

**Prescribed Pediatric Extended Care Services Fee Schedule
2020**

CODE	DESCRIPTION OF SERVICE	MAXIMUM FEE
T1025	Full Day PPEC Services (five to twelve hours)*	\$213.49
T1026	Partial Day PPEC Services (four hours or less per day billed in units of one hour)*	\$33.90

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