

# LeRoy • Gates-Chili • Gananda-Walworth

## Physical Therapy

### Fee Schedule and Billing Policies

## Payment Policies...

Co-payments and/or co-insurance amounts are due at the time services are rendered (except for patients with Medicare coverage). We will mail a statement in the event that outstanding balances remain after insurance payments. These balances are due within 30 days of the statement date. Payment plans are available through prior arrangement with our office staff.

### Payment Methods

We accept payment in cash, check payable to LeRoy Physical Therapy, PC, and credit cards (Visa, MasterCard, Discover).

### Collections Policy

If an account balance remains open for 3 consecutive billings cycles (90 days), we will consider that account delinquent and refer it to a collection agency. At that point, the patient will be responsible for the original balance, 1.5% per month finance charge, and all reasonable attorneys' fees/collection costs associated with the recovery of the balance.

### Returned Check Fee

There is a \$20 fee on all returned checks.

### Cancellation/No-Show Policy

We require 24 hours notice of appointment cancellation. Unfortunately, we must charge a fee for no-show (no notice provided) appointments, repeated cancellations, and cancellations with less than 24 hours notice. This fee will be assessed regardless of insurance type as payment is the responsibility of the patient, NOT insurance. Fees are: \$5 per instance for a cancellation with less than 24 hours notice, \$15 per instance for a no-show appointment, and \$20 for a no-show appointment scheduled at 4pm or later.

## A guide to insurance coverage...

### Medicare

We are providers for Medicare and accept assignment according to their current fee schedule. The Medicare program covers 80% of outpatient physical therapy charges, subject to an annual deductible of \$100. As a courtesy to our patients, we will bill one (1) secondary insurance coverage for any outstanding balance after Medicare has paid their portion of the claim. Any balance not paid by the secondary insurance is the responsibility of the patient. Please refer to our Medicare fee schedule (right) for specific treatment charges.

### Health Maintenance Organizations (HMO's)

*(Blue Choice, Preferred Care, Community Blue, Blue Cross/Blue Shield of WNY, Independent Health, Univera, HealthNow)*

Physical therapists are considered *specialists* in HMO plans. Some insurance plans require your physician to request a referral to our facility. We participate in all of the above HMO plans; we are paid according to their allowed fee schedules. Patients are personally responsible for any co-payment required by their HMO plan. Co-payments may be made with cash, credit cards (Visa, MasterCard, Discover) or checks, and are requested at the time services are rendered unless special arrangements have been made. *We are not able to bill a secondary insurance or third party for co-*

*payments.* Information regarding charges to specific HMO plans is available from our office staff.

### **No-Fault /Workers' Compensation**

We will bill all no-fault (motor vehicle accident) and workers' compensation insurance companies when provided with complete and accurate information for submission of such claims. We are reimbursed according to the New York State allowable fee schedule. *The patient is financially liable for any uncollected balance on denied claims.* In most cases, workers' compensation patients require prior authorization from the insurance carrier. Information regarding charges for specific treatment modalities and procedures is available from our office staff.

### **Traditional Blue Cross/Blue Shield & Private Insurance Coverages**

We will bill directly to BC/BS of Rochester and most other locations. Please check with us regarding your private insurance plan, as we are unable to bill some plans directly. Visit charges may vary considerably, as itemized charges are posted according to services provided on each date. Refer to the fee schedule (right) for detailed information of our current fees. Most plans cover a portion of physical therapy charges; the patient is responsible for any unpaid balance. We will contact the insurance company to verify coverage and determine eligibility prior to the initial visit. If it appears the patient will bear some financial responsibility, we will compute a co-payment amount based on co-insurance/deductible amounts and an *average* visit fee. We request payment of this estimated amount on the date of service

### **Self Payment**

If a patient does not have insurance or if we are unable to bill an insurance carrier directly, our rates are: \$75 for the initial evaluation and \$50 for each follow-up visit. Payment is due at the time of service with cash, check, or credit card.

## **Fee Schedule...**

We itemize our bills to insurance companies using Clinical Procedural Terminology (CPT) codes, according to the procedures and modalities we perform at each visit. A list of codes, their corresponding descriptions and fees, are listed in the table below.

### **Fee Schedule by CPT Code**

<u>Code</u>	<u>Description</u>	<u>Medicare</u>	<u>Others</u>
97001	Initial Evaluation	\$67.62	\$80.00
97002	Re-evaluation	\$35.95	\$55.00
97110	Therapeutic Exercise (15min)	\$25.42	\$33.00
97112	Neuromuscular Re-education (15min)	\$26.56	\$33.00
97530	Range of Motion (15 min.)	\$27.25	\$45.00
97140	Manual Therapy (15 min.)	\$24.09	\$40.00
97150	Group Therapeutic Exercise (15min)	\$15.97	—
97116	Gait Training (15 min.)	\$22.60	\$30.00
97113	Aquatic Therapy (15 min.)	\$30.39	\$37.00
97124	Massage (15 min.)	—	\$30.00
97035	Ultrasound (15 min.)	\$10.94	\$20.00
97018	Paraffin Bath (15 min.)	\$6.33	\$15.00
	Whirlpool (15 min.)	\$14.30	\$27.00

97022			
97014	Electrical Stim (unattended)	\$10.50	\$20.00
97012	Cervical/Lumbar traction	\$13.12	\$25.00
97010	Hot pack/Ice	No coverage	\$15.00
97032	Electrical stim. (attended)	\$14.51	\$23.00
97033	Iontophoresis	No coverage	\$45.00