

SPECIAL TREE REHABILITATION
SYSTEM

FEE SCHEDULE

EFFECTIVE

4/1/2018 – 10/1/2019

Daily Rates Room & Board

Special Tree NeuroCare Center

Acuity Less than 22	\$ 610.00
Acuity of 22 to 26	\$ 670.00
Acuity of 26 to 31	\$ 730.00
Acuity of 31 to 36	\$ 800.00
Acuity of 36 to 41	\$ 850.00
Acuity of 41 to 46	\$ 920.00
Acuity of 46 to 51	\$ 960.00
Acuity over 51	\$1,025.00

Special Tree NeuroCare South

Base Rate \$480.00 - \$530.00

Special Tree Heavlin House

Base Rate	\$480.00
Spinal Cord Base	\$525.00
BTX clients add	\$125.00

Note: Clients admitted to hospitals will have a Daily Room & Board Bed-Hold rate of **\$165.00**

Services for Inpatient, Outpatient and Home-Bound Clients

General Therapy Services

Physical Therapy Services Fee Schedule

HCSPC	Billing Code Description	Rate	Unit	Effective Date
95992	Canalith Repositioning	\$85.00	Per Unit	4/1/2018
97014	Unattended E-Stim	\$40.00	Per Service	4/1/2018
97032	e-stim	\$56.00	Per Unit	4/1/2018
97035	Ultrasound	\$30.00	Per Unit	4/1/2018
97110	Therapeutic Procedure	\$56.00	Per Unit	4/1/2018
97112	Neuro Re-Education	\$56.00	Per Unit	4/1/2018
97113	Aquatic Therapy	\$56.00	Per Unit	4/1/2018
97116	Gait Training	\$56.00	Per Unit	4/1/2018
97124	Massage	\$56.00	Per Unit	4/1/2018
97139	Other TX (Specify)	\$56.00	Per Unit	4/1/2018
97140	Manual Therapy	\$56.00	Per Unit	4/1/2018
97150	Group TX	\$35.00	Per Service	4/1/2018

97161	Evaluation – LOW	\$155.00	Per Service	4/1/2018
97162	Evaluation – MODERATE	\$175.00	Per Service	4/1/2018
97163	Evaluation – HIGH	\$225.00	Per Service	4/1/2018
97164	Evaluation – Re-Evaluation	\$125.00	Per Service	4/1/2018
97530	Therapeutic Activity	\$56.00	Per Unit	4/1/2018
97533	Sensory Integrative Techniques	\$56.00	Per Unit	4/1/2018
97535	ADL	\$56.00	Per Unit	4/1/2018
97537	Community/Work Reintegration	\$56.00	Per Unit	4/1/2018
97542	Wheelchair Management	\$56.00	Per Unit	4/1/2018
97755	Assist. Tech. (assist and repair)	\$56.00	Per Unit	4/1/2018
97760	Initial Orthotic Management and Training	\$75.00	Per Unit	4/1/2018
97761	Initial Prosthetic Training	\$65.00	Per Unit	4/1/2018
97763	Orthotic/Prosthetic Management	\$80.00	Per Unit	3/1/2018

