

Ability Occupational Therapy Services, LLC

Procedure Category	Procedure Code	Procedure Description	Price per
Special Otorhinolaryngologic Services	92526	Treatment of swallowing dysfunction and/or oral function for feeding	\$200.00
Central Nervous System Assessments / Tests	96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	\$150.00
Central Nervous System Assessments / Tests	96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	\$792.00
Therapeutic Procedure	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$100.00
Therapeutic Procedure	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	\$75.00
Occupational Therapy Evaluations	97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits	\$250.00
Occupational Therapy Evaluations	97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits	\$300.00
Occupational Therapy Evaluations	97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care.	\$200.00
Therapeutic Procedure	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	\$75.00
Therapeutic Procedure	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	\$75.00

Clinic Name & Location:

Fireweed Health Care Clinic, Inc.
4361 Boniface Parkway
Anchorage, AK 99504-4314

Clinic Website: <https://www.fireweedhealthcare.com>

DHSS Website: <http://dhss.alaska.gov/>

Contracted Insurance Companies: Aetna, Blue Cross

The undiscounted price may be higher or lower than the amount an individual actually pays for the health care services described in the list.

You will be provided with an estimate of the anticipated charges for your nonemergency care upon request. Please do not hesitate to ask for information.

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