's NPI (National Provider Identification number is 1861613259.
The tax identification number for Family Center by the Falls is 34-1782312.

Sincerely,

Stephen Grcevich, MD
Child and Adolescent Psychiatry