Occupational Therapy Services Fee Schedule

HCSPC	Billing Code Description	Rate	Unit	Effective Date
97014	Unattended E-Stim	\$35.00	Per Service	4/1/2018
97018	Paraffin Bath	\$25.00	Per Service	4/1/2018
97022	ARJO/Hydro	\$50.00	Per Service	4/1/2018
97032	e-stim	\$56.00	Per Unit	4/1/2018
97035	E-Stim	\$26.00	Per Unit	4/1/2018
97110	Therapeutic Procedure	\$56.00	Per Unit	4/1/2018
97112	Neuro Re-Education	\$56.00	Per Unit	4/1/2018
97113	Aquatic Therapy	\$56.00	Per Unit	4/1/2018
97139	Other TX (Specify)	\$56.00	Per Unit	4/1/2018
97140	Manual Therapy	\$56.00	Per Unit	4/1/2018
97150	Group TX	\$110.00	Per Service	5/1/2018
97165	Evaluation – LOW	\$150.00	Per Service	4/1/2018
97166	Evaluation - MODERATE	\$190.00	Per Service	4/1/2018
97167	Evaluation – HIGH	\$225.00	Per Service	4/1/2018
97168	Evaluation – Re-Evaluation	\$125.00	Per Service	4/1/2018
97530	Therapeutic Activity	\$56.00	Per Unit	4/1/2018
97533	Sensory Integrative Techniques	\$56.00	Per Unit	4/1/2018
97535	ADL	\$56.00	Per Unit	4/1/2018
97537	Community Re-Integration	\$56.00	Per Unit	4/1/2018
97542	Wheelchair Management	\$56.00	Per Unit	4/1/2018
97755	Assist. Tech (assess and repair)	\$70.00	Per Unit	4/1/2018
97760	Initial Orthotic Management and Training	\$75.00	Per Unit	4/1/2018
97761	Initial Prosthetic Training	\$65.00	Per Unit	4/1/2018
97763	Orthotic/Prosthetic Management	\$80.00	Per Unit	3/1/2018
99600	Home Evaluation & Assessment	\$500.00	Per Service	4/1/2018

Speech Therapy Services Fee Schedule

HCSPC	Billing Code Description	Rate	Unit	Effective Date
92507	TX (sp, lang, voice, comm)	\$156.00	Per Service	4/1/2018
92508	TX of Group	\$70.00	Per Service	4/1/2018
92520	Laryngeal Functional Study	\$150.00	Per Service	4/1/2018
92521	Evaluation of speech fluency	\$350.00	Per Service	4/1/2018
92522	Evaluation of speech sound production	\$350.00	Per Service	4/1/2018
92523	Eval of language comp/expression	\$350.00	Per Service	4/1/2018
92524	Behavioral and qual analysis voice/res	\$350.00	Per Service	4/1/2018
92526	Treatment of Swallowing / Oral Function	\$170.00	Per Service	4/1/2018
92551	Screening Test	\$35.00	Per Service	4/1/2018
92605	Evaluation Aug. Comm. Dev. (non-SP)	\$220.00	Per Service	4/1/2018
92606	Aug. Device (Non-Speech) TX	\$165.00	Per Service	4/1/2018
92607	Eval. Aug. Comm. Dev. (sp gen) 1 hr	\$250.00	Per Service	4/1/2018
92608	Eval. Aug. Comm. Dev. (sp gen) +30 min	\$110.00	Per Service	4/1/2018
92609	Aug. Device (Speech Gen.)	\$215.00	Per Service	4/1/2018
92610	Dysphagia Evaluation	\$170.00	Per Service	4/1/2018
96105	Aphasia Assessment	\$225.00	Per Hour	4/1/2018
97110	Therapeutic Procedure	\$65.00	Per Unit	4/1/2018
97139	Other TX (Specify)	\$58.00	Per Unit	4/1/2018
97537	Community Reintegration	\$58.00	Per Unit	4/1/2018
S9152	Re-Evaluation	\$150.00	Per Service	4/1/2018

Recreational Therapy Services Fee Schedule

HCSPC	Billing Code Description	Rate	Unit	Effective Date
97110	Therapeutic Procedure	\$40.00	Per Unit	4/1/2018
97113	Aquatic	\$70.00	Per Unit	4/1/2018
97139	Other (Specify)	\$40.00	Per Unit	4/1/2018
97150	Group TX	\$85.00	Per Service	5/1/2018
97530	Therapeutic Activity	\$40.00	Per Unit	4/1/2018
97533	Sensory Integration Activity	\$40.00	Per Unit	4/1/2018
97535	ADL	\$40.00	Per Unit	4/1/2018
97537	Community Reintegration	\$40.00	Per Unit	4/1/2018
97799	Evaluation	\$200.00	Per Service	4/1/2018

