

Congress enacted the No Surprises Act (the Act) to protect patients from costly, unexpected medical bills. The regulation applies to health care providers, including audiology and speech-language pathologists.

However, the provision only applies to patients without insurance or self-paying or insurance where the provider is considered out-of-network.

Impact on Audiology and Speech-Language Therapy Services

Beginning January 1, 2022, audiologists and speech-language pathologists (SLP) are required by the Act to provide a Good Faith Estimate to every new and established patient who is either seeking care as a self-pay patient or is considered out-of-network with their insurance. The Faith Estimate is the best judgment of the cost of care and is intended to be a good faith estimate to the patient across the episode of care.

To protect patients, the law also requires that the provider's Good Faith Estimate must be within \$400 of the actual charge(s) for the service(s) the provider completes.

The threshold for "substantially in excess" means that the actual charges exceeded the expected charges by at least \$400 of which was not included in the Good Faith Estimate. If this occurs, a patient who is not using insurance has the right to challenge the bill through the dispute resolution process.

The "substantially in excess" provision applies to the per service charge, not opposed to the total plan of care cost.

If you believe you've been wrongly billed, you may contact your state or

Federal: Call the No Surprises Help Desk at 1-800-985-5046 or file a complaint online at www.cms.gov/nosurprises/consumers/medical-billing-disagreements-if-you-are-self-pay-or-out-of-network

Visit www.cms.gov/nosurprises/consumers for more information about your rights under federal law.