

KY Medicaid Physical Therapy Fee Schedule 2026 (Provider Type 87) revised 5.6.2026

Notes:

- **Red indicates new codes or changes for the most current revision date.**
- * **Blue indicates code is end dated.**
- **See Updates tab at bottom of excel spreadsheet for updates made to the fee schedule.**
- **It is the responsibility of the provider to check member eligibility.**
- **CQ modifier required when billing for services provided by physical therapist assistant.**
- **The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment.**
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Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
29065			APPLICATION OF SHOULDER TO HAND CAST	\$63.44	\$37.32	\$38.64	\$22.73
29075			APPLICATION OF ELBOW TO FINGER CAST	\$57.13	\$33.60	\$35.16	\$20.69
29085			APPLICATION OF HAND AND LOWER FOREARM CAST	\$62.67	\$36.87	\$38.07	\$22.39
29086			APPLICATION OF FINGER CAST	\$48.20	\$28.35	\$27.57	\$16.22
29105			APPLICATION OF LOWER AND UPPER ARM SPLINT	\$57.02	\$33.54	\$23.33	\$13.72
29125			APPLICATION OF NONMOVEABLE FOREARM TO HAND SPLINT	\$46.07	\$27.10	\$24.49	\$14.41
29126			APPLICATION OF MOVEABLE OR HINGED FOREARM TO HAND SPLINT	\$50.07	\$29.45	\$27.36	\$16.09
29130			APPLICATION OF NONMOVEABLE FINGER SPLINT	\$27.32	\$16.07	\$15.78	\$9.28
29131			APPLICATION OF HINGED FINGER SPLINT	\$35.02	\$20.60	\$18.93	\$11.13
29200			PLACEMENT OF STRAPPING TO CHEST	\$18.70	\$11.00	\$9.61	\$5.66
29240			PLACEMENT OF STRAPPING TO SHOULDER	\$17.18	\$10.11	\$9.42	\$5.54



Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
29260			PLACEMENT OF STRAPPING TO ELBOW OR WRIST	\$17.19	\$10.11	\$9.80	\$5.77
29280			PLACEMENT OF STRAPPING TO HAND OR FINGER	\$17.96	\$10.56	\$10.58	\$6.22
29505			APPLICATION OF LONG LEG SPLINT FROM THIGH TO ANKLE OR TOE	\$63.74	\$37.50	\$32.70	\$19.23
29515			APPLICATION OF SHORT LEG SPLINT FROM CALF TO FOOT	\$48.69	\$28.64	\$29.95	\$17.62
95851			MEASUREMENT OF RANGE OF MOTION IN ARM, LEG OR EACH SPINE SECTION	\$15.15	\$8.91	\$4.17	\$2.45
95852			MEASUREMENT OF RANGE OF MOTION OF HAND	\$12.38	\$7.28	\$3.10	\$1.83
95860	26	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 1 EXTREMITY	\$31.21	\$18.36	\$31.21	\$18.36
95860		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 1 EXTREMITY	\$69.83	\$41.07	\$69.83	\$41.07
95861	26	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 2 EXTREMITIES	\$49.58	\$29.17	\$49.58	\$29.17
95861		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 2 EXTREMITIES	\$95.59	\$56.23	\$95.59	\$56.23
95863	26	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 3 EXTREMITIES	\$60.38	\$35.52	\$60.38	\$35.52
95863		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 3 EXTREMITIES	\$129.29	\$76.05	\$129.29	\$76.05
95864	26	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 4 EXTREMITIES	\$64.07	\$37.69	\$64.07	\$37.69



Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
95864		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 4 EXTREMITIES	\$141.12	\$83.01	\$141.12	\$83.01
95867	26	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MUSCLES ON SIDE OF BODY	\$25.12	\$14.78	\$25.12	\$14.78
95867		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MUSCLES ON SIDE OF BODY	\$62.79	\$36.94	\$62.79	\$36.94
95869	26	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MIDDLE SPINE MUSCLES	\$12.03	\$7.08	\$12.03	\$7.08
95869		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MIDDLE SPINE MUSCLES	\$54.82	\$32.25	\$54.82	\$32.25
95870	26	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM, LEG, TRUNK OR HEAD MUSCLES, LIMITED STUDY	\$12.03	\$7.08	\$12.03	\$7.08
95870		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM, LEG, TRUNK OR HEAD MUSCLES, LIMITED STUDY	\$49.90	\$29.35	\$49.90	\$29.35
95886		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, COMPLETE STUDY	\$58.79	\$34.58	\$58.79	\$34.58
95887		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN TRUNK OR HEAD MUSCLES	\$51.62	\$30.36	\$51.62	\$30.36
95905	26	Episode	NERVE CONDUCTION STUDY OF ARM OR LEG MOVEMENT AND/OR FEELING WITH REVIEW AND REPORT	\$1.64	\$0.96	\$1.64	\$0.96



Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
95905		Episode	NERVE CONDUCTION STUDY OF ARM OR LEG MOVEMENT AND/OR FEELING WITH REVIEW AND REPORT	\$19.06	\$11.21	\$19.06	\$11.21
95907	26	Episode	NERVE CONDUCTION, 1-2 STUDIES	\$32.63	\$19.19	\$32.63	\$19.19
95907		Episode	NERVE CONDUCTION, 1-2 STUDIES	\$55.72	\$32.78	\$55.72	\$32.78
95908	26	Episode	NERVE CONDUCTION, 3-4 STUDIES	\$40.96	\$24.09	\$40.96	\$24.09
95908		Episode	NERVE CONDUCTION, 3-4 STUDIES	\$70.12	\$41.25	\$70.12	\$41.25
95909	26	Episode	NERVE CONDUCTION, 5-6 STUDIES	\$48.92	\$28.77	\$48.92	\$28.77
95909		Episode	NERVE CONDUCTION, 5-6 STUDIES	\$83.94	\$49.38	\$83.94	\$49.38
95910	26	Episode	NERVE CONDUCTION, 7-8 STUDIES	\$64.85	\$38.15	\$64.85	\$38.15
95910		Episode	NERVE CONDUCTION, 7-8 STUDIES	\$109.33	\$64.31	\$109.33	\$64.31
95911	26	Episode	NERVE CONDUCTION, 9-10 STUDIES	\$80.97	\$47.63	\$80.97	\$47.63
95911		Episode	NERVE CONDUCTION, 9-10 STUDIES	\$130.57	\$76.80	\$130.57	\$76.80
95912	26	Episode	NERVE CONDUCTION, 11-12 STUDIES	\$96.72	\$56.89	\$96.72	\$56.89
95912		Episode	NERVE CONDUCTION, 11-12 STUDIES	\$151.62	\$89.19	\$151.62	\$89.19
95913	26	Episode	NERVE CONDUCTION, 13 OR MORE STUDIES	\$114.66	\$67.45	\$114.66	\$67.45
95913		Episode	NERVE CONDUCTION, 13 OR MORE STUDIES	\$178.47	\$104.98	\$178.47	\$104.98
95992		Episode	REPOSITIONING EXERCISES OF HEAD FOR TREATMENT OF DIZZINESS, EACH DAY	\$24.83	\$14.61	\$18.58	\$10.93
96110		Episode	DEVELOPMENTAL SCREENING	\$7.29	\$4.29	\$7.29	\$4.29
96112		First 1 hour	ADMINISTRATION OF DEVELOPMENTAL TEST, FIRST HOUR	\$77.11	\$45.36	\$66.70	\$39.24
96113		Add'l 30 min	ADMINISTRATION OF DEVELOPMENTAL TEST, EACH ADDITIONAL 30 MINUTES	\$34.56	\$20.33	\$28.31	\$16.65
96125		Per Hour	TEST TO ASSESS THE ABILITY TO COMPLETE SPECIFIC FUNCTIONAL TASKS APPLICABLE TO ENVIRONMENT	\$62.34	\$36.67	\$62.34	\$36.67
97010			APPLICATION OF HOT OR COLD PACKS	\$8.77	\$5.16	\$8.77	\$5.16
97012		Episode	APPLICATION OF MECHANICAL TRACTION	\$8.71	\$5.13	\$8.71	\$5.13

Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
97014		Episode	APPLICATION OF ELECTRICAL STIMULATION	\$8.85	\$5.31	\$8.85	\$5.21
97016		Episode	APPLICATION OF BLOOD VESSEL COMPRESSION DEVICE	\$7.25	\$4.26	\$7.25	\$4.26
97018		Episode	APPLICATION OF HOT WAX BATH	\$3.56	\$2.09	\$3.56	\$2.09
97022		Episode	APPLICATION OF WHIRLPOOL THERAPY	\$9.30	\$5.47	\$9.30	\$5.47
97024		Episode	APPLICATION OF HEAT WAVE THERAPY	\$4.31	\$2.54	\$4.31	\$2.54
97026		Episode	APPLICATION OF LOW ENERGY HEAT	\$3.93	\$2.31	\$3.93	\$2.31
97028		Episode	APPLICATION OF ULTRAVIOLET LIGHT	\$4.93	\$2.90	\$4.93	\$2.90
97032		15 min	APPLICATION OF ELECTRICAL STIMULATION WITH THERAPIST PRESENT, EACH 15 MINUTES	\$8.93	\$5.25	\$8.93	\$5.25
97033		15 min	APPLICATION OF MEDICATION USING ELECTRICAL CURRENT, EACH 15 MINUTES	\$11.41	\$6.71	\$11.41	\$6.71
97034		15 min	APPLICATION OF HOT AND COLD BATHS, EACH 15 MINUTES	\$8.45	\$4.97	\$8.45	\$4.97
97035		15 min	APPLICATION OF ULTRASOUND, EACH 15 MINUTES	\$8.64	\$5.09	\$8.64	\$5.09
97036		15 min	APPLICATION OF WATER THERAPY USING A SPECIAL TANK, EACH 15 MINUTES	\$20.36	\$11.97	\$20.36	\$11.97
97110		15 min	THERAPY PROCEDURE USING EXERCISE TO DEVELOP STRENGTH, ENDURANCE, RANGE OF MOTION, AND FLEXIBILITY, EACH 15 MINUTES	\$17.54	\$10.32	\$17.54	\$10.32
97112		15 min	THERAPY PROCEDURE TO RE-EDUCATE BRAIN-TO-NERVE-TO-MUSCLE FUNCTION, EACH 15 MINUTES	\$19.74	\$11.61	\$19.74	\$11.61
97113		15 min	THERAPY PROCEDURE USING WATER POOL TO EXERCISES, EACH 15 MINUTES	\$22.15	\$13.03	\$22.15	\$13.03



Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
97116		15 min	THERAPY PROCEDURE FOR WALKING TRAINING, EACH 15 MINUTES	\$17.54	\$10.32	\$17.54	\$10.32
97124		15 min	THERAPY PROCEDURE USING MASSAGE, EACH 15 MINUTES	\$17.68	\$10.40	\$17.68	\$10.40
97129		1st 15 min	THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, INITIAL 15 MINUTES	\$13.87	\$8.16	\$12.16	\$7.16
97130		Add'l 15 min	THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, EACH ADDITIONAL 15 MINUTES	\$13.06	\$7.68	\$11.55	\$6.79
97140		15 min	THERAPY PROCEDURE USING MANUAL TECHNIQUE, EACH 15 MINUTES	\$16.73	\$9.84	\$16.73	\$9.84
97150		Episode	THERAPY PROCEDURE IN A GROUP SETTING	\$10.91	\$6.42	\$10.91	\$6.42
97161		Episode	EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$59.30	\$34.88	\$59.30	\$34.88
97162		Episode	EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 30 MINUTES	\$59.30	\$34.88	\$59.30	\$34.88
97163		Episode	EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 45 MINUTES	\$59.30	\$34.88	\$59.30	\$34.88
97164		Episode	RE-EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$40.51	\$23.83	\$40.51	\$23.83
97530		15 min	THERAPY PROCEDURE USING FUNCTIONAL ACTIVITIES	\$20.92	\$12.31	\$20.92	\$12.31
97533		15 min	THERAPY PROCEDURE USING SENSORY EXPERIENCES	\$35.59	\$20.94	\$35.59	\$20.94
97535		15 min	TRAINING FOR SELF-CARE OR HOME MANAGEMENT, EACH 15 MINUTES	\$19.43	\$11.43	\$19.43	\$11.43
97542		15 min	EVALUATION FOR WHEELCHAIR, EACH 15 MINUTES	\$18.93	\$11.14	\$18.93	\$11.14



Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
97550		30 min	CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT'S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY, INITIAL 30 MINUTES	\$32.28	\$18.99	\$24.89	\$14.64
97551		Add'l 15 min	CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT'S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY, EACH ADDITIONAL 15 MINUTES	\$16.04	\$9.44	\$13.20	\$7.77
97552		Episode	GROUP CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT'S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY	\$13.04	\$7.67	\$5.85	\$3.44
97597		Episode	REMOVAL OF TISSUE FROM WOUND, 20.0 SQ CM OR LESS	\$59.34	\$34.91	\$19.41	\$11.42
97598		Episode	REMOVAL OF TISSUE FROM WOUND, EACH ADDITIONAL 20.0 SQ CM	\$28.26	\$16.62	\$13.50	\$7.94
97605		Episode	THERAPY PROCEDURE USING A SPECIAL BANDAGE AND VACUUM PUMP, SURFACE AREA 50.0 SQ CM OR LESS	\$25.13	\$14.78	\$13.21	\$7.77
97606		Episode	THERAPY PROCEDURE USING A SPECIAL BANDAGE AND VACUUM PUMP, SURFACE AREA MORE THAN 50.0 SQ CM	\$29.98	\$17.64	\$14.46	\$8.51
97610		Episode	THERAPY PROCEDURE USING ULTRASOUND	\$226.38	\$133.16	\$9.63	\$5.67
97750		15 min	TEST OR MEASUREMENT FOR FUNCTIONAL CAPACITY, EACH 15 MINUTES	\$20.19	\$11.88	\$20.19	\$11.88



Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
97755		15 min	EVALUATION FOR ASSISTIVE TECHNOLOGY, EACH 15 MINUTES	\$22.86	\$13.45	\$22.86	\$13.45
97760		15 min	TRAINING IN THE USE OF ORTHOPEDIC DEVICE FOR ARM, LEG AND/OR TRUNK, EACH 15 MINUTES	\$27.31	\$16.07	\$27.31	\$16.07
97761		15 min	TRAINING IN THE USE OF ARTIFICIAL ARM AND/OR LEG, EACH 15 MINUTES	\$24.09	\$14.17	\$24.09	\$14.17
97763		15 min	FOLLOW-UP TRAINING IN THE USE OF ORTHOPEDIC DEVICE OR ARTIFICIAL ARM, LEG AND/OR TRUNK, EACH 15 MINUTES	\$29.54	\$17.37	\$29.54	\$17.37
98975		Episode	SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT FOR REMOTE THERAPEUTIC MONITORING	\$12.32	\$7.25	\$12.32	\$7.25
98976		Episode	DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF RESPIRATORY SYSTEM, 16-30 DAYS IN A 30-DAY PERIOD	\$26.88	\$15.81	\$26.88	\$15.81
98977		Episode	DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF MUSCULOSKELETAL SYSTEM, 16-30 DAYS IN A 30-DAY PERIOD	\$22.72	\$13.37	\$22.72	\$13.37
98980		20 min	REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, FIRST 20 MINUTES PER CALENDAR MONTH	\$32.15	\$18.91	\$16.06	\$9.45



Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
98981		Add'l 20 min	REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH ADDITIONAL 20 MINUTES PER CALENDAR MONTH	\$24.93	\$14.67	\$15.84	\$9.32
98984		Episode	DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF RESPIRATORY SYSTEM, 2-15 DAYS IN A 30-DAY PERIOD	\$26.88	\$15.81	\$26.88	\$15.81
98985		Episode	DEVICE SUPPLY FOR DATA ACCESS OR DATA TRANSMISSIONS TO SUPPORT MONITORING OF MUSCULOSKELETAL SYSTEM, 2-15 DAYS IN A 30-DAY PERIOD	\$22.72	\$13.37	\$22.72	\$13.37
99446		Episode	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 5-10 MINUTES	\$11.64	\$6.85	\$9.94	\$5.85
99447		Episode	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 11-20 MINUTES	\$23.28	\$13.69	\$19.86	\$11.69
99448		Episode	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 21-30 MINUTES	\$34.71	\$20.42	\$29.60	\$17.41



Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
99449		Episode	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, MORE THAN 30 MINUTES	\$46.54	\$27.38	\$39.34	\$23.14
99451		Episode	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH WRITTEN REPORT BY CONSULTING PHYSICIAN, AT LEAST 5 MINUTES	\$21.75	\$12.79	\$18.72	\$11.01
99452		Episode	TELEPHONE OR INTERNET REFERRAL SERVICE, 30 MINUTES	\$22.70	\$13.35	\$19.28	\$11.34
99453		Episode	REMOTE MONITORING OF PHYSIOLOGIC PARAMETER(S) (EG, WEIGHT, BLOOD PRESSURE, PULSE OXIMETRY, REPIRATORY FOLW RATE) , INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT	\$12.32	\$7.25	\$12.32	\$7.25
99454		Episode	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SUPPLY OF DEVICES WITH DAILY RECORDINGS OR PROGRAMMED ALERTS TRANSMISSION, MONITORING OF 16-30 DAYS IN A 30-DAY PERIOD	\$26.88	\$15.81	\$26.88	\$15.81

KY Medicaid Physical Therapy Fee Schedule Updates

Effective Date	Add/Delete/Change	Date Fee schedule updated
N/A	Added "Updates" tab. Changed procedure descriptions to long descriptions. Updated to Team Kentucky Icon. Added Provider Type. Updated footer.	12.18.2023
1/1/2024	increase in rates for the following codes: Non-Facility: 29065, 29075, 29085, 29086, 29105, 29125, 29126, 29130, 29131, 29505, 29515, 95851, 95852, 97026, 99453. Facility: 29505, 97026, 99453	1.9.2024
1/1/2024	Add 3 new codes effective 1/1/2024: 97550, 97551, 97552	2.6.2024
1/1/2025	Increase in rates for the following codes: Non-Facility: 29505, 95851, 95852, 97018, 97026, 99453 Facility: 97018, 97026, 99453	3/27/2025
1/1/2026	All physical therapy rates on the fee schedule have been increased or decreased to align with 2026 CMS reimbursement rates. Five Remote Therapeutic Monitoring (RTM) codes were approved and added to fee schedule: 98975, 98976, 98977, 98980, and 98981, effective 1/1/2026. Add on RTM codes effective: 98984 in addition to 98976, and 98985 in addition to 98977 have been approved for a detailed description of a shorter monitoring period of 2-15 days. 98984 and 98976 can't be billed same day same member. 98985 and 98977 can't be billed same day same member. Description updates: 99453, 99454.	5/6/2026