Massage Therapy Services Fee Schedule

HCSPC	Billing Code Description	Rate	Unit	Effective Date
97124	Massage	\$42.00	Per Unit	4/1/2018
97139	Initial Evaluation	\$130.00	Per Service	4/1/2018
97139	Re-Evaluation	\$78.00	Per Service	4/1/2018

Social Work Services Fee Schedule

HCSPC	Billing Code Description	Rate	Unit	Effective Date
90785	Interactive Complexity	\$45.00	Per Service	2/1/2018
90791	Diagnostic evaluation	\$225.00	Per Service	4/1/2018
90832	Psychotherapy 30	\$125.00	Per Service	4/1/2018
90834	Psychotherapy 45	\$180.00	Per Service	4/1/2018
90837	Psychotherapy 60	\$230.00	Per Service	4/1/2018
90839	Psychotherapy for Crisis (init. 60 min)	\$250.00	Per Service	2/1/2018
90840	Psychotherapy for Crisis (add'l 30 min)	\$125.00	Per 30.00 Minutes	2/1/2018
90846	Family Psychotherapy (no clients) 50 min	\$180.00	Per Service	4/1/2018
90847	Family & Client Therapy	\$180.00	Per Service	4/1/2018
90849	Multiple Family Group Therapy	\$90.00	Per Service	4/1/2018
90853	Client Group Therapy	\$100.00	Per Service	2/1/2018
90882	Environmental Intervention	\$185.00	Per Service	4/1/2018
90885	Eval. Hospital Records	\$115.00	Per Service	4/1/2018
90887	Expl. of Results to Family	\$140.00	Per Service	4/1/2018
90889	Report Writing	\$45.00	Per Service	4/1/2018
90899	Prep of Report of Mental Health Status	\$45.00	Per Unit	4/1/2018
96127	Brief Emotional/Behavioral Assessment	\$175.00	Per Service	2/1/2018
98966	Telephone Services 5-10 minutes	\$30.00	Per Service	4/1/2018
98967	Telephone Services 11-20 minutes	\$60.00	Per Service	4/1/2018
98968	Telephone Services 21-30 minutes	\$90.00	Per Service	4/1/2018

Psychological Therapy Services Fee Schedule

HCSPC	Billing Code Description	Rate	Unit	Effective Date
90785	Interactive Complexity	\$50.00	Per Service	2/1/2018
90791	Diagnostic evaluation	\$260.00	Per Service	4/1/2018
90832	Psychotherapy 30	\$130.00	Per Service	4/1/2018
90834	Psychotherapy 45	\$195.00	Per Service	4/1/2018
90837	Psychotherapy 60	\$260.00	Per Service	4/1/2018
90839	Psychotherapy for Crisis (init. 60 min)	\$300.00	Per Service	2/1/2018
90840	Psychotherapy for Crisis (add'l 30 min)	\$150.00	Per 30.00 Minutes	2/1/2018
90846	Family Psychotherapy (no clients) 50 min	\$205.00	Per Service	4/1/2018
90847	Family & Client Therapy	\$210.00	Per Service	4/1/2018
90849	Multiple Family Group Therapy	\$95.00	Per Service	4/1/2018
90853	Client Group Therapy	\$120.00	Per Service	4/1/2018
90875	Biofeedback 20-30m Therapy	\$130.00	Per Service	4/1/2018
90876	Biofeedback 45-50m Therapy	\$215.00	Per Service	4/1/2018
90882	Environmental Intervention	\$270.00	Per Service	4/1/2018
90885	Eval. Hospital Records	\$130.00	Per Service	4/1/2018
90887	Expl. of Results to Family	\$175.00	Per Service	4/1/2018
90889	Report Writing	\$48.00	Per Service	4/1/2018
90899	Prep of Report of Mental Health Status	\$48.00	Per Unit	4/1/2018
96116	Exam Neuro Behavior Status	\$250.00	Per Hour	4/1/2018
96127	Brief Emotional/Behavioral Assessment	\$200.00	Per Service	2/1/2018
98966	Telephone Services 5-10 minutes	\$40.00	Per Service	4/1/2018
98967	Telephone Services 11-20 minutes	\$65.00	Per Service	4/1/2018
98968	Telephone Services 21-30 minutes	\$130.00	Per Service	4/1/2018

