# Good Faith Estimate Tool Overview

07/24/2024 3:00 pm EDT

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:

- Navigate to a patient's chart by navigating to Patients > Patient List or by selecting their name or chart id in the top right of the screen.
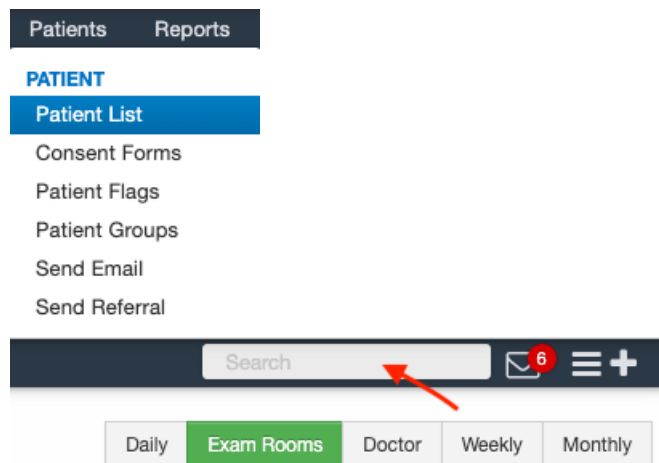
- On the left menu, select Patient Cost Estimator
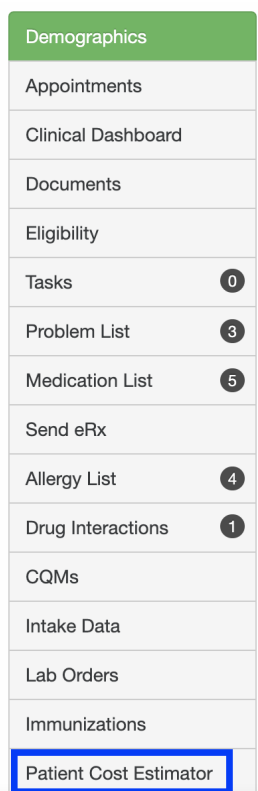
- Select **+ New Estimate** on the right

Patient Cost Estimates

Title	Date Created	Date Updated	State	Type	Creator	Action
			No estimates yet			

- Enter a title for the estimate and click **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.

Estimate Title

Title: *

[   ]

| Cancel | | Create Estimate |

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

Once you select Create Estimate, this screen will appear:

← Go Back   Estimate Title

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

[ICD-10 Diagnosis Code   ↓]

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   ∨]

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

Provider/Facility Name: *   **Facility Code:** *
[↓]   [   ]

Street: *
[   ]

City: *   **State:** *   **Zipcode:** *
[   ]   [   ]   [   ]

Office Number: *   **Email:** *
[(555) 555-5555]   [   ]

Provider NPI: *   **Provider TIN:** *
[   ]   [   ]

Service/Item	Scheduled Date	Qty	Fee	Discount	Expected Cost	Action
			+ New Item			

Additional Notes

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.

To add multiple diagnosis codes, enter the code/name in the search box and click on 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.

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 click 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, 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 click on the **+ New Item** under the Fee heading.

Fee

+ New Item

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

Add New Item

Service/Item Description: *

Billing Code: *

> CPT/HCPCS/Custom Procedure

Mods:

| 0 | 0 | 0 | 0 |

Dx Ptrs:

| 1 | 0 | 0 | 0 |

Qty: *

> 1

Fee: *

> 0

Discount: *

Cancel   Add

- To add additional items, click on the + New Item tab and an additional window will open. You can add as many items under the provider as you need.

Service/Item	Scheduled Date	Qty	Fee	Discount	Expected Cost	Action
Office Visit **Billing Code:** 99213 **Mods:** None **Dx Ptrs:** [1:0:0:0] **Note:** Pre Op Office Visit	TBD	1	$150	$0	$150	✏️ 🗑️

→ **+ New Item**

- Once you are done adding services/items for this provider/facility, click on **Save** under the Additional Notes section on the bottom left.

Additional Notes

Save   Cancel

Adding additional providers/facilities

- Click **+ Another Provider/Facility**
- 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, click on **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
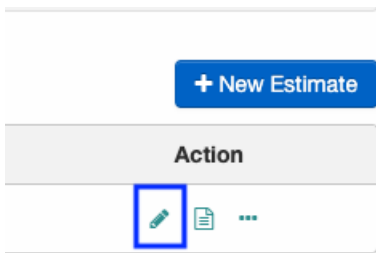- Printing it
- Faxing it

Editing an estimate

Editing charges
- 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 click on the pencil edit icon.
- This also works if a charge/facility already entered into the estimate needs to be edited. Clicking 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.

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

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.

Make sure you click on **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