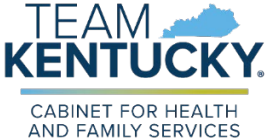


KY Medicaid Speech Therapy Fee Schedule 2026 (Provider Type 79) revised 5.6.2026

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.
- The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment.
- It is the responsibility of the provider to check member eligibility.
- CPT only copyright 2026 AmericanMedicalAssociation. All rights reserved.



*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
31579			EXAM TO ASSESS MOVEMENT OF VOCAL CORD FLAPS USING AN ENDOSCOPE	\$115.01	\$63.33	
90901			BIOFEEDBACK TRAINING	\$24.26	\$10.25	
92507		Episode	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR HEARING PROCESSING DISORDER	\$46.24	\$46.24	
92508		Episode	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR HEARING PROCESSING DISORDER IN A GROUP SETTING	\$14.41	\$14.41	
92511		Episode	EXAM OF THE NOSE AND THROAT USING AN ENDOSCOPE	\$67.10	\$19.97	
92512		Episode	NASAL FUNCTION STUDIES	\$38.21	\$14.55	
92520		Episode	STUDY OF VOICE BOX FUNCTION	\$53.22	\$20.10	
92521		Episode	EVALUATION OF SPEECH CONTINUITY, SMOOTHNESS, RATE, AND EFFORT	\$80.83	\$80.83	
92522		Episode	EVALUATION OF SPEECH SOUND PRODUCTION	\$67.98	\$67.98	



*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
92523		Episode	EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION	\$137.43	\$137.43	
92524		Episode	ANALYSIS OF VOICE AND RESONANCE PRODUCTION	\$66.45	\$66.45	
92526		Episode	TREATMENT OF SWALLOWING AND FEEDING DISORDER	\$50.87	\$50.87	
92540	26	Episode	EVALUATION AND TESTING FOR BALANCE WITH RECORDING	\$45.67	\$45.67	
92540		Episode	EVALUATION AND TESTING FOR BALANCE WITH RECORDING	\$62.14	\$62.14	
92541	26	Episode	TEST FOR ABNORMAL EYE MOVEMENT WITH RECORDING	\$12.48	\$12.48	
92541		Episode	TEST FOR ABNORMAL EYE MOVEMENT WITH RECORDING	\$14.94	\$14.94	
92542	26	Episode	TEST FOR ABNORMAL EYE MOVEMENT USING 3 POSITIONS WITH RECORDING	\$14.94	\$14.94	
92542		Episode	TEST FOR ABNORMAL EYE MOVEMENT USING 3 POSITIONS WITH RECORDING	\$17.21	\$17.21	
92544	26	Episode	TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET WITH RECORDING	\$8.57	\$8.57	
92544		Episode	TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET WITH RECORDING	\$10.66	\$10.66	
92545	26	Episode	TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET THAT MOVES BACK AND FORTH WITH RECORDING	\$7.76	\$7.76	



*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
92545		Episode	TEST FOR ABNORMAL EYE MOVEMENT USING A MOVING TARGET THAT MOVES BACK AND FORTH WITH RECORDING	\$9.86	\$9.86	
92546	26	Episode	TEST FOR ABNORMAL EYE MOVEMENT USING A ROTATING CHAIR	\$9.00	\$9.00	
92546		Episode	TEST FOR ABNORMAL EYE MOVEMENT USING A ROTATING CHAIR	\$76.97	\$76.97	
92547		Episode	USE OF ELECTRODES DURING BALANCE TESTING	\$6.25	\$6.25	
92548	26	Episode	TEST FOR BALANCE AND POSTURE	\$20.29	\$20.29	
92548		Episode	TEST FOR BALANCE AND POSTURE	\$28.43	\$28.43	
92550		Episode	TEST FOR EARDRUM AND MUSCLE FUNCTION	\$13.14	\$13.14	
92552		Episode	TEST FOR HEARING VARIOUS PITCHES USING EARPHONE	\$22.91	\$22.91	
92553		Episode	TEST FOR HEARING VARIOUS PITCHES USING EARPHONE AND DEVICE PLACED AGAINST THE BONE	\$27.83	\$27.83	
92555		Episode	TEST FOR ABILITY TO DETECT AND REPEAT SPOKEN WORDS	\$16.86	\$16.86	
92556		Episode	TEST FOR ABILITY TO DETECT AND REPEAT SPOKEN WORDS WITH SPEECH RECOGNITION	\$26.32	\$26.32	
92557		Episode	COMPREHENSIVE HEARING AND SPEECH RECOGNITION TEST	\$21.68	\$16.00	
92562		Episode	TEST TO DETECT LOUDNESS DIFFERENCES	\$27.83	\$27.83	
92563		Episode	TEST TO ASSESS DEFECTS IN ADAPTION TO SOUNDS	\$20.26	\$20.26	
92565		Episode	TEST TO ASSESS HEARING LOSS	\$12.69	\$12.69	



