



Boston Sports Medicine

Notice of Fees to Medicare Patients

If Medicare does not pay for the physical therapy services you receive at Boston Sports Medicine, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. If you exceed the Medicare annual cap amount of \$1,900, we expect Medicare may not pay for the services below.

Code	Service	Fee
97001	PT Evaluation	\$150
97002	PT Reevaluation	\$100
97010	Hot or Cold Packs Therapy	\$25
97012	Mechanical Traction Therapy	\$40
97016	Vasopneumatic Device Therapy	\$25
97018	Parafin Bath Therapy	\$35
97026	Infared/Laser Therapy	\$25
97032	Electrical Stimulation	\$35
97035	Ultrasound Therapy	\$35
97110	Therapeutic Exercises	\$50
97112	Neuromuscular Reeducation	\$50
97113	Aquatic Therapy	\$50
97116	Gait Training Therapy	\$50
97124	Massage Therapy	\$50
97140	Manual Therapy	\$50
97530	Therapeutic Activities	\$45
97535	Home Exercise Training	\$45

The fees listed in the chart above are our commercial rates. We bill Medicare at our commercial rates. If Medicare denies payment for services that exceed the \$1,900 annual cap, Medicare will assign the balance of the commercial rates to you. Our self-pay rates are for those who pay for the services **at the time of the visit**. If you exceed the annual Medicare cap of \$1,900 and wish to pay for your services **at the time of your visit**, you may choose to pay at our self-pay rates. Please inform your provider that you wish to pay for your services at the time of your visit at our self-pay rates.

- Initial Physical therapy Evaluation – \$120.00
- Follow-up physical therapy session (60 minutes) – \$90.00
- Follow-up physical therapy session (45 minutes) – \$75.00
- Follow-up physical therapy session (30 minutes) – \$60.00

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