

Fee Schedule
School-Based Rehabilitative Services (SBRS) – Revised 07/01/2024
Rehabilitative Behavioral Health Services (RBHS) Revised 8/1/2022
Coronavirus Disease 2019 (COVID-19) Testing– Added 3/25/2021

The information provided below is a summary of information provided in the South Carolina Department of Health and Human Services' (SCDHHS) Local Education Agencies (LEA) Provider Manual and the SCDHHS' fee schedules. The information is subject to change by the SCDHHS and will be updated by the South Carolina Department of Education (SCDE) as needed. LEAs and their billing companies are advised to regularly review the [LEA Provider Manual](#) and the SCDHHS' [fee schedules](#) for the most current updates.

SCHOOL-BASED REHABILITATIVE SERVICES (SBRS)
Audiology Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
92552	Pure tone audiometry (threshold); air	-	-	One Test	6 every 12 months	\$15.03
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	-	-	One Evaluation	1 every 12 months	\$40.80
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	52	Reduced Services	One Evaluation	6 every 12 months	\$20.40

92567	Tympanometry (impedance testing)	-	-	One Test	6 every 12 months	\$17.94
92568	Acoustic reflex testing; threshold	-	-	One Test	2 every 12 months	\$15.46

Audiology - Hearing Aid Examination and Selection – Checks and Fittings

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
92584	Electrocochleography			One Procedure	1 per implantation	\$84.45
92590	Hearing Aid Examination and Selection; Monaural	-	-	One Evaluation	6 every 12 months	\$42.19
92592	Hearing Aid Check; Monaural	-	-	One Analysis	6 every 12 months	\$17.91
92592	Hearing Aid Re-Check; Monaural	52	Reduced services	One Analysis	6 every 12 months	\$8.95
92626	Evaluation of Auditory Rehabilitation Status, First Hour	-	-	First Hour	10 every 12 months	\$73.09

V5011	Fitting/Orientation/ Checking of Hearing Aid	-	-	One Orientation	6 every 12 months	\$45.44
V5090	Dispensing Fee; Unspecified Hearing Aid	-	-	One fee	6 every 12 months	\$113.97
V5275	Ear Impression , Each- (One-Bill 1 Unit)	-	-	One ear impression	6 every 12 months	\$31.35
V5275	Ear Impression, Each - (Both-Bill 2 Units)	-	-	One ear impression	6 every 12 months	\$31.35

Nursing Procedure Codes for Children Under 21

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
T1002	Registered Nurse (RN)	-	-	1 – unit = 15 minutes	24 units per day	\$8.0 0
T1003	LPN Licensed Practical Nurse (LPN)	-	-	1 – unit = 15 minutes	24 units per day	\$6.0 6
T1015	Clinic visit/enco unter, all inclusive	TD	RN -Nursing Encounter	< 15 minutes	4 encounters per day	\$6.1 6

T1015	Clinic visit/encounter, all inclusive	TE	LPN Nursing Encounter	< 15 minutes	4 encounters per day	\$4.22
T1502	Medication Administration	-	-	1 – unit = 1 Encounter	4 encounters per day	\$8.00

Medication Administration is billable utilizing procedure code T1502. The maximum billable units for procedure code T1502 are a total of four (4) encounters per date of service for all schools except the School for the Deaf and Blind (SCSDB). When billing multiple units, all units must be billed on one line of the claim form. Effective March 1, 2018, providers may utilize the new code for this encounter. However, **effective July 1, 2018**, T1502 is mandatory when billing for Medication Administration.

NOTE: The procedure codes T1002, T1003, and T1015 may be billed on the same date of service. However, these services are not reimbursable in addition to other procedure codes, which would include a nursing service (e.g., E/M office visit codes, Home Health Skilled Nursing Care codes, DHEC clinic procedures, etc.).

