



May 19, 2026

Payment Policy

EPSDT Billing and Authorization Updates – Physical, Occupational, and Speech Therapy

Effective Date: July 1, 2026

Please be advised of the following updates regarding billing requirements for EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) - Physical, Occupational, Speech Therapy services for Kentucky Medicaid members, effective July 1, 2026.

Providers are expected to review and comply with the requirements outlined below to ensure accurate submission of claims and payment.

Code Changes

S-codes (S9128-Speech Therapy, S9131-Physical Therapy, S9129-Occupational Therapy), will no longer be accepted, and will be replaced with the therapy Current Procedural Terminology (CPT) codes. All billed codes must be listed on the DMS therapy fee schedule.

<https://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx>

Example of new codes effective 07/01/2026

Therapy Type	Procedure Code Range
Occupational	92526 – 99473
Physical	95851 – 99454
Speech	31579 - G0451
Evaluations:	
Physical	97161, 97162, 97163
Occupational	97165, 97166, 97167
Speech	92521, 92522, 92523 92524

For claims with date of service on or after 07/01/2026 and billed with the existing S code – the claims will deny as non-covered.

Modifier Requirement

- All EPSDT services billed under the applicable CPT codes must include the EP modifier appended to the claim in the 1st modifier position on the claim form.

Therapy Modifiers

For therapy services, providers must append the appropriate discipline-specific modifier in addition to the EP modifier in the second position

- GN – Outpatient Speech Therapy
- GO – Outpatient Occupational Therapy
- GP – Outpatient Physical Therapy

Assistant Services

When services are performed by a therapy assistant, the appropriate assistant modifier must be appended:

- CQ – Physical Therapy Assistant
- CO – Occupational Therapy Assistant

Services billed with assistant modifiers will be reimbursed at the reduced rate, in accordance with DMS policy.

Prior Authorization (PA) Requirements

- All EPSDT therapy services rendered by provider type 45 require prior authorization, regardless of visit count.
- Your prior authorization request must include the applicable therapy codes being requested, the EP modifier and the applicable therapy modifier (GN, GP or GO. CQ or CO)

Claim Submission Rules

- Providers shall bill EPSDT services on separate claims by modality and date of service. EPSDT services shall not be billed on the same claim as non-EPSDT services.
- If a member receives two distinct therapy services on the same day (for example, physical therapy and speech therapy), the second service must include the 59 modifier to support separate and distinct services.
- Payment is determined by provider type and the specific service, in accordance with your current contract rates.
- Provider type 45 will receive one payment per therapy type per date of service, regardless of the number of units or codes billed.

Please review these changes carefully to ensure compliance and accurate claim submission. If you have questions or need assistance, contact your Network Manager.

Thank you for your attention to this update and for your continued partnership in serving Kentucky Medicaid members.