



Good Faith Estimate for Psychological Evaluations

(Revised January 2022)

Client name: _____ Date of birth: _____

Diagnosis Code (if applicable): _____ Date of Intake: _____

Providers at Envision Counseling Clinic (TIN: 47-2728441)

_____ Veronica Johnson, PsyD (NPI 1487844882)

_____ Natalie Van Dusen, PsyD (NPI 1346535689)

CPT Codes and Services Offered

- 96130 Psych Eval – Diagnostic Intake
- 96136 Psych Eval – Admin & Scoring (first 30 min)
- 96137 Psych Eval – Admin & Scoring (add'l 30 min)
- 96137 Psych Eval – Admin & Scoring (test materials)
- 96130 Psych Eval – Interp & Reporting (first hour)
- 96131 Psych Eval – Interp & Reporting (add'l hour)
- 96130 Psych Eval – Feedback session

GIFTED TESTING	CPT CODE	INSUR UNITS	CLIENT TIME	TOTAL COST
DIAGNOSTIC INTERVIEW	96130	1	45 min.	\$150
ADMINISTER/SCORE WISC-V OR DAS-II	96136	1	2 hours	\$300
	96137	3		
TEST MATERIALS	96137	1		\$75
REPORT	96131	2		\$300
FEEDBACK	96131	1	45 min.	\$150
TOTAL		6.5 Hrs		\$975

LEARNING DIFFICULTIES	CPT CODE	INSUR UNITS	CLIENT TIME	COST
DIAGNOSTIC INTERVIEW	96130	1	45 min.	\$150
ADMIN/SCORE BASC OR CONNERS	96136	1	30 min.	\$75
ADMIN/SCORE CDI & SCARED	96137	1	Included	\$75
TEST MATERIALS: CHECKLISTS	96137	1		\$75
ADMIN/SCORE WISC-V	96137	4	2 hours	\$300
TEST MATERIALS: WISC-V	96137	1		\$75
ADMIN/SCORE WJ-IV	96137	5	2.5 hours	\$375
TEST MATERIALS: WJ-IV	96137	1		\$75
REPORT	96131	4		\$600
FEEDBACK	96131	1	45 min.	\$150
TOTAL		11 hrs		\$1950



CHILD AD/HD ASSESSMENT WITH COGNITIVE TESTING	CPT CODE	INSUR UNITS	CLIENT TIME	COST
DIAGNOSTIC INTERVIEW (WITH CHILD PRESENT)	96130	1	45 min.	\$150
ADMIN/SCORE CONNERS	96136	1	30 min.	\$75
ADMIN/SCORE CDI & SCARED	96137	1	Included	\$75
TEST MATERIALS: CHECKLISTS	96137	1		\$75
ADMIN/SCORE WISC-V	96137	4	2 hours	\$300
TEST MATERIALS WISC-V	96137			\$75
REPORT	96131	3		\$450
FEEDBACK	96131	1	45 min.	\$150
TOTAL		8.5 Hrs		\$1350

CHILD AD/HD ASSESSMENT (SIMPLE)	CPT CODE	UNITS	CLIENT TIME	COST
DIAGNOSTIC INTERVIEW (WITH CHILD PRESENT)	96130	1	45 min.	\$150
ADMIN/SCORE CONNERS	96136	1	30 min.	\$75
ADMIN/SCORE CDI & SCARED	96137	1	Included	\$75
TEST MATERIALS: CHECKLISTS	96137	1		\$75
REPORT	96131	2		\$300
FEEDBACK	96131	1	45 min.	\$150
TOTAL		5.5 Hrs		\$825

COLLEGE AD/HD ASSESSMENT	CPT CODE	INSUR UNITS	CLIENT TIME	COST
DIAGNOSTIC INTERVIEW	96130	1	45 min.	\$150
ADMIN/SCORE BAARS	96136	1	30 min.	\$75
ADMIN/SCORE MMPI-2	96136	1	2 hours	\$300
	96137	3		
TEST MATERIALS: MMPI-2	96137	1		\$75
ADMIN/SCORE WAIS-IV	96137	4	2 hours	\$300
TEST MATERIALS WAIS-IV	96137			\$75
REPORT	96131	3		\$450
FEEDBACK	96131	1	45 min.	\$150
TOTAL		8.5 Hrs		\$1575



**ADULT AD/HD ASSESSMENT WITH
COGNITIVE TESTING**

	CPT CODE	INSUR UNITS	CLIENT TIME	COST
DIAGNOSTIC INTERVIEW	96130	1	45 min.	\$150
ADMIN/SCORE BAARS	96136	1	30 min.	\$75
ADMIN/SCORE MMPI-2	96136	1	2 hours	\$300
	96137	3		
TEST MATERIALS: MMPI-2	96137	1		\$75
ADMIN/SCORE WAIS-IV	96137	4	2 hours	\$300
TEST MATERIALS WAIS-IV	96137			\$75
REPORT	96131	3		\$450
FEEDBACK	96131	1	45 min.	\$150
TOTAL		8.5 Hrs		\$1575