Occupational Therapy Evaluation

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
97165	Occupational therapy evaluation - low complexity – 30 minutes	GO	Services delivered under an outpatient occupational therapy plan of care	1 – unit = One Evaluation	1 every 12 months	\$83.99
97166	Occupational therapy evaluation - moderate complexity – 45 minutes	GO	Services delivered under an outpatient occupational therapy plan of care	1 – unit = One Evaluation	1 every 12 months	\$83.99

97167	Occupational therapy evaluation - high	GO	Services delivered under an outpatient	1 – unit = One Evaluation	1 every 12 months	\$83.99
	complexity – 60 minutes		occupational therapy plan of care			
97168	Re-evaluation of occupational therapy established plan of care	GO	Services delivered under an outpatient occupational therapy plan of care	1 – unit = One Re-evaluation	2 every 12 months	\$58.02

Occupational Therapy

NOTE: Payment for this procedure includes both time and cost of material.

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement

97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance),	GO	Services delivered under an outpatient occupational therapy plan of care	1 – unit = 15 minutes	4 units per day	\$25.63
97150	Therapeutic procedure(s), group (2 or more individuals)	GO	Services delivered under an outpatient occupational therapy plan of care	1 – unit = 15 minutes	4 units per day	\$14.92

Occupational Therapy - Fabrication of Orthotic

L3808	Wrist hand finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	-	-	1 – unit = One splint	4 every 12 months	\$51.03
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NOTE: Payment for this procedure includes both time and cost of material.

L2999	Lower extremity orthoses, not otherwise specified (NOS)	-	-	One orthotic	4 every 12 months	\$100.39
L3999	Upper limb orthosis, not otherwise specified (NOS)	-	-	One orthotic	4 every 12 months	\$37.40

NOTE: Payment for this procedure includes both time and cost of material.

Orientation & Mobility

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
T1024	Evaluation and treatment by an	-	-	1 – unit = 15 minutes	One assessment	\$15.41
	integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter				(Up to 8 units)	
T1024	Evaluation and treatment – (Follow-up service)	TS	Follow- up service	1 – unit = 15 minutes	One re-assessment (Up to 5 units 3 times per year)	\$15.41
T1024	Evaluation and treatment	TM	Individualized Education Program (IEP)	1 – unit = 15 minutes	15 minutes (up to 30 units/week)	\$15.41

Physical Therapy- Evaluation

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
97161	Physical therapy evaluation – low complexity - evaluation typically 20 minutes	GP	Services delivered under an outpatient physical therapy plan of care	1 – unit = One Evaluation	1 every 12 months	\$83.17
97162	Physical therapy evaluation – moderate complexity - evaluation typically 30 minutes	GP	Services delivered under an outpatient physical therapy plan of care	1 – unit = One Evaluation	1 every 12 months	\$83.17
97163	Physical therapy evaluation – high complexity - evaluation typically 60 minutes	GP	Services delivered under an outpatient physical therapy plan of care	1 – unit = One Evaluation	1 every 12 months	\$83.17
97164	Re-evaluation of physical therapy established plan of care - 20 minutes	GP	Services delivered under an outpatient physical therapy plan of care	1 – unit = One Re- Evaluation	2 every 12 months	\$57.74

Physical Therapy

97110	Individual physical therapy – Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	GP	Services delivered under an outpatient physical therapy plan of care	1 – unit = 15 minutes	4 units per day	\$24.31
97150	Group physical therapy. Therapeutic	GP	Services delivered under an outpatient	1 – unit = 15 minutes	4 units per day	\$14.92
	procedure(s) (Group of 2 or more individuals)		physical therapy plan of care			

Speech Evaluation

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)	-	-	1-Unit = 1 Evaluation	1 per lifetime	\$110.24

92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria);	-	-	1-Unit = 1 Evaluation	1 per lifetime	\$92.28
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)	-	-	1-Unit = 1 Evaluation	1 per lifetime	\$188.98
92524	Behavioral and qualitative analysis of voice and resonance	-	-	1-Unit = 1 Evaluation	1 per lifetime	\$90.90

92610	Evaluation of oral and pharyngeal swallowing function	-	-	1-Unit = 1 Evaluation	1 per lifetime	\$70.73
S9152	*Re-evaluation of speech, language, voice, communication s, and/or auditory processing	-	-	1 - unit = 1 Re- evaluation	2 every 12 months 2 every 12 months	\$61.68

NOTE: Any evaluation performed subsequent to the evaluation conducted as the result of the initial speech disorder is considered a re-evaluation and should be billed under this code.

