

KIRKHAVEN FEE SCHEDULE

(effective March 1, 2023)

| <u>Medically Necessary Services</u> | | <u>Medicare B Covered</u> |
|--|--|---------------------------|
| Routine Care Services & Supplies | \$480.00/day (1) | No |
| Transitional Care Services & Supplies | \$520.00/day (1) | No (2) |
| Physical Therapy Evaluation | Medicare Allowable Charge | Yes |
| Physical Therapy Restorative Treatment | Medicare Allowable Charge | Yes |
| Occupational Therapy Evaluation | Medicare Allowable Charge | Yes |
| Occupational Therapy Restorative Treatment | Medicare Allowable Charge | Yes |
| Speech Therapy Evaluation | Medicare Allowable Charge | Yes |
| Speech Therapy Restorative Treatment | Medicare Allowable Charge | Yes |
| Prescription Drugs | Pharmacy Prevailing Charge | No |
| Lab Services | Medicare Allowable Charge | Yes |
| X-Ray Services | Medicare Allowable Charge | Yes |
| Physician Services | Medicare Allowable Charge | Yes |
| Dental Services (non-routine) | Clinic's Prevailing Charge | No |
| Specialty Supplies & Services | Medicare Allowable Charge or Supplier's Prevailing Charge | Varies (3) |
| Emergency Ambulance Treatment | Medicare Allowable Charge | Yes |
| <u>Optional Services</u> | | |
| Private Room Differential | \$15/day | No |

As in the past, Kirkhaven will make available certain personal care items at your option for additional fees; beautician and barber services, telephone, cable TV, newspaper, non-emergency transport and transport aide.

Notes

- (1) Routine and Transition Care services include: room and board, meals, nursing care, maintenance therapy, routine supplies, laundry, recreation, social work, pastoral care, audiology, podiatry, routine dental care.
- (2) Transitional Care admissions will most likely qualify for Medicare A or HMO coverage. A self-pay co-insurance fee may apply.
- (3) Medicare B covered items include: tube feedings, IV therapy, prosthetics, specialty supplies, durable medical equipment. Non-Medicare B covered items include: oxygen tank or concentrators, eye exams, glasses, hearing aids.
- (4) Subject to an additional charge of 6.8% per day New York State Assessment

Bold denotes changes from prior year