*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
92567		Episode	TEST TO ASSESS MIDDLE EAR FUNCTION	\$9.56	\$5.40	
92568		Episode	TEST TO ASSESS MIDDLE EAR MUSCLE REFLEX	\$9.40	\$7.89	
92570		Episode	COMPREHENSIVE HEARING TEST	\$19.10	\$14.75	
92571		Episode	TEST TO ASSESS BY HEARING BY EXAMINING THE REPETITION OF REAL WORDS VERSUS NONSENSE WORDS	\$17.61	\$17.61	
92572		Episode	TEST TO ASSESS HEARING USING 2 SYLLABLE WORDS	\$34.27	\$34.27	
92575		Episode	TEST TO ASSESS HEARING LOSS USING DIFFERENT TONE PITCHES	\$41.85	\$41.85	
92576		Episode	TEST TO ASSESS HEARING LOSS USING GRAMMATICALLY INCORRECT SENTENCES	\$24.05	\$24.05	
92577		Episode	TEST TO ASSESS HEARING LOSS USING 2 SIMULTANEOUS WORDS AT DIFFERENT TONES IN SAME EAR	\$12.88	\$12.88	
92579		Episode	TEST TO ASSESS HEARING SENSITIVITY USING VISUAL AIDS	\$26.03	\$18.46	
92582		Episode	TEST TO ASSESS HEARING SENSITIVITY USING ACTIVITY RELATED FEEDBACK	\$49.22	\$49.22	
92583		Episode	TEST TO ASSESS HEARING USING PICTURES	\$34.83	\$34.83	
92584		Episode	TEST TO ASSESS ELECTRICAL POTENTIALS GENERATED IN THE INNER EAR AS A RESULT OF SOUND STIMULATION	\$61.96	\$61.96	
92587	26	Episode	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF SOUND WITH INTERPRETATION AND REPORT	\$11.25	\$11.25	



*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
92587		Episode	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF SOUND WITH INTERPRETATION AND REPORT	\$13.33	\$13.33	
92588	26	Episode	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF REPEATED SOUNDS WITH INTERPRETATION AND REPORT	\$17.58	\$17.58	
92588		Episode	PLACEMENT OF EAR PROBE FOR COMPUTERIZED MEASUREMENT OF REPEATED SOUNDS WITH INTERPRETATION AND REPORT	\$20.43	\$20.43	
92597		Episode	EVALUATION FOR USE OF VOICE ARTIFICIAL DEVICE TO SUPPLEMENT ORAL SPEECH	\$43.24	\$43.24	
92601		Episode	ANALYSIS AND PROGRAMMING OF INNER EAR IMPLANT (YOUNGER THAN 7 YEARS)	\$92.90	\$61.09	
92602		Episode	ANALYSIS AND REPROGRAMMING OF INNER EAR IMPLANT (YOUNGER THAN 7 YEARS)	\$58.17	\$34.69	
92603		Episode	ANALYSIS AND PROGRAMMING OF INNER EAR IMPLANT (7 YEARS OR OLDER)	\$87.85	\$59.65	
92604		Episode	ANALYSIS AND REPROGRAMMING OF INNER EAR IMPLANT (7 YEARS OR OLDER)	\$52.56	\$33.25	
92605		First 1 hour	EVALUATION AND PRESCRIPTION OF NONSPEECH-GENERATING AND ALTERNATIVE COMMUNICATION DEVICE, FIRST HOUR	\$73.63	\$73.63	Effective 7/1/2024



