

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

CPT CODE	2024 FEE	CPT CODE	2024 FEE
20560	\$57.05	97164	\$67.35
20561	\$97.98	97165	\$140.31
90901	\$71.50	97166	\$168.39
97012	\$47.05	97167	\$210.49
97014	\$40.96	97168	\$67.35
97016	\$46.06	97550	\$52.93
97018	\$38.87	97551	\$24.71
97022	\$47.05	97552	\$21.45
97024	\$34.77	97530	\$64.46
97026	\$32.73	97533	\$70.93
97028	\$40.96	97535	\$51.80
97032	\$40.96	97537	\$51.80
97033	\$42.99	97542	\$43.79
97034	\$32.73	97545	\$219.68
97035	\$33.77	97546	\$109.86
97036	\$62.43	97597	\$72.68
97110	\$61.38	97598	\$100.23
97112	\$62.21	97602	\$67.08
97113	\$67.42	97605	\$63.15
97116	\$53.20	97606	\$63.15
97124	\$48.09	97750	\$73.66
97140	\$43.99	97755	\$89.25
97150	\$50.12	97760	\$68.00
97161	\$140.31	97761	\$62.18
97162	\$168.39	97763	\$58.54
97163	\$210.49		

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: March 1, 2024