

WHEN YOU RECEIVE EMERGENCY CARE OR ARE TREATED BY AN OUT-OF-NETWORK PROVIDER AT AN IN-NETWORK HOSPITAL OR AMBULATORY SURGICAL CENTER, YOU ARE PROTECTED FROM SURPRISE BILLING OR BALANCE BILLING. IN ADDITION, HEALTHCARE PROVIDERS NOW NEED TO PROVIDE PATIENTS WHO DON'T HAVE INSURANCE OR WHO ARE NOT USING INSURANCE AN ESTIMATE OF THE BILL FOR MEDICAL SERVICES.

GOOD FAITH ESTIMATE

A GOOD FAITH ESTIMATE IS A NOTIFICATION OF EXPECTED CHARGES FOR A SCHEDULED OR REQUESTED ITEM OR SERVICE.

ACCORDING TO THE GOOD FAITH ESTIMATE PROVISION WITH THE NO SURPRISE ACT, HEALTH CARE PROVIDERS AND FACILITIES MUST PROVIDE A GOOD FAITH ESTIMATE OF EXPECTED CHARGES UPON REQUEST.

- PROTECTION OF UNINSURED OR SELF-PAY INDIVIDUALS ARE INCLUDED IN THE NO SURPRISE ACT, SETTING FORTH THE REQUIREMENT FOR HEALTH CARE PROVIDERS TO ISSUE A GOOD FAITH ESTIMATE OF EXPECTED CHARGES, UPON REQUEST OR UPON SCHEDULING AN ITEM OR SERVICE.
- THE NO SURPRISES ACT DOES APPLY TO OUTPATIENT PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY SERVICES PROVIDED IN ALL OUTPATIENT THERAPY SETTINGS, INCLUDING PRIVATE PRACTICE.
- CALL KIDS IN MOTION OR EMAIL renae@mandankids.com TO REQUEST A GOOD FAITH ESTIMATE FOR SERVICES.

[Surprise Act Disclosure](#)

[CMS Good Faith Estimate Rights](#)

| Private, self-pay codes | Code Description | Amount billed per unit |
|-------------------------|------------------------|------------------------|
| PP15 | Private Pay Rate | \$37.50 |
| PP22 | Private Pay Evaluation | \$150 |

| Speech Therapy Codes | Code Descriptions | Amount billed per unit |
|----------------------|--|------------------------|
| 92521 | Evaluation of Speech Fluency | \$ 312.55 |
| 92522 | Evaluation of Speech Production | \$ 261.30 |
| 92523 | Evaluation of speech sound production | \$ 534.50 |
| 92610 | Evaluation of oral and pharyngeal swallowing function | \$ 200.24 |
| 92507 | Speech Language Therapy Activity | \$ 180.04 |
| 92526 | Treatment of swallowing and/or oral function for feeding | \$ 200.24 |
| 92609 | Use of Speech Device Service | \$ 244.65 |

| PT/OT Evaluation Codes | Code Descriptions | Amount billed per unit |
|------------------------|---|------------------------|
| 97161 | PT Evaluation: Low Complexity | \$ 235.75 |
| 97162 | PT Evaluation: Mod Complexity | \$ 235.75 |
| 97163 | PT Evaluation: High Complexity | \$ 235.75 |
| 97164 | PT Re-assessment | \$ 163.09 |
| 97165 | OT Evaluation: Low Complexity | \$ 237.38 |
| 97166 | OT Evaluation: Mod Complexity | \$ 237.38 |
| 97167 | OT Evaluation: High Complexity | \$ 237.38 |
| 97168 | OT Re-assessment | \$ 163.90 |
| 96112 | Developmental test administration by qualified health care professional, first hour | \$ 313.51 |
| 96113 | Developmental test: each additional 30 minutes | \$ 139.70 |

| PT/OT Treatment Codes | Code Description | Amount billed per unit |
|-----------------------|--|------------------------|
| 97127 | Therapeutic interventions that focus on cognitive function (First 15 Minutes) | \$ 53.29 |
| 97130 | Therapeutic interventions that focus on cognitive function (Additional 15 Minutes) | \$ 51.68 |
| 97032 | Electrical Stimulation | \$ 33.90 |
| 97110 | Therapeutic Exercises | \$ 69.44 |
| 97112 | Neuromuscular Reeducation | \$ 80.73 |
| 97113 | Aquatic | \$ 87.19 |
| 97116 | Gait Training | \$ 69.44 |
| 97140 | Manual Therapy | \$ 63.78 |
| 97150 | Group Therapy | \$ 41.17 |
| 97530 | Therapeutic Activity | \$ 91.90 |
| 97542 | Wheelchair Management | \$ 75.10 |
| 97760 | Orthotic(s) management and training 15 minutes) | \$ 98.51 |