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MEDICAID BULLETIN

TO: Occupational Therapy, Physical Therapy, Speech Pathology and Audiology Providers

SUBJECT: Occupational Therapy, Physical Therapy, Speech Pathology Rate Increases and Policy Updates

Effective for dates of service on or after July 1, 2024, the South Carolina Department of Health and Human Services (SCDHHS) will update the reimbursement methodology and rates for Medicaid State Plan-covered rehabilitative occupational, physical and speech therapy services. Through this bulletin, SCDHHS is also updating its co-treatment policies, which are described in the [Rehabilitative Therapy and Audiological Services provider manual](#).

Reimbursement Rate Increases

Updated reimbursement rates for occupational, physical and speech therapy services are included in the tables below. These rate increases apply to individual or group rehabilitative occupational therapy, physical therapy or speech-language pathology providers, comprehensive outpatient rehabilitative facilities and local education agencies. They will be reflected in the Occupational Therapy, Physical Therapy and Speech Therapy [fee schedules available on SCDHHS' website](#) by July 1, 2024.

Occupational Therapy		
Code	Current Rate	New rate
97022	\$11.30	\$14.09
97110	\$21.84	\$24.31
97112	\$27.10	\$27.90
97113	\$26.36	\$30.39
97140	\$20.10	\$22.38
97150	\$13.84	\$14.92
97165	\$48.18	\$83.99



Code	Current Rate	New Rate
97166	\$48.18	\$83.99
97167	\$48.18	\$83.99
97168	\$31.14	\$58.02
97530	\$23.14	\$25.63
97760	\$19.51	\$39.51
97763	\$36.67	\$43.38
L2999	\$93.36	\$100.39
L3808	\$47.46	\$51.03
L3999	\$34.78	\$37.40

Physical Therapy		
Code	Current Rate	New rate
97022	\$11.30	\$14.09
97110	\$21.84	\$24.31
97112	\$27.10	\$27.90
97113	\$26.36	\$30.39
97140	\$20.10	\$22.38
97150	\$13.84	\$14.92
97161	\$49.04	\$83.17
97162	\$49.04	\$83.17
97163	\$49.04	\$83.17
97164	\$32.37	\$57.74
97530	\$23.14	\$25.63
97760	\$19.51	\$39.51
97763	\$36.67	\$43.38
L2999	\$93.36	\$100.39
L3808	\$47.46	\$51.03
L3999	\$34.78	\$37.40

Speech Therapy		
Code	Current Rate	New rate
92521	\$70.80	\$110.24
92522	\$57.67	\$92.28
92523	\$119.49	\$188.98
92524	\$59.05	\$90.90

Code	Current Rate	New Rate
92526	\$42.52	\$71.01
92606	\$64.80	\$64.93
92607	\$101.41	\$102.78
92608	\$40.71	\$40.71
92609	\$51.69	\$85.65
92610	\$52.96	\$70.73
S9152	\$54.59	\$61.68

Co-treatment Policies Update

Providers must comply with the co-treatment guidance listed below when delivering and billing for their services. This guidance applies to Healthy Connections Medicaid providers who deliver services to Healthy Connections Medicaid members and to children who are only enrolled in the state's Individuals with Disabilities Education Act Part C program, commonly known as BabyNet.

- Co-treatment occurs when practitioners from different professional disciplines can effectively address their treatment goals while the patient is engaged in a single therapy session.
- Co-treatment must be limited to two disciplines providing interventions during one treatment session. Neither discipline can bill separately for the full session.
- Co-treatment is allowed when coordination between the two disciplines will benefit the patient, not for the provider's or member's scheduling convenience.
- The total time billed between the therapists must be **equal to the exact duration** of the treatment session, not to exceed the allowed time per service per patient per day.
- Documentation must clearly indicate the rationale for co-treatment and state the goals that will be addressed through this method of intervention. Co-treatment sessions must be documented as such by each practitioner, stating which goals were addressed and the progress made.
- If one of the disciplines provides treatment using an untimed procedure code, the shared treatment time must still be billed on a shared basis. For example, if the session is 50–60 minutes, one provider would bill for one unit of the untimed procedure code, while the other provider would bill for 25–30 minutes of therapy. **If the shared treatment time is 15 minutes, only one provider is allowed to bill for the service.**
- If only one provider is treating and the other provider is observing without making any contribution to the session, only the primary treating provider may bill for treatment.

South Carolina's Medicaid managed care organizations (MCOs) are responsible for the authorizations, coverage and reimbursement related to the services described in this bulletin for Healthy Connections Medicaid members who are enrolled in an MCO.

Updated policy language will be available in the [Rehabilitative Therapy and Audiological Services provider manual](#) by July 1, 2024.

Providers should direct any questions related to this bulletin to the Provider Service Center (PSC). PSC representatives can be reached at (888) 289-0709 from 7:30 a.m.-5 p.m. Monday-Thursday and 8:30 a.m.-5 p.m. Friday. Providers can also submit an online inquiry at <https://www.scdhhs.gov/providers/contact-provider-representative>.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/

Robert M. Kerr