BEHAVIOR PROBLEMS

	CPT CODE	INSUR UNITS	CLIENT TIME	COST
DIAGNOSTIC INTERVIEW (WITH CHILD PRESENT)	96130	1	45 min.	\$150
ADMIN/SCORE BASC <u>OR</u> CONNERS	96136	1	30 min.	\$75
ADMIN/SCORE CDI & SCARED	96137	1	Included	\$75
TEST MATERIALS: CHECKLISTS	96137	1		\$75
ADMINISTER/SCORE MMPI-A-RF	96137	2	1 hours	\$150
TEST MATERIALS: MMPI	96137	1		\$75
REPORT	96131	4		\$600
FEEDBACK	96131	1	45 min.	\$150
TOTAL		10 Hrs		\$1350

**AUTISM EVALUATION
(NOT CURRENTLY AVAILABLE)**

	CPT CODE	INSUR UNITS	CLIENT TIME	COST
DIAGNOSTIC INTERVIEW	96130	1	45 min.	\$150
ADMIN/SCORE BASC	96136	1	30 min.	\$75
ADMIN/SCORE CDI & SCARED	96137	1	Included	\$75
TEST MATERIALS: CHECKLISTS	96137	1		\$75
ADMIN/SCORE WISC-V OR DAS	96137	4	2 hours	\$300
TEST MATERIALS: WISC-V OR DAS	96137	1		\$75
ADMIN/SCORE ADOS	96137	6	2 hours	\$450
TEST MATERIALS: ADOS	96137	3		\$225
REPORT	96131	5		\$750
FEEDBACK	96131	1	45 min.	\$150
TOTAL		15.5 Hrs		\$2325



PSYCHOLOGICAL EVALUATION (INCLUDES MILITARY & EMPLOYER REQUESTS)	CPT CODE	UNITS	CLIENT TIME	TOTAL COST
DIAGNOSTIC INTERVIEW	96130	1	45 min.	\$150
ADMIN/SCORE MMPI-2	96136	1	2 hours	\$300
	96137	3		
TEST MATERIALS: MMPI-2	96137	1		\$75
REPORT	96131	3		\$450
FEEDBACK	96131	1	45 min.	\$150
TOTAL		7.5 Hrs		\$1125

PSYCH EVAL ABOVE WITH ADDT'L MCFI

ADMIN/SCORE MCFI	96136	1	30 min	\$150
	96137	1		
TEST MATERIALS: MCFI	96137	1		\$75
ADD TO REPORT	96131	1		\$150
TOTAL WITH MCFI		8.5 Hrs		\$1500

ADOPTIVE COUPLES EVALUATION

	CPT CODE	INSUR UNITS	CLIENT TIME	TOTAL COST
DIAGNOSTIC INTERVIEWS (BOTH SPOUSES TOGETHER & SEPARATE)	96130	2	2 hours	\$300
ADMIN/SCORE: 2 MMPI-2	96136	1	2 hours	\$300
	96137	3*		
TEST MATERIALS: MMPI-2	96137	2		\$150
REPORT & AGENCY REQUIREMENTS (ADJUSTABLE)	96131	4		\$600
FEEDBACK	96131	1	45 min.	\$150
TOTAL		10 Hrs.		\$1500

TRAUMA EVALUATION

	CPT CODE	INSUR UNITS	CLIENT TIME	TOTAL COST
DIAGNOSTIC INTERVIEW	96130	1	45 min.	\$150
ADMIN/SCORE TSI	96136	1	1 hour	\$150
	96137	1		
ADMIN/SCORE BDI & BURNS	96137	1	30 min.	\$75
TEST MATERIALS: CHECKLISTS	96137	1		\$75
REPORT	96131	3		\$450
FEEDBACK	96131	1	45 min.	\$150
TOTAL		8 Hrs		\$1050



ADULT COGNITIVE TESTING	CPT CODE	INSUR UNITS	CLIENT TIME	TOTAL COST
DIAGNOSTIC INTERVIEW	96130	1	45 min.	\$150
ADMINISTER/SCORE WAIS-IV	96136	1	2 hours	\$300
	96137	3		
TEST MATERIALS	96137	3		\$75
REPORT	96131	2		\$300
FEEDBACK	96131	1	45 min.	\$150
TOTAL		7.5 Hrs		\$975

HOMESCHOOL TEST	CPT CODE	INSUR UNITS	CLIENT TIME	TOTAL COST
ADMIN/SCORE WJ-IV	96137	5	2.5 hrs	\$375
TEST MATERIALS: WJ-IV	96137	1		\$75
MAIL PRINTOUT OF RESULTS	96131	.5		\$75
TOTAL		3.5 hrs		\$525

