

Privacy Practices (HIPAA) and Fees statements

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Privacy Practices

Federal regulations which took effect April 14, 2003 (HIPAA, the Health Insurance Portability and Accountability Act) require that I provide you with this notice of your privacy rights, and that I obtain your written acknowledgement of having received them.

My privacy practices can be summarized in this way:

- 1. I am the only person who has access to your records; and**
- 2. I do not give anyone information about you without your explicit permission, with some unusual exceptions.**

Some additional information which the HIPAA regulations require healthcare providers to disclose:

The regulations designate any information which could reveal your identity (such as your name, address, birth date, phone number, social security number, etc) as "Protected Health Information" (PHI), and state that this information can be revealed by me without your permission in order to provide treatment, obtain payment or for health care operation. Despite the regulations allowing disclosure of your protected health information for these purposes without your permission, I do not make any such disclosures without your explicit authorization. The only caveat is if and when I have someone covering my practice when I am not available and you want me to tell that covering MD something about you in advance in case you need to talk with them while I'm out. (Note this tends to come up only a few wks a yr; I do in general ask people I'm serving to public emergency services when I or a covering MD is/are not available). The regulations also spell out situations in which I would not need your permission to share protected health information (such as when required by law [child or elder abuse, etc] or if there is an imminent risk to someone's safety or I am ordered by a court), but I would always discuss these situations with you.

If you use health insurance to help with payment, I must document and disclose some information to justify treatment and allow payment. I consider your request to use insurance as your authorization to do this. I disclose the minimum information necessary. In general, name, contact information, insurance identification information, diagnosis, dates of service, amount charged, and treatment information of dates of service, medications and monitoring, symptoms, prognosis and progress are required to show medical necessity for meeting. I will discuss this sort of information insurance is requesting and am always happy to show and/or discuss it with you. Separate from this outline sort of information are any notes as to substantive content of psychotherapy, which are specially protected by HIPAA regulation, and can't be compelled to release for insurance purposes.

HIPAA regulations give you certain rights, including the right to ask for more information about my privacy practices, the right to file a complaint (either with me or with the Director of the Office of Civil Rights of the US Department of Health and Human Services) if you believe your privacy rights were violated, the right to request additional restrictions on the use and disclosure of your protected health information, the right to be communicated with only at phone numbers and addresses you designate), the right to revoke any authorizations for disclosure of information that you have made, the right to inspect your medical records and request a copy of them (a reasonable fee will be charged for the copies and postage as applicable), the right to request (in writing) an amendment to your records if you believe they are incorrect or incomplete, and the right to receive a list of when and with whom I have shared any of your protected health information. If I make changes to this privacy notice, I will inform you verbally or in writing.

Fees

There are two ways I can accept payment for meeting—through direct private pay, and insurance.

1. Direct private pay: I charge the following (and am able to ‘slide’ down to the lesser amount, in parens, with each individual simply pegging themselves along that sliding scale where they feel is appropriate, given their resources and overall situation:

Long 65-75 minute session: \$275 (-175);
 Typical 45-50 minute session: \$200 (-125);
 Brief check-in 15-25 minute session: \$150 (-75).

2. Healthcare insurance: Healthcare billing is tremendously complex, including significant costs for insurance company marketing, interactions with differing insurance structures, etc. US insurance overhead costs are approximately three times those of European systems with simpler administrative/documentation structures, per some studies.

A national study of nearly 900 U.S. physicians and medical group administrators found that physicians spent on average 142 hours annually interacting with health plans, at an estimated annual cost to physician practices of \$31 billion, or \$68,274 on average per physician, per year.

“What Does It Cost Physician Practices to Interact with Health Insurance Plans?” Casalino et al, [Health Affairs](#), 14 May 2009

In 2013, two factors make this situation more challenging yet: Increasing complexity of insurance coding methodology (developed first for surgery procedures and now applied to psychotherapy etc) necessitating a significant increase in detail documentation for each meeting, and the adoption of a new edition of the DSM (Diagnostic and Statistical Manual, first developed for mental health research and now applied to insurance billing) including, again, significant coding complexification.

In this complex system, the following are amounts ****billed**** to insurances; there are a wide range of payment amounts for a given code, varying by insurance, over time, etc. The difference between the high billed amounts below and the much lower ‘allowable’ actual received amount is always written off. Most sessions require now at least two separate codes and corresponding documentation.

<i>“Current Procedural Terminology” codes</i>	<i>Billed rate \$ per code</i>
90785 Interactive complexity add-on	25
90792 Diagnostic evaluation including medical	350
90832 Psychotherapy 16-37 minutes	150
90833 “ “ “ “ add-on to E/M 9921x	75
90834 “ 38-52 minutes	250
90836 “ “ “ add-on to E/M 9921x	125
90847 Family psychotherapy	250
99202 E/M Evaluation and Management New patient 20-29 min	200
99203 “ “ “ “ “ 30-44 “	250
99204 “ “ “ “ “ 45-59 “	300
99205 “ “ “ “ “ 60+ “	350
99212 E/M Evaluation and Management Established patient 10-14 min	75
99213 “ 15-24 “	150
99214 “ 25-39 “	200
99215 “ 40+ “	250

In summary, if you are interested in paying directly without insurance, please consider what you think a fair amount would be and discuss that with me. If you are using insurance, please bear with the billing process, asking any questions as you like of the billing company I use, your insurance, me, etc. The billing company and I will do our utmost to work with you in all flexible ways, including payment delays, plans and cancellations depending on each situation, including if an account is in collections. Please talk with us and we’ll work something out.