

Play All Day Speech Therapy LLC
Natalie Hackbarth, M.A. CCC-SLP/SLS
Kendall Park, NJ 08824
playalldayst@gmail.com
playalldayspeechtherapy.com
973-615-2171

NPI #: 1578992954

Entity Id: 0450993044

NJ license #: 41YS00783500

Fee Schedule (Updated 9/2025)

(Charge for Services)

<u>Services Provided</u>	<u>Charge</u>
Speech-language evaluation (CPT 92523) (annual re-evaluation)	
- Without formal articulation testing (language only)	\$350
- With formal articulation testing (formal language + articulation assessment)	\$500
- Apraxia/Motor Planning specific (includes formal assessment of language, articulation and motor planning)	\$650
Speech sound production evaluation (CPT 92522) (articulation testing only)	\$350
Pediatric Feeding and Swallowing Evaluation (CPT 92610)	\$350
Pediatric Feeding and Swallowing Treatment (CPT 92526)	\$150/hr
Therapeutic services for non-speech generating AAC device (CPT 92606)	\$150/hr
Therapeutic services for use of speech generating device (CPT 92609)	\$150/hr
Treatment for speech, language, voice, communication, and/or auditory processing disorder; individual (CPT 92507)	\$150/hr
<u>***Base Rate***</u>	
- 30 minutes (telehealth only)	\$100
- 45 minutes (in person or telehealth)	\$125
- 60 minutes (in person or telehealth)	\$150

*****Travel fees will be added to the base rate above based on the distance SLP travels for the session (from SLP's home in Kendall Park, NJ)*****

- 0-5 miles from SLP (Kendall Park, NJ) **Base Rate +\$25**
- 5-10 miles from SLP (Kendall Park, NJ) **Base Rate +\$50**
- 10-15 miles from SLP (Kendall Park, NJ) **Base Rate +\$75**
- *****over 15 miles away is Telehealth only*****

Example: a 60 minute in person session for someone who lives 7 miles from my home in Kendall Park will be \$200 per session (\$150 base rate + \$50 travel fee). **I do not add travel fees for evaluations within 5 miles from my home)

Consultation with other professionals (authorized consent required)
(CPT 99368)

\$50/per 15-30 minute consultation

Social Skills and Language Groups at Community Location (CPT 92508)

- Communicating in the Community-park, library, etc. (45 min) **\$50/session**
- Gymboree **\$90/session**

Formal/Written Progress Reports

- Can be provided quarterly or twice a year **\$150/report**

Additional Documentation Requested by Insurance **\$150/hr**
(e.g., AAC evaluation, letter of medical necessity, W9 form completion, etc.)

Note: There are additional services with specific Current Procedural Terminology (CPT) codes not listed here that may also be used in billing services. In addition, there may be charges not captured by CPT codes for which this clinic charges. Contact SLP with questions.

*****I am a private pay provider, which means I do not work directly with insurance. Therefore, payment is due at the time of service. If you would like to submit claims to your insurance company for potential reimbursement, it is important to call them prior to initiating services to see if you have out of network benefits and what those benefits are. Superbills can be provided upon request. If additional documentation is needed from me, I will charge my hourly rate (\$150/hr). This includes time spent on the phone with insurance and time spent completing requested documentation. Information insurance may need to process claims are provided on superbills, as well as below.*****

Federal tax ID number: 93-2255746

NPI: 1578992954 (under Natalie Cerasia)

Business Name: PLAY ALL DAY SPEECH THERAPY LLC

NJ SLP license #: 41YS00783500

Entity ID: 0450993044

Questions to Ask Insurance

1. Do I have out of network benefits? What are they?
2. What's my deductible for seeing an out of network provider? Have I met it yet? What percentage reimbursement do I get back for claims submitted from an out of network provider?
3. Does telehealth speech therapy qualify for reimbursement under my plan?
4. How many allowable speech therapy sessions are allowed in a year? How many have I used so far? When does it reset?
5. How do I submit a claim for reimbursement?
6. What is the allowed amount (the maximum your plan will reimburse) for CPT codes I use listed above (e.g., 92507, 92523)?
7. Do I need a prior authorization, script from my pediatrician, referral, etc.?
8. What documentation is required for reimbursement (e.g., superbill, progress reports, session notes, letter of medical necessity, initial evaluation report, etc.)? These can be accessed on the client portal (simple practice), which you will receive a link to.
9. What information or documents do you need from the provider (e.g. NPI, EIN, W9, Tax ID, etc.)
10. How long does it take to start receiving reimbursement for submitted claims?

Specialist Exceptions (Benefit Level Exception / Network Gap Exception)

Since I am a recognized specialist for Childhood Apraxia of Speech (CAS) (Apraxiakids.org directory) and AAC with high-tech communication devices, you can also ask:

10. If there are no in-network providers within a reasonable distance who specialize in Childhood Apraxia of Speech (CAS) or AAC, can I request a *Network Gap Exception* or *Benefit Level Exception* to see an out-of-network provider at the in-network rate?
11. What is the process for requesting this exception, and what forms are required?

Additional Advice:

- If your child has a diagnosis or complex medical needs, your insurance may provide you with a **case manager** upon request if you indicate you need additional assistance to keep track of therapies, appointments, authorizations, find specialists, etc.
- **Document your calls.** Write down the date, time, and the name of the insurance representative you spoke with.
- **Ask for reference numbers.** Request a call reference number for your records.
- **Use the right language.** Terms like “*network gap exception*” or “*benefit level exception*” can make a difference.
- **Request support letters.** I can provide letters of medical necessity or additional documentation billed at my hourly rate (\$150/hr)
- **Expect to submit paperwork.** Exceptions are not automatic—you'll likely need to fill out a form and provide supporting documentation.

Child's Name: _____

Parent's Name: _____

Signature: _____

Date: _____