

# Performance Therapy Pricing

REV 2018-12

Charge Description	Price
Checkout for Prosth/Orth Use Charges	\$113.00
Cognitive Skills Development Charges	\$105.00
Feeding/Swallow with Fluoroscope (x-ray)	\$240.00
Infrared-Light therapy Charge	\$124.00
Mod/Train Voice Prosthesis Charge	\$233.00
Neuromuscular Re-Education Charges	\$148.00
OT ADL Training Charges	\$144.00
OT Attended E-Stim Charges	\$144.00
OT Gait Training Charges	\$118.00
OT High Complex Units	\$247.00
OT Iontophoresis Charges	\$140.00
OT Low Complex Units	\$247.00
OT Manual Therapy Charge Units	\$156.00
OT Massage Charge Units	\$129.00
OT Moderate Complex Units	\$247.00
OT Neuromuscular Reeducation Charges	\$148.00
OT Orthotic Mgmt and Training Charges	\$131.00
OT Paraffin Bath Charge	\$67.00
OT ReEval Units	\$162.00
OT Sensory Stimulation Charge	\$123.00
OT Therapeutic Activities Charges	\$122.00
OT Therapeutic Exercise Charges	\$156.00
OT Ultrasound Charges	\$110.00
PT ADL Training Charge	\$144.00
PT Attended E-Stim Charges	\$144.00
PT Gait Training Charges	\$118.00
PT Group Therapy Charge	\$96.00
PT High Complex Units	\$254.00
PT Iontophoresis Charges	\$140.00
PT Low Complex Units	\$254.00
PT Manual Therapy Charge Units	\$156.00
PT Massage Charge Units	\$129.00
PT Moderate Complex Units	\$254.00
PT Neuromuscular Reeducation Charges	\$148.00
PT Orthotic Mgmt and Training Charges	\$131.00
PT Prosthetic Training Charges	\$76.00
PT ReEval Units	\$172.00
PT Selective Debridement Addition Charge	\$113.00
PT TENS Use Charge	\$122.00
PT Therapeutic Activities Charge	\$122.00

*Disclaimer: The out-of-pocket cost estimate information is not a guarantee of final patient responsibility. Estimates are based on information provided by you and/or your physician and your insurance company. Timeliness of claims processing may affect your overall out of pocket estimate. Professional fees such as (physician, radiologist, pathology or specialist) may not be included in estimates as some of these services may be billed separately.*

*All estimates are based on estimate of provided service, and any and all health plan requirements such as: pre-authorization, pre-certification, referrals etc., prior to service. Patients are responsible for knowing if their individual health plan is "in-network" or "out-of-network" and if services are deemed experimental, investigational or medically necessary by individual's health plan.*

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Charge Description	Price
PT Therapeutic Exercise Charges	\$156.00
PT Ultrasound Charges	\$110.00
PT Wheelchair Management Charges	\$88.00
Screening Charge (Pediatric)	\$411.00
Speech Generating Device Eval Additional 30 Min	\$153.00
Standardized Cognitive Eval Charge	\$382.00
Tx of Speech/Lang/Voice/Comm/Auditory Chg Medicaid	\$233.00
PT Unattended Electrical Therapy Charge	\$240.00
PT Mechanical Traction Charge	\$118.00
PT Group Therapy Charge	\$123.00
Therapeutic Procedures Group (2 or more)	\$123.00
Eval of Oral and Pharyngeal Swallowing Fx Chg	\$401.00
Treatment of Swallowing Dysfunction Charge	\$401.00
ST Standard Aphasia Assess per Hour with Interp	\$285.00
ST Tx of Speech/Lang/Voice/Comm/Auditory Chg	\$233.00
ST Fluoro Eval of Swallow Function Chg	\$334.00
Biofeedback	\$46.00
OT Unattended Electrical Therapy Charge	\$240.00
PT Selective Debridement First 20 sq cm	\$113.00
Cold pack	\$53.00
Hot moist pack	\$53.00

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