Speech Therapy

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
92507	Individual Speech Therapy- Treatment of speech, language, voice, communication and/or auditory processing disorder.	-	-	1 – unit = 15 minutes	4 units per day	\$26.68
92508	Group Speech Therapy - Treatment of speech, language, voice, communication and/or auditory processing disorder; group, two or more individuals	-	-	1 – unit = 15 minutes	4 units per day	\$12.47
92526	Treatment of swallowing dysfunction and/or oral function for feeding	-	-	1 – unit = 1 encounter	1 encounter per day	\$42.52

Telehealth
(formerly known as Telemedicine)

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
Q3014	Telehealth – Originating Site Facility Fee	-		1 – unit = Encounter	Per Encounter	\$20.92

Please refer to the South Carolina Department of Health and Human Services' [Physicians Services Provider Manual](#) to review telehealth policy.

REHABILITATIVE BEHAVIORAL HEALTH SERVICES (RBHS)

**Services that may be billed in accordance with the alternative fee schedule when rendered in a school-based setting by either an employee or contractor of the school district, if the school district has executed an RBHS contract with the SCDHHS. Please reference the [School-based Services Alternative Fee Schedule](#) for rates and additional billing information.

Diagnostic Assessment						
Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
90791	Psychiatric Diagnostic Evaluation without Medical Services - Comprehensive Diagnostic Assessment- Initial **	AH	Licensed Psychologist	1 - unit = 1 Encounter	1 encounter every 6 months	\$224.63
		HO	Master's Level			\$153.94
		AH	Licensed Psychologist			\$112.32

		HO	Master's Level			\$76.97
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Behavioral Health Screening

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
H0002	Behavioral Health Screening	AH	Licensed Psychologist	1 - unit = 15 minutes	2 units per day	\$18.72
		HO	Master's Level			\$12.82
		HN	Bachelor's Level			\$11.23

Psychological Testing and Evaluation Assessment
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The Centers for Medicare and Medicaid Services (CMS) has revised the procedure codes for billing Psychological Testing and Evaluation. The South Carolina Department of Health and Human Services (SCDHHS) have authorized the use of the new Psychological Testing and Evaluation procedures codes for the school districts effective July 1, 2019.

Procedure code 96101 was replaced with the following procedure codes. The following staff are authorized to bill for the new procedure codes:

Certified School Psychologist (I, II, III)/Licensed Psychologist and Licensed Psycho- Educational Specialist.

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
96131	Psychological Testing and Evaluation – Next Hour	AH	Licensed Psychologist	1 - unit = 60 minutes	5 units per day maximum - not to exceed 24 units per year	\$90.43

		HO	Licensed Psycho-Educational Specialist (LPES)			
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NOTE: Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member[s] or caregiver[s], when performed; each additional hour [list separately in addition to code for primary procedure]) This procedure code is billed as a 60-minute unit. The provider may bill up to 5 units per day; not to exceed 24 units per year in combination with 96130, 96136, and 96137.

96136	Psychological or neuropsychological test administration and scoring	AH	Licensed Psychologist	1 - unit = 30 minutes	1 unit per day not to exceed 24 units per year	\$45. 21
		HO	Licensed Psycho-Educational Specialist (LPES)			

NOTE: Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes)
This procedure code is billed as a 30-minute unit. The provider may bill up to 1 unit per day; not to exceed 24 units per year in combination with 96130, 96131, and 96137.

96137	Psychological or neuropsychological test administration and scoring	AH	Licensed Psychologist	1 - unit = 30 minutes	6 units per day maximum not to exceed 24 units per year	\$45. 21
		HO	Licensed Psycho-Educational Specialist (LPES)			

NOTE: Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes [list separately in addition to code for primary procedure].
This procedure code is billed as a 30-minute unit. The provider may bill up to 6 units per day; not to exceed 24 units per year in combination with 96130, 96131, and 96136.