*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
92606		Episode	THERAPY SERVICE FOR USE OF NONSPEECH-GENERATING DEVICE WITH PROGRAMMING	\$65.12	\$65.12	
92607		First 1 hour	EVALUATION WITH PRESCRIPTION OF SPEECH-GENERATING AND ALTERNATIVE COMMUNICATION DEVICE, FIRST HOUR	\$73.85	\$73.85	
92608		Add'l 30 min	EVALUATION WITH PRESCRIPTION OF SPEECH-GENERATING AND ALTERNATIVE COMMUNICATION DEVICE, EACH ADDITIONAL 30 MINUTES	\$28.73	\$28.73	
92609		Episode	THERAPY SERVICE FOR USE OF SPEECH-GENERATING DEVICE WITH PROGRAMMING	\$61.67	\$61.67	
92610		Episode	EVALUATION OF SWALLOWING FUNCTION	\$51.16	\$35.83	
92611		Episode	EVALUATION OF SWALLOWING FUNCTION IMAGE	\$54.99	\$54.99	
92612		Episode	EVALUATION AND RECORDING OF SWALLOWING USING AN ENDOSCOPE	\$116.16	\$33.62	
92613		Episode	EVALUATION, RECORDING, AND INTERPRETATION OF SWALLOWING USING AN ENDOSCOPE	\$21.90	\$18.69	
92614		Episode	EVALUATION AND RECORDING OF VOICE BOX SENSORY FUNCTION USING AN ENDOSCOPE	\$88.91	\$33.63	
92615		Episode	EVALUATION, RECORDING, AND INTERPRETATION OF VOICE BOX SENSORY FUNCTION USING AN ENDOSCOPE	\$19.64	\$16.61	



*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
92616		Episode	EVALUATION AND RECORDING OF SWALLOWING AND VOICE BOX SENSORY FUNCTION USING AN ENDOSCOPE	\$134.03	\$49.60	
92617		Episode	EVALUATION, RECORDING, AND INTERPRETATION OF SWALLOWING AND VOICE BOX SENSORY FUNCTION USING AN ENDOSCOPE	\$24.37	\$20.97	
92620		First 1 hour	EVALUATION OF HEARING FUNCTION BRAIN RESPONSES, FIRST HOUR	\$53.52	\$39.89	
92621		Add'l 15 min	EVALUATION OF HEARING FUNCTION BRAIN RESPONSES, EACH ADDITIONAL 15 MINUTES	\$12.75	\$9.35	
92625		Episode	EVALUATION OF HEARING RINGING IN EAR	\$40.02	\$30.75	
92626		First 1 hour	EVALUATION OF HEARING FUNCTION RELATED TO SURGICALLY IMPLANTED HEARING DEVICE, FIRST HOUR	\$51.02	\$37.20	
92627		Add'l 15 min	EVALUATION OF HEARING FUNCTION RELATED TO SURGICALLY IMPLANTED HEARING DEVICE, EACH ADDITIONAL 15 MINUTES	\$12.14	\$8.73	
92640		Episode	EVALUATION OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	\$64.36	\$46.75	
96105		Episode	TEST TO ASSESS THE LOSS OF THE ABILITY TO SPEAK, WRITE, AND UNDERSTAND LANGUAGE	\$59.25	\$59.25	
96110		Episode	DEVELOPMENTAL SCREEN W/SCORE	\$7.29	\$7.29	
96112		First 1 hour	ADMINISTRATION OF DEVELOPMENTAL TEST, FIRST HOUR	\$77.11	\$66.70	



*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
96113		Add'l 30 min	ADMINISTRATION OF DEVELOPMENTAL TEST, EACH ADDITIONAL 30 MINUTES	\$34.56	\$28.31	
96125		Per hour	TEST TO ASSESS THE ABILITY TO COMPLETE SPECIFIC FUNCTIONAL TASKS APPLICABLE TO ENVIRONMENT	\$62.34	\$62.34	
97129		15 min	THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, INITIAL 15 MINUTES	\$13.87	\$12.16	
97130		Add'l 15 min	THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, EACH ADDITIONAL 15 MINUTES	\$13.06	\$11.55	
97533		15 min	THERAPY PROCEDURE USING SENSORY EXPERIENCES	\$35.59	\$35.59	
97535		Episode	TRAINING FOR SELF-CARE OR HOME MANAGEMENT, EACH 15 MINUTES	\$19.43	\$19.43	Added 1/1/2022
97550		First 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	\$24.89	Effective 1/1/2024
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	\$13.20	Effective 1/1/2024
97552		Episode	GROUP CAREGIVER TRAINING IN STRATEGIES AND TECHNIQUES TO FACILITATE THE PATIENT'S FUNCTIONAL PERFORMANCE IN THE HOME OR COMMUNITY	\$13.04	\$5.85	Effective 1/1/2024



*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
98975		Episode	SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT FOR REMOTE THERAPEUTIC MONITORING	\$12.32	\$12.32	Effective 1/1/2026
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	\$26.88	Effective 1/1/2026, Not billable with code 98984 on same date of service and vice versa.
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	\$22.72	Effective 1/1/2026, Not billable with code 98985 on same date of service and vice versa.
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	\$16.06	Effective 1/1/2026
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	\$15.84	Effective 1/1/2026
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	\$26.88	Effective 1/1/2026, Not billable with code 98976 on same date of service and vice versa.



