**Charges and Write-offs:** Our charges are listed in the “Charge” column. If you have insurance, there will be an insurance adjustment depending on that insurance fee schedule and our contract with them if we have one. As a courtesy, we try to verify whether we are in-network or out-of-network with your insurance plan; however, it is ultimately the patient (family) responsibility to know your insurance benefits. Your patient financial responsibility will be determined by your specific insurance plan benefits: deductible, co-pays, co-insurance.

**Evaluation:** An evaluation will consist of the evaluation charge (this is a flat one unit charge) + treatment charges for each 15 minutes of treatment provided on the evaluation date (i.e. if 45 minutes of treatment is performed it will be the evaluation charge + 3x the 15 minute treatment charges). For speech therapy patients, the evaluation will include the evaluation + 1 treatment charge.

|  |  |  |
| --- | --- | --- |
| CPT Code | Descripton | Charge |
| 97161 | Initial Evaluation PT – Low Complexity | $105.00 |
| 97162 | Initial Evaluation PT – Moderate Complexity | $105.00 |
| 97163 | Initial Evaluation PT – High Complexity | $105.00 |
| 97164 | PT Re-Evaluation | $55.00 |
| 97165 | Initial Evaluation OT-Low complexity | $150.00 |
| 97166 | Initial Evaluation OT – Moderate Complexity | $150.00 |
| 97167 | Initial Evaluation OT – High Complexity | $150.00 |
| 97168 | OT Re-evaluation | $90.00 |
| 92610 | Evaluation of oral and pharyngeal swallow function | $150.00 |
| 92521 | Evaluation of speech fluency | $150.00 |
| 92522 | Evaluation of speech sound production | $250.00 |
| 92523 | Evaluation of speech sound production and evaluation of language comprehension and expression. | $250.00 |
| 92607 | Evaluation for prescription of speech generating augmentative and alternative communication device 1st hour | $150.00 |
| 92608 | Evaluation for prescription of speech generating augmentative and alternative communication device each additional 30 minutes | $75.00 |

**Treatment:** PT and OT charges are per 15 minutes of treatment. Multiple codes may be charged in one visit. (i.e. 1 hour treatment may consist of 2x97110 and 1x97530 and 1x97535). Speech charges are per treatment.

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| --- | --- | --- | --- | --- |
| CPT Code | Descripton | Charge | Number of Units  (1 unit = 15 minutes) | Price |
| 97110 | Therapeutic Exercise | $45.00 |  | $45.00 X = |
| 97112 | Neuromuscular Re-education | $45.00 |  | $45.00 X \_\_\_\_\_\_\_ = \_\_\_\_\_\_\_ |
| 97116 | Gait Training | $35.00 |  | $35.00 X \_\_\_\_\_\_\_=\_\_\_\_\_\_\_\_ |
| 97140 | Manual Therapy | $40.00 |  | $40.00 X = |
| 97530 | Therapeutic Activities | $45.00 |  | $45.00 X = |
| 97535 | Self-Care/home management | $45.00 |  | $45.00X \_\_\_\_\_\_\_\_= \_\_\_\_\_\_\_ |
| 92507 | Treatment of speech, language, voice, communication, and/or auditory processing disorder | $90.00 | Flat charge | $90.00 |
| 92609 | Therapeutic Services for use of speech generating device, including programming | $110.00 | Flat charge | $110.00 |
| 92526 | Treatment of swallowing dysfunction and/or oral function for feeding | $90.00 | Flat charge | $90.00 |

For example, if your child comes to OT 1x/week for 1 hour and the therapist charges 2x97530 and 2x97535, the total each week will be $180 minus your insurance write-offs. Your balance will depend on your deductible and co-pays or co-insurance amounts.

For example, if your child attends speech therapy 2x/week and the therapist charges 92507, the total each week will be $180 minus your insurance write-offs. Your balance will depend on your deductible and co-pays or co-insurance amounts.

Please note: depending on diagnosis code, sometimes OT charges are processed under mental health benefits by some insurance companies. These benefits are often very different than rehabilitation or OT benefits. Please consult your insurance company so that you know how claims will be classified; sometimes deductibles apply to mental health but not OT/rehab benefits.