



## Assistive Technology Partners – Denver, CO

CPT Code	Procedure Name	Fee
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION AND/OR AUDITORY DISORDER; INDIVIDUAL	\$98.00
92523	EVALUATION OF SPEECH & SOUND PRODUCTION W EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION	\$974.00
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE FACE-TO-FACE 1ST HOUR	\$548.00
92608	EVALUATION FOR PRESCRIPTION FOR SPEECH GENERATING AUGMENTATIVE & ALTERNATIVE COMMUNICATION DEVICE EACH ADDITIONAL 30 MINUTES	\$112.00
92609	THERAPUTIC SERVICES FOR THE USE OF SPEECH GENERATING DEVICE INCLUDING PROGRAMMING/MODIFICATION	\$297.00
97112	NEUROMUSCULAR REEDUCATION 1/MORE AREA	\$103.00
97162	PHYSICAL THERAPY EVALUATION, MODERATE COMPLEXITY - 30 MINS	\$401.00
97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEXITY- 45 MINS	\$401.00
97166	OCCUPATIONAL THERAPY EVALUATION MODERATE COMPLEXITY - 45 MINS	\$389.00
97167	OCCUPATIONAL THERAPY EVALUATION HIGH COMPLEXITY- 60 MINS	\$389.00
97530	THERAPEUTIC ACTIVITIES - DIRECT PATIENT CONTACT -EACH 15 MIN	\$106.00
97535	SELF-CARE/HOME MANAGEMENT TRAINING DIRECT 1-1 CONTACT EACH 15 MINUTES	\$106.00
97542	WHEELCHAIR MANAGEMENT TRAINING	\$96.00
97755	ASSISTIVE TECHNOLOGY ASSESSMENT DIRECT 1-1 CONTACT W/WRITTEN REPORT EACH 15 MIN	\$117.00
97760	ORTHOTIC MANAGEMENT AND TRAINING EACH 15 MIN	\$113.00

If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 303.493.7700 to discuss payment options prior to receiving a health care service from a health care provider at our clinic since posted health care prices may not reflect the actual amount of your financial responsibility.