Special Duty Aide Services Fee Schedule

HCSPC	Billing Code Description	Rate	Unit	Effective Date
S5125	Attendant Care	\$5.75	Per Unit	5/1/2018
99199	SDA - CENA Home & Community	\$5.50	Per Unit	2/1/2018
99199	SDA - MC - Special Duty Aide	\$3.00	Per Unit	2/1/2018
99199	SDA - MC - Special Duty Aide HOLIDAY	\$3.50	Per Unit	2/1/2018
99199	SDA - Nurse	\$15.00	Per Unit	2/1/2018
99199	SDA - Outside Agency	\$6.00	Per Unit	2/1/2018
99199	SDA - Outside Agency HOLIDAY	\$11.00	Per Unit	2/1/2018
99199	SDA - Respiratory Therapist	\$13.50	Per Unit	2/1/2018
S5125	SDA - Special Duty Aide HOLIDAY	\$11.50	Per Unit	5/1/2018
99199	SDA - Visual Monitoring	\$2.50	Per Unit	2/1/2018
99199	SDA - Visual Monitoring HOLIDAY	\$4.25	Per Unit	2/1/2018

Respiratory Therapy Services Fee Schedule

HCSPC	Billing Code Description	Rate	Unit	Effective Date
31502	Tracheostomy Changes	\$71.00	Per Service	4/1/2018
31720	Nasotracheal Suction	\$105.00	Per Service	4/1/2018
36600	Arterial Blood Draws: Prep, Draw, Interp	\$52.00	Per Service	4/1/2018
89220	Sputum, Obtain Spec., Aerosol Induced	\$26.00	Per Service	4/1/2018
94004	Ventilator Management Daily	\$105.00	Per Service	4/1/2018
94150	PFT: Peak Flows, VT, VC, MV	\$50.00	Per Service	4/1/2018
94640	Breathing Tx: Nebulizer	\$32.00	Per Service	4/1/2018
94660	BiPAP Checks / Maintenance	\$0.00	Per Service	4/1/2018
94660	BiPAP Initiation	\$125.00	Per Service	4/1/2018
94667	Chest Physio Tx (ini)/Postural Drainage	\$50.00	Per Service	4/1/2018
94667	Cough Assist (ini) w/ Machine	\$50.00	Per Service	4/1/2018
94668	Chest Physio Tx (sub)/Postural Drainage	\$46.00	Per Service	4/1/2018
94668	Cough Assist (subsq) w/ Machine	\$60.00	Per Service	4/1/2018
94669	Internal Percussive Ventilation	\$64.00	Per Service	4/1/2018
94760	Pulse Oximetry Single Reading	\$6.30	Per Service	4/1/2018
94761	Pulse Oximetry Exercise Mult Reading	\$9.75	Per Service	4/1/2018
94761	Pulse Oximetry Multiple Daily Readings	\$9.75	Per Service	4/1/2018
94762	Pulse Oximetry Overnight Study	\$50.00	Per Service	4/1/2018
94770	CO2 Monitoring with infrared	\$15.00	Per Service	4/1/2018
94799	Client Re-Admit Evaluation	\$30.00	Per Service	4/1/2018
94799	Educ/Training: Patient/Ext. Care Givers	\$15.00	Per Service	4/1/2018
94799	Equipment Change (disposable)	\$21.00	Per Service	4/1/2018
94799	Gen Assessment: Vitals, Breath Sounds	\$0.00	Per Service	4/1/2018
94799	Incentive Spirometry / Cough Assist	\$32.00	Per Service	4/1/2018
94799	Manual Resuscitation Bagging	\$30.00	Per Service	4/1/2018
94799	Trach Weaning (Decannulation)	\$32.00	Per Service	4/1/2018
94799	Trach Weaning (Speaking Valve/Capping)	\$32.00	Per Service	4/1/2018
94799	Trach/Stoma Care	\$21.00	Per Service	4/1/2018
94799	Tracheal Suctioning	\$10.00	Per Service	4/1/2018

