| Prescribed Pediatric Extended Care Services Fee Schedule 2021 Rates effective from 01/1/2021 through 6/30/2021 | | | |
|--|---|-------------|--|
| 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 | |

| Rates effective 7/1/2021 | | | |
|--------------------------|---|-------------|--|
| CODE | DESCRIPTION OF SERVICE | MAXIMUM FEE | |
| T1025 | Full Day PPEC Services (five to twelve hours)* | \$225.69 | |
| T1026 | Partial Day PPEC Services (four hours or less per day billed in units of one hour)* | \$35.84 | |

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