

**PREVAILING RATE/MAXIMUM
PHYSICAL THERAPY/REHABILITATION FEE SCHEDULE**

<u>CPT</u>	<u>2015</u>	<u>CPT</u>	<u>2015</u>
<u>CODE</u>	<u>FEE</u>	<u>CODE</u>	<u>FEE</u>
97001	\$136.30	97530	\$51.71
97002	\$53.35	97532	\$52.30
97003	\$136.30	97533	\$56.91
97004	\$53.35	97535	\$41.56
97012	\$37.75	97537	\$41.56
97014	\$32.86	97542	\$35.15
97016	\$36.95	97545	\$176.27
97018	\$31.18	97546	\$88.14
97022	\$37.75	97597	\$58.31
97024	\$27.90	97598	\$80.42
97026	\$26.26	97602	\$53.82
97028	\$32.86	97605	\$50.68
97032	\$32.86	97606	\$50.68
97033	\$34.49	97760	\$54.55
97034	\$26.26	97761	\$49.89
97035	\$27.09	97762	\$44.73
97036	\$50.09	97750	\$59.10
97110	\$49.24	97755	\$71.61
97112	\$49.91	90901	\$57.37
97113	\$54.10		
97116	\$42.68		
97124	\$38.58		
97140	\$35.29		
97150	\$40.21		

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, 2015