Vocational Therapy Services Fee Schedule

HCSPC	Billing Code Description	Rate	Unit	Effective Date
97537	Chart Review	\$31.25	Per Unit	3/1/2018
97537	Computer Training	\$31.25	Per Unit	3/1/2018
97537	Job Coaching	\$15.00	Per Unit	3/1/2018
99199	Job Coaching - Group	\$12.00	Per Unit	3/1/2018
99199	Labor Market Research	\$31.25	Per Unit	3/1/2018
97537	Vocational Assessment	\$31.25	Per Unit	3/1/2018
97537	Vocational Counseling	\$31.25	Per Unit	3/1/2018
99199	Vocational Counseling - Group	\$20.00	Per Unit	3/1/2018
99199	Work Services	\$12.00	Per Service	3/1/2018

Day Treatment Services Fee Schedule

HCSPC	Billing Code Description	Rate	Unit	Effective Date
97799	Therapeutic Activity Services	\$13.00	Per Unit	5/1/2018
97537	Therapeutic Activity Services Evaluation	\$52.00	Per Unit	5/1/2018
99199	Work Services	\$13.00	Per Unit	5/1/2018

Pediatric Programs Services Fee Schedule

HCSPC	Billing Code Description	Rate	Unit	Effective Date
97799	After School / Saturday Prog Evaluation	\$48.00	Per Unit	3/1/2018
97799	After School / Saturday Program	\$20.00	Per Unit	3/1/2018
97799	Discover Summer Program 2014	\$16.25	Per Unit	3/1/2018
99199	Academic Support	\$16.25	Per Unit	3/1/2018
99199	Academic Support - Group	\$11.25	Per Unit	3/1/2018
97537	Chart Review	\$31.25	Per Unit	3/1/2018
99199	Classroom/School Visit	\$31.25	Per Unit	3/1/2018
99199	Community Supported Employment	\$18.75	Per Unit	3/1/2018
97537	Educational Assessments	\$31.25	Per Unit	3/1/2018
99199	Group (in Community) Supported Empl	\$15.00	Per Unit	3/1/2018
99199	Group (in Program) Supported Employment	\$15.00	Per Unit	3/1/2018
99199	IEP/504 Advocacy/Consult	\$31.25	Per Unit	3/1/2018
97537	Neuro/Education Profile	\$625.00	Per Service	3/1/2018
99199	Program Supported Employment	\$18.75	Per Unit	3/1/2018
99199	Student/Teacher/Peer/Family Edu & Sup	\$31.25	Per Unit	3/1/2018
99199	Suspension Program	\$15.00	Per Unit	3/1/2018
97537	Transition Assessments	\$31.25	Per Unit	3/1/2018
99199	Transition Profile	\$625.00	Per Service	3/1/2018

97537	Vocational Assessment	\$31.25	Per Unit	3/1/2018
97537	Vocational Counseling	\$31.25	Per Unit	3/1/2018
99199	Vocational Counseling - Group	\$20.00	Per Unit	3/1/2018
99199	Vocational Profile	\$625.00	Per Service	3/1/2018

Miscellaneous Services

Registered Dietician Services

\$132.00/hr
\$ 66.00/ half hr

Care Conferences

Interdisciplinary Team Conference

\$160.00/meeting
included in room rate

Transportation Charges:

Pick-up charge:

\$25.00

Mileage

\$ 2.10 per mile

Wait Time

\$15.00 per hour for Technicians

Therapist Wait Time

\$60.00/hr