RELATIONSHIP EVAL (COMPLEX)	CPT CODE	INSUR UNITS	CLIENT TIME	TOTAL COST
DIAGNOSTIC INTERVIEWS (BOTH SPOUSES TOGETHER & SEPARATE)	96130	2	2 hrs	\$300
ADMINISTER/SCORE GOTTMAN ASSMNT & FAMILY STORIES*	96136	1	30 min each	\$75
TEST MATERIALS: GOTTMAN & FAMILY STORIES	96137	1		\$75
ADMIN/SCORE: 2 MMPI-2	96136	1	2 hrs	\$300
	96137	3*		
TEST MATERIALS: MMPI-2	96137	2		\$150
REPORT	96131	3		\$450
FEEDBACK	96131	1	45 min	\$150
TOTAL				\$1500

RELATIONSHIP EVAL (SIMPLE)	CPT CODE	INSUR UNITS	CLIENT TIME	TOTAL COST
DIAGNOSTIC INTERVIEWS (BOTH SPOUSES TOGETHER & SEPARATE)	96130	2	2 hrs	\$300
ADMINISTER/SCORE GOTTMAN ASSMNT & FAMILY STORIES*	96136	1	30 min each	\$75
TEST MATERIALS: GOTTMAN & FAMILY STORIES	96137	1		\$75
TOTAL		3 Hrs.		\$450

RORSCHACH PROJECTIVE TEST	CPT CODE	INSUR UNITS	CLIENT TIME	TOTAL COST
ADMIN/SCORE RORSCHACH	96137	6	3 hrs	\$450
TEST MATERIALS: WJ-IV	96137	1		n/a
TOTAL		3 hrs		\$450

These next two tables are a cost-effective way for Envision therapists to get diagnostic input about an established client from an ECC psychologist. The client will take the MMPI or the MCMI remotely, the ECC psychologist will interpret the findings, and share findings verbally with the therapist. No report will be written. The therapist will share the findings with the client during a regularly scheduled session.

THERAPIST REQUEST FOR DIAGNOSIS	CPT CODE	INSUR UNITS	CLIENT TIME	TOTAL COST
TEST MATERIALS: MMPI-2	96137	1	90 min	\$75
PSYCHOLOGIST INTERPRETATION & DIALOGUE W/ THERAPIST	96131	1		\$150
THERAPIST CHARGE FOR DIALOGUE W/ THERAPIST	99441	1		\$65
TOTAL				\$290

THERAPIST REQUEST FOR DIAGNOSIS – RULING OUT PERSONALITY DISORDER	CPT CODE	UNITS	CLIENT TIME	TOTAL COST
TEST MATERIALS: MCMI	96136	1	30 min	\$75
PSYCHOLOGIST INTERPRETATION & DIALOGUE W/ THERAPIST	96131	1		\$150
THERAPIST CHARGE FOR DIALOGUE W/ THERAPIST	99441	1		\$65
TOTAL				\$290



DISSOCIATIVE DISORDERS	CPT CODE	INSUR UNITS	CLIENT TIME	TOTAL COST
ADMIN/SCORE SCID-D	96137	4	2 hrs	\$300
TEST MATERIALS: SCID-D	96137	1		\$30
TOTAL		3 hrs		\$330

* Denotes tests that may be recommended, but may not be necessary. The final determination will be made at or after the intake session.

The Total Estimated Cost includes records review, interview(s), administration & scoring of relevant tests, interpretation of all results, written report, and discussion of the results. Additional services can be requested and may require an additional cost (example: attendance at meetings, extra document preparation, etc.). If these additional services are requested, a new cost estimate will be provided.

This Good Faith Estimate is good for 3 months from the date it was issued. If you request psychological services after this estimate expires, you will be given a new estimate. All sessions requires separate scheduling and are done with your provider. Scheduling with your provider indicates that you are consenting to another session at the session cost listed here. Clients may receive these services at one or more of the following locations.

734 Wilcox St., Ste 202
Castle Rock, CO 80104

8 Inverness Dr. E, Ste 120
Englewood, CO 80112

355 LaBonte St.
Dillon, CO 80435

Disclaimers

The Good Faith Estimate is not a contract and does not require the client to obtain services from any of the providers or facilities identified in the Good Faith Estimate. In addition, the Good Faith Estimate does not require the provider or facility to provide the services listed.

Your provider may recommend additional services that must be scheduled or requested separately. The Good Faith Estimate does not include additional fees that can be incurred during the course of treatment, including, but not limited to cancellation fees, no-show fees, letter writing, and phone calls. The estimate is based on information known at the time the estimate was created. The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. If complications or special circumstances occur, you could request more services and then be charged more.

The client has the right to initiate the client-provider dispute resolution process if the actual billed charges are over \$400 more than the expected charges included in the Good Faith Estimate. You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount. To learn more and get a form to start the process, go to www.cms.gov/nosurprises or call HHS at 877-696-6775.