

Prescribed Pediatric Extended Care Services Fee Schedule <u>July 1</u> January 1, 2025		
CODE	DESCRIPTION OF SERVICE	MAXIMUM FEE
T1025	Full Day PPEC Services (five to twelve hours)*	<u>\$281.68</u> \$264.24
T1026	Partial Day PPEC Services (four hours or less per day billed in units of one hour)*	<u>\$44.73</u> \$41.96

**Any portion of the hour that exceeds 15 minutes may be rounded up to the next hour after the first hour.*