



APPENDIX 9
PHYSICAL AND OCCUPATIONAL THERAPY
REIMBURSEMENT RATES

Procedure Code	Description of Service	Reimbursement Rate
97161	Physical Therapy Evaluation (low complexity)	\$76.15 per visit
97162	Physical Therapy Evaluation (moderate complexity)	\$76.15 per visit
97163	Physical Therapy Evaluation (high complexity)	\$76.15 per visit
97110	Physical Therapy	\$105.96 per hour \$26.49 per 15 min. unit
97150	Physical Therapy Group	\$65.88 per hour \$16.47 per 15 min. unit
97165	Occupational Therapy Evaluation (low complexity)	\$76.15 per visit
97166	Occupational Therapy Evaluation (moderate complexity)	\$76.15 per visit
97167	Occupational Therapy Evaluation (high complexity)	\$76.15 per visit
97530	Occupational Therapy	\$105.96 per hour \$26.49 per 15 min. unit
97150	Occupational Therapy Group	\$65.88 per hour \$16.47 per 15 min. unit
97113	Aquatic Therapy with Therapeutic Exercises	\$30.02 per 15 min. unit Not to exceed 8 units per month

Notes:

- 1) Children's Rehabilitative Services (CRS) Payment Program can cover insurance co-payments or reimbursement up to the established fee limit for therapy directly related to a qualifying medical condition.
- 2) Type, purpose, duration, frequency, expected outcomes and progress must be documented in the DHEC health record.
- 3) Authorization of therapies for more than 12 consecutive months requires approval of regional CYSHCN Coordinator or designee.