

PREVAILING RATE/MAXIMUM  
PHYSICAL THERAPY/REHABILITATION FEE SCHEDULE

<u>CPT</u>	<u>2012</u>	<u>CPT</u>	<u>2012</u>
<u>CODE</u>	<u>FEE</u>	<u>CODE</u>	<u>FEE</u>
97001	\$130.47	97530	\$49.51
97002	\$51.07	97532	\$50.07
97003	\$130.47	97533	\$54.48
97004	\$51.07	97535	\$39.79
97012	\$36.14	97537	\$39.79
97014	\$31.46	97542	\$33.65
97016	\$35.37	97545	\$168.73
97018	\$29.85	97546	\$84.38
97022	\$36.14	97597	\$55.82
97024	\$26.70	97598	\$76.99
97026	\$25.14	97602	\$51.52
97028	\$31.46	97605	\$48.52
97032	\$31.46	97606	\$48.52
97033	\$33.00	97760	\$52.22
97034	\$25.14	97761	\$47.76
97035	\$25.94	97762	\$42.81
97036	\$47.95	97750	\$56.57
97110	\$47.14	97755	\$68.54
97112	\$47.78	90901	\$54.92
97113	\$51.79		
97116	\$40.86		
97124	\$36.94		
97140	\$33.78		
97150	\$38.49		

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: January 1, 2012