

Prescribed Pediatric Extended Care Services Fee Schedule

CODE	DESCRIPTION OF SERVICE	MAXIMUM FEE
T1025	Full Day PPEC Services (over four hours up to twelve hours per day)	\$191.99 per day
T1026	Partial Day PPEC Services (four hours or less per day billed in units of one hour) A minimum of 15 minutes of service is required to round up to a full hour, after the first hour.	\$24.72 per hour