

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

<u>CPT</u>	<u>2017</u>	<u>CPT</u>	<u>2017</u>
<u>CODE</u>	<u>FEE</u>	<u>CODE</u>	<u>FEE</u>
90901	\$58.00	97164	\$54.64
97012	\$38.17	97165	\$113.83
97014	\$33.22	97166	\$136.60
97016	\$37.35	97167	\$170.75
97018	\$31.52	97168	\$54.64
97022	\$38.17	97530	\$52.28
97024	\$28.20	97532	\$52.88
97026	\$26.55	97533	\$57.54
97028	\$33.22	97535	\$42.02
97032	\$33.22	97537	\$42.02
97033	\$34.87	97542	\$35.53
97034	\$26.55	97545	\$178.21
97035	\$27.39	97546	\$89.11
97036	\$50.64	97597	\$58.96
97110	\$49.78	97598	\$81.31
97112	\$50.46	97602	\$54.41
97113	\$54.70	97605	\$51.23
97116	\$43.15	97606	\$51.23
97124	\$39.01	97750	\$59.75
97140	\$35.68	97755	\$72.39
97150	\$40.65	97760	\$55.15
97161	\$113.83	97761	\$50.44
97162	\$136.60	97762	\$45.22
97163	\$170.75		

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, 2017