

APPENDIX 11

Good Faith Estimates Data Elements

The Departments of the Treasury, Labor, and Health and Human Services (collectively, the Departments) have issued interim final rules titled the “Requirements Related to Surprise Billing; Part II” (XX FR XXXXX, date of publication). In the interim final rule, HHS requires health care providers and health care facilities to provide a good faith estimate of the total expected charges to individuals who are not enrolled in a plan or coverage or a Federal health care program (uninsured individuals), or individuals who are enrolled but not seeking to file a claim with their plan or coverage (self-pay individuals) of the expected charges they may be billed for receiving certain health care items and services upon scheduling items and services, or upon the request of such individual. The authority for this requirement is PHS Act section 2799B-6 and the interim final rule at 45 CFR 149.610. Section 45 CFR 149.610(c), establishes requirements for the content that must be included in a good faith estimate that is issued to an uninsured (or self-pay) individual. Per 45 CFR 149.610(c)(1), all of the required elements must be included in the good faith estimate that the convening provider or convening facility issues to the uninsured (or self-pay) individual. As specified in 45 CFR 149.610(b)(1) and (2), the good faith estimate information submitted by co-providers or co-facilities must also be included as part of the good faith estimate issued to the uninsured (or self-pay) individual.

The table below identifies data elements that health care providers and facilities, are required to include in the good faith estimate beginning on January 1, 2022. From January 1, 2022 through December 31, 2022, HHS will exercise its enforcement discretion in situations where the good faith estimate does not include expected charges for items and services from a co-provider or co-facility. These data elements must be provided by a co-provider or co-facility beginning January 1, 2023.

Good Faith Estimate submitted by Convening Provider or Convening Facility

DATA ELEMENT	DESCRIPTION
Patient name and date of birth	First name, last name, and date of birth for the uninsured (or self-pay) individual receiving items or services.
Description of the primary item or service in clear and understandable language (and if applicable, the date the primary item or service is scheduled)	A description of the item or service to be furnished by the convening provider or facility (as defined for purposes of 45 CFR 149.610) that is the initial reason for the visit.

DATA ELEMENT	DESCRIPTION
Items and services reasonably expected to be furnished for the period of care	An itemized list of the items and services, grouped by each provider or facility, reasonably expected to be furnished to the uninsured (or self-pay) individual, reasonably expected to be provided for the primary item or service, and items and services expected to be furnished in conjunction with and in support of the primary item or service, for that period of care including: (1) those items and services expected to be furnished by the convening provider or facility, and (2) those items and services expected to be furnished by co-providers or co-facilities, for the period of care.
Service codes	Description of an item or service using the Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), Diagnosis-Related Group (DRG), or National Drug Code (NDC) codes.
Diagnosis codes	The code that describes an individual's disease, disorder, injury, and other related health conditions using the International Classification of Diseases (ICD) code set.
Expected charges	Expected charges associated with each listed item or service.
Names of providers and facilities	First name, last name, and title of providers. Facilities legal name as written on their business license.
Tax ID Number	Provider or facility's taxpayer identification number (TIN), employer identification number (EIN), or federal tax identification number (FTIN) issued by the Internal Revenue Service.
National Provider Identifier	Provider or facility's National Provider Identifier.

DATA ELEMENT	DESCRIPTION
List of items and services requiring separate scheduling	A list of items and services that the convening provider or convening facility anticipates will require separate scheduling and are expected to occur either prior to or following the expected period of care for the primary item or service. The good faith estimate must include a disclaimer directly above this list that states that separate good faith estimates will be issued to an uninsured (or self-pay) individual upon scheduling of the listed items and services; for items and services included in this list, information such as diagnosis codes, service codes, expected charges and provider or facility identifiers need not be included as that information will be provided in separate good faith estimates upon scheduling of such items and services.
State(s) and office or facility location(s)	Physical address, including street name and number, city, state, and zip code for all providers and facilities involved in the expected period of care.
Disclaimer stating that good faith estimate is an estimate and subject to change	Disclaimer informing the uninsured (or self-pay) individual that the information provided in the good faith estimate are estimates and not the final overall total charges.
Disclaimer stating that there may be additional items or services not contained in good faith estimate	Disclaimer informing the uninsured (or self-pay) individual that additional items and/or services that are not in the good faith estimate may be recommended by the convening provider as part of the course of care, that must be scheduled separately and are not reflected in the good faith estimate (such as rehabilitation therapies or other post treatment items or services) and information regarding how an uninsured (or self-pay) individual can obtain a good faith estimate for such items or services.
Disclaimer of their right to initiate the patient-provider dispute resolution process	Disclaimer providing the uninsured (or self-pay) individual of their right to initiate the patient-provider dispute resolution process if the actual billed charges are \$400 more than the expected charges included in the good faith estimate.
Disclaimer that the good faith estimate is not a contract	Disclaimer stating that the good faith estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items and services from any of the providers or facilities identified on the good faith estimate.

Good Faith Estimate submitted by Co-Providers or Co-Facilities to Convening Providers or Convening Facilities

DATA ELEMENT	DESCRIPTION
Patient name and date of birth	First name, last name, and date of birth for the uninsured (or self-pay) individual receiving items or services.
Items and services expected to be furnished by co-provider or co-facility	Items or services that are reasonably expected to be furnished in support of and in conjunction with the primary item or service for the period of care.
Service codes	Description of an item or service using the CPT code, HCPCS, DRG, or NDC codes.
Diagnosis codes	The code that describes an individual's disease, disorder, injury, and other related health conditions using the ICD code set.
Expected charges	Expected charges associated with each listed item or service.
Names of co-providers and co-facilities	First name, last name, and title of co-providers. Co-facilities legal name as written on their business license.
Tax ID Number	Provider or facility's TIN, EIN, or FTIN issued by the Internal Revenue Service.
National Provider Identifier	Provider or facility's National Provider Identifier.
State(s) and office or facility location(s)	Physical address, including street name and number, city, state, and zip code.
Disclaimer that the good faith estimate is not a contract	Disclaimer stating that the good faith estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items and services from any of the providers or facilities identified on the good faith estimate.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The Departments are seeking OMB approval for the model as part of the approval for a new OMB control number 0938-XXXX. The time required to complete this information collection is estimated to average of 2 hours per respondent, including the time to review instructions, search existing data resources, gather the data

OMB Control Number: 0938-XXXX

Expiration Date: xx/xx/xxxx

needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.