

Understanding Billing

Our agency has a master fee schedule, or a facility rate. This is our “across the board” fees for our services. If you look on the next pages, we have listed our most common procedures and our rates for reference. We negotiate with insurance companies, like Medicare or United Healthcare, for example, to see their beneficiaries at a specified rate. This is the rate we accept, and to that degree, this is the rate you would be ultimately determining your out of pocket costs against. Since every plan has very specific co-pays, deductibles, and co-insurance, and since this information is not readily up to date in every system (as some providers do not bill daily and outstanding claims could effect these amounts) that the best we can do is offer an estimate of what we expect your services to cost up front. This is not a guarantee. If you change payers, if your out of pocket maximum is met, and a series of other variables that may occur while receiving services from us, or just by time we submit claims, then there can be different costs. This sheet will help you understand you potential costs better.

What is a Deductible

Deductibles are the amount you may have to pay against a specific service or in general before your insurance company pays anything to the provider. For example, you may have a \$187 deductible for your Medicare part B (outpatient) services, that renews January 1st every year. If you go to your PCP January 2nd and they do a very full work up and order some labs, this whole amount will be billed to Medicare, but Medicare will send you an explanation of benefits (EOB) showing you that \$187 of the bill for that day is actually your responsibility this one time because you have a deductible that is unmet. Similarly, you may have a deductible that says the first \$500 of a hospital stay is your responsibility, and anything over that you may have a co-insurance to pay.

What is Co-Insurance

Co-insurance is the % that you are responsible for on certain or all procedures. For example, Medicare part B, has a co-insurance of 20%. Supplemental plans and secondaries often cover these 20% costs. If you see your physicians and the total Medicare negotiated charges are \$180 for the day, then you would be responsible for \$6 (20%) of those charges.

What is a co-pay?

Co-pays are a flat amount you will have to pay against a series of services. For example, you may have a flat \$65 co-pay every time you go to urgent care, or \$20 to see your PCP. This amount of the negotiated charges is yours to pay right off the top. This can be in addition to co-insurances, but rarely in addition to deductibles.

Evolution’s Insurances Accepted

Our Rehab Agency is in network with Medicare. That means we accept assignment of benefits for your traditional Medicare plan. We accept the negotiated Medicare fee schedule, and you are responsible for the remainder 20% co-insurance. This may be covered by your supplemental or secondary insurances, and if so, we will bill these directly. In some instances, you may have a deductible on your Medicare or secondary or supplemental, which means you will pay that full amount before your insurance pays anything. There are some plans, such as QMB, where we will not collect the 20%, or in the instance of a documented financial hardship.

We are out of network with all other payers. This means that we will still submit a claim, and you will be responsible for your co-insurance, deductibles, and co-pays for OUT OF NETWORK benefits. If your plan does not have out of network benefits, then you may be liable for full FACILITY charges and not just the negotiated contract rates.

We will submit claims electronically and will wait for EOB before determining responsibility in all but co-pay scenarios, this we will collect at time of service. We will send you a paper statement showing past due amounts, and your insurance company will send you an EOB explaining this ahead of time. Please note, if your plan sends you a payment (in some rare instances this happens) it will be your responsibility to hold that aside and turn over to our agency for services rendered OR you can cash that and just be aware that you will be responsible for paying us the negotiated amount when prompted.

See below for our 2021 Rates (note Medicare, 20%, and our facility rates listed for our most common Procedures)

PHYSICAL THERAPY				
		CMS Rate	20% Responsibility	Facility Rate
97161	PT Eval	\$ 103.44	\$ 20.69	\$ 206.88
97162	PT Eval L2	\$ 103.44	\$ 20.69	\$ 206.88
97163	PT Eval L3	\$ 103.44	\$ 20.69	\$ 206.88
97164	PT Re-Eval	\$ 71.02	\$ 14.20	\$ 142.04
97110	ther. Exercises	\$ 30.97	\$ 6.19	\$ 61.94
97116	gait training	\$ 30.97	\$ 6.19	\$ 61.94
97140	manual therapy	\$ 28.53	\$ 5.71	\$ 57.06
G0283	unattended E-stim	\$ 13.57	\$ 2.71	\$ 27.14
97530	ther. Activities	\$ 40.05	\$ 8.01	\$ 80.10
97112	neuro reed	\$ 35.86	\$ 7.17	\$ 71.72
97535	self care management	\$ 34.46	\$ 6.89	\$ 68.92
OCCUPATIONAL THERAPY				
97165	OT Eval	\$ 100.29	\$ 20.06	\$ 200.58
97166	OT Eval L 2	\$ 100.29	\$ 20.06	\$ 200.58
97167	OT Eval L3	\$ 100.29	\$ 20.06	\$ 200.58
97168	OT Re-Eval	\$ 67.88	\$ 13.58	\$ 135.76
97110	ther. Exercises	\$ 30.97	\$ 6.19	\$ 61.94
97116	gait training	\$ 30.97	\$ 6.19	\$ 61.94
97140	manual therapy	\$ 28.53	\$ 5.71	\$ 57.06
G0283	unattended E-stim	\$ 13.57	\$ 2.71	\$ 27.14
97530	ther. Activities	\$ 40.05	\$ 8.01	\$ 80.10
97112	neuro reed	\$ 35.86	\$ 7.17	\$ 71.72
97535	self care management	\$ 34.46	\$ 6.89	\$ 68.92
97129	Cognitive Training	\$ 23.38	\$ 4.68	\$ 46.76
97130	Additional Cog. Training	\$ 22.68	\$ 4.54	\$ 45.36
97533	Sensory Integration	\$ 61.06	\$ 12.21	\$ 122.12
SPEECH THERAPY				
		CMS Rate	20% Responsibility	Facility Rate
92507	Speech Treatment	\$ 78.16	\$ 15.63	\$ 156.32
92521	Speech fluency evaluation	\$ 136.78	\$ 27.36	\$ 273.56
92522	Sound Production Evaluation	\$ 114.45	\$ 22.89	\$ 228.90

92523	Language evaluation	\$ 235.18	\$	47.04	\$ 470.36
92526	Treatment swallowing	\$ 86.53	\$	17.31	\$ 173.06
92610	Swallowing Evaluation	\$ 86.53	\$	17.31	\$ 173.06
96105	Aphasia Specific Assessment	\$ 101.54	\$	20.31	\$ 203.08
96125	Assessment	\$ 107.12	\$	21.42	\$ 214.24
97129	Cognitive Training	\$ 23.38	\$	4.68	\$ 46.76
97130	Additional Cog. Training	\$ 22.68	\$	4.54	\$ 45.36
97533	Sensory Integration	\$ 61.06	\$	12.21	\$ 122.12