

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

CPT	2026	CPT	2026
<u>CODE</u>	<u>FEE</u>	<u>CODE</u>	<u>FEE</u>
20560	\$60.12	97164	\$70.97
20561	\$103.25	97165	\$147.85
90901	\$75.34	97166	\$177.44
97012	\$49.57	97167	\$221.80
97014	\$43.15	97168	\$70.97
97016	\$48.53	97550	\$55.78
97018	\$40.96	97551	\$26.04
97022	\$49.57	97552	\$22.60
97024	\$36.64	97530	\$67.92
97026	\$34.49	97533	\$74.74
97028	\$43.15	97535	\$54.58
97032	\$43.15	97537	\$54.58
97033	\$45.29	97542	\$46.14
97034	\$34.49	97545	\$231.48
97035	\$35.58	97546	\$115.75
97036	\$65.78	97597	\$76.58
97110	\$64.68	97598	\$105.62
97112	\$65.55	97602	\$70.68
97113	\$71.05	97605	\$66.55
97116	\$56.05	97606	\$66.55
97124	\$50.67	97750	\$77.62
97140	\$46.36	97755	\$94.04
97150	\$52.81	97760	\$71.65
97161	\$147.85	97761	\$65.53
97162	\$177.44	97763	\$61.69
97163	\$221.80		

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, 2026