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New Guidance on Self-Pay Patients Under No Surprise Billing Rules

Insight — April 12, 2022

HHS has issued helpful FAQs that answer common questions concerning the No Surprise Billing Rules and self-pay patients, available [here](#). The FAQs confirm the following:

- Providers and facilities are not required to provide a good faith estimate (GFE) to self-pay patients who schedule services less than three (3) business days in advance, including same-day or walk-in services.
- Providers and facilities are not required to include a diagnosis code in the GFE if the provider or facility has not yet determined the diagnosis, such as for initial screening or evaluation.
- Providers and facilities are not required to include expected charges for future visits in the same GFE provided for the initial visit.
- Subsequent visits will require their own GFE or the provider or facility may provide a single GFE for recurring visits if certain conditions are met.
- The rules do not require a GFE to include charges for items or service that could not have been reasonably expected at the time the GFE was provided; however, the provider or facility may have the burden of proving the item or service was not foreseeable if the patient takes the matter through the Patient-Provider Dispute Resolution (PPDR) process.
- A provider or facility is not required to issue a GFE if the patient's status as self-pay changed from the time the services were scheduled and the time the patient is seen. For example, if a patient indicated they were insured at the time of scheduling, no GFE estimate is required for that visit even though it is subsequently determined that the patient is, in fact, self-pay.
- Finally, HHS reaffirmed that providers and facilities must still comply with HIPAA when issuing the GFE.

For more information about the No Surprise Billing Rules, see our checklist for compliance [here](#).

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