

PREVAILING RATE/MAXIMUM
PHYSICAL THERAPY/REHABILITATION FEE SCHEDULE

<u>CPT</u> <u>CODE</u>	<u>2011</u> <u>FEE</u>	<u>CPT</u> <u>CODE</u>	<u>2011</u> <u>FEE</u>
97001	\$125.57	97530	\$47.65
97002	\$49.16	97532	\$48.19
97003	\$125.57	97533	\$52.44
97004	\$49.16	97535	\$38.30
97012	\$34.78	97537	\$38.30
97014	\$30.28	97542	\$32.39
97016	\$34.04	97545	\$162.40
97018	\$28.73	97546	\$81.21
97022	\$34.78	97597	\$53.72
97024	\$25.70	97598	\$74.10
97026	\$24.19	97602	\$49.59
97028	\$30.28	97605	\$46.70
97032	\$30.28	97606	\$46.70
97033	\$31.77	97760	\$50.26
97034	\$24.19	97761	\$45.96
97035	\$24.96	97762	\$41.20
97036	\$46.15	97750	\$54.45
97110	\$45.37	97755	\$65.97
97112	\$45.99	90901	\$52.86
97113	\$49.84		
97116	\$39.33		
97124	\$35.55		
97140	\$32.51		
97150	\$37.05		

NOTE 1: Procedures performed, by either a therapist or physician, and listed on this Maximum Physical Therapy/Rehabilitation Fee Schedule shall be reimbursed in accordance with this schedule.

NOTE 2: Procedures performed by either a therapist or physician, and not listed in this schedule, shall be reimbursed in accordance with the CPT codes listed in the Maximum Fee Schedule for Physicians.

NOTE 3: For codes not listed in the Physical Therapy/Rehabilitation Schedule or the Maximum Fee Schedule for Physicians, reimbursement shall be determined by special report and based on usual, customary, and reasonable charges.

NOTE 4: Code 97010, Hot or cold packs, shall be global to the procedure(s) performed.

Effective: January 1, 2011