Service Plan Development

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
H0032	Service Plan Development by Non-physician **	AH	Licensed Psychologist	1 – unit = 15 minutes	10 units per week	\$11.73
		HO	Master's Level			\$8.04
		HN	Bachelor's Level			\$7.04
	Service Plan Development with Client/Family	-	Service Plan Development Team	1 unit = 1 Session	6 sessions per 12 Month	\$39.54
	Service Plan Development without Client/Family	-	Service Plan Development Team	1 unit = 1 Session	6 sessions per 12 Month	\$39.54

Psychotherapy Services

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
90832	Individual Psychotherapy **	AH	Licensed		1 per date of	\$54.43

	Face- to-Face for 30 minutes		Psychologist		service; IP can be	
		HO	Master's Level	1 - unit = 30 minutes	rendered in a variety of combinations, 6 sessions per month.	\$37.30
90834	Individual Psychotherapy ** Face- to-Face for 45 minutes per session	AH	Licensed		1 per date of service; IP can be	\$108.86
		HO	Master's Level	1 - unit = 45 minutes	rendered in a variety of combinations, 6 sessions per Month.	\$74.60
90837	Individual Psychotherapy **	AH	Licensed		1 per date of service;	\$163.29

	Face- to-Face – 60 minutes		Psychologist	1 – unit	IP can be rendered in	
	per session			= 60	a variety of combinations,	
		HO	Master’s Level	minutes	6 sessions per Month	\$111.90

NOTE: Individual Psychotherapy can be rendered in a variety of combinations. Six sessions are allowed per month and one session can be billed per day.

90853	Group Psychotherapy** - Hour session	AH	Licensed Psychologist	1 - unit = 60 minutes	1 per date of service 8 sessions per month	\$24.30
		HO	Master's Level			\$16.65
90849	Multiple Family Group Psychotherapy - Hour session	AH	Licensed Psychologist	1 - unit = 60 minutes	1 per date of service 8 sessions per month	\$24.30
		HO	Master's Level			\$16.65
90846	Family Psychotherapy ** without Client - Hour session	AH	Licensed Psychologist	1 - unit = 50 minutes	1 per date of service 4 sessions per month	\$156.18

		HO	Master's Level			\$107.04
90847	Family Psychotherapy ** with Client - Hour session	AH	Licensed Psychologist	1 - unit =	1 per date of service 4 sessions per	\$156.18
		HO	Master's Level	50 minutes	month	\$107.04

Crisis Management

Two CM service encounters can be rendered to an individual prior to a DA being required. Following two CM service encounters, a DA must show medical necessity for more services to be authorized.

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
H2011	Crisis Management **	AH	Licensed Psychologist	1 – unit = 15 minutes	16 units per day (80 - units annually)	\$28.29
		HO	Master's Level			\$19.39
		HN	Bachelor's Level			\$16.97

Community Support Services (CSS)

***These services are only available to school districts who were approved to render CSS prior to July 1, 2022.**

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
H2014	Behavioral Modification *	AH	Licensed Psychologist	1 – unit = 15 minutes	32 units per day	\$13.02
		HO	Master's Level			\$8.92
			Bachelor's Level			\$7.81
H2017	Psychosocial Service Rehabilitative *- Individual and Group use the same modifier	U1	Licensed Psychologist	1 – unit = 15 minutes	24 units per day	\$13.02
		U2	Master's Level			\$8.92
		U3	Bachelor's Level			\$7.81
S9482	Family Support Services *	AH	Licensed Psychologist	1 – unit = 15 minutes	32 units per day	\$13.02
		HO	Master's Level			\$8.92

		HN	Bachelor's level			\$7.81
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CORONAVIRUS DISEASE 2019 (COVID-19) TESTING

COVID-19 Testing

Procedure Code	Procedure Code Description	Modifier	Modifier Description	Unit of Service	Frequency	Reimbursement
87811	Immunoassay, COVID- 19 with direct optical observation	-	-	1 – unit = 1 Encounter	1 encounter per day	\$42.00

NOTE: Reimbursement is only allowed when COVID-19 Testing is administered by a Registered Nurse (RN) or Licensed Practical Nurse (LPN).