*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
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	\$22.72	Effective 1/1/2026, Not billable with code 98977 on same date of service and vice versa.
99421		5 to 10 min	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 5-10 MINUTES	\$9.50	\$6.85	Added 1/1/2022
99422		11 to 20 min	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 11-20 MINUTES	\$18.62	\$13.88	Added 1/1/2022
99423		21+ min	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE FOR AN ESTABLISHED PATIENT FOR UP TO 7 DAYS, TOTAL TIME 21 OR MORE MINUTES	\$29.55	\$21.80	Added 1/1/2022
99446		5 to 10 min	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 5-10 MINUTES	\$11.64	\$9.94	
99447		11 to 20 min	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 11-20 MINUTES	\$23.28	\$19.86	
99448		21 to 30 min	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 21-30 MINUTES	\$34.71	\$29.60	



*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
99449		Episode	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, MORE THAN 30 MINUTES	\$46.54	\$39.34	
99451		Episode	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH WRITTEN REPORT BY CONSULTING PHYSICIAN, AT LEAST 5 MINUTES	\$21.75	\$18.72	
99452		Episode	TELEPHONE OR INTERNET REFERRAL SERVICE, 30 MINUTES	\$22.70	\$19.28	
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	\$12.32	
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	\$26.88	
99457		1st 20 min	MANAGEMENT USING THE RESULTS OF REMOTE PHYSIOLOGIC MONITORING DURING THE CALENDAR MONTH, FIRST 20 MINUTES	\$30.80	\$16.42	Added 1/1/2022

*Clinical Fellows receive same rate as Therapists				Non-Facility	Facility	
Code	Modifier	Duration	Description	Therapist Rate	Therapist Rate	Notes
99458		Addt'l 20 min	MANAGEMENT USING THE RESULTS OF REMOTE VITAL SIGN MONITORING PER CALENDAR MONTH, EACH ADDITIONAL 20 MINUTES	\$24.94	\$16.42	Added 1/1/2022
99473		Episode	EDUCATION AND TRAINING TO SELF MEASURE BLOOD PRESSURE	\$8.71	\$8.71	Added 1/1/2022
99474		Episode	SELF MEASURED BLOOD PRESSURE MEASUREMENTS	\$10.84	\$4.79	Added 1/1/2022
G0451			DEVELOPMENT TESTING, WITH INTERPRETATION AND REPORT, PER STANDARDIZED INSTRUMENT FORM	\$7.01	\$7.01	

KY Medicaid Speech Therapy Fee Schedule Updates

Effective Date	Add/Delete/Change
N/A	Added "Updates" tab. Changed procedure descriptions to long descriptions. Updated to Team Kentucky Icon. Added Provider Type. Updated footer.
1/1/2023	change nonfacility price for 92606 to \$65.12 to match system pricing. Update descriptions of all procedures
1/1/2024	<p>Price increase for the following codes:</p> <p>Non-Facility: 92520, 92546, 92552, 92553, 92555, 92556, 92563, 92565, 92571, 92572, 92575, 92576, 92577, 92582, 92583, 92606, 92614, 92616, 99453, 99474, G0451</p> <p>Facility: 92546, 92552, 92553, 92555, 92556, 92563, 92565, 92571, 92572, 92575, 92576, 92577, 92582, 92583, 99453, G0451</p>
1/1/2024	Add 3 new codes effective 1/1/2024: 97550, 97551, 97552
7/1/2024	Added code 92605 effective 7/1/2024 for \$73.63
1/1/2025	<p>Increased rates for the following codes:</p> <p>Non-Facility: 92520, 92552, 92553, 92555, 92556, 92563, 92565, 92571, 92572, 92576, 92577, 92582, 92583, 99453</p> <p>Facility: 92552, 92553, 92555, 92556, 92563, 92565, 92571, 92572, 92576, 92577, 92582, 92583, 99453</p> <p>Removed the following codes: 99441, 99442, 99443 (end dated by AMA as of 12/31/2024)</p>
1/1/2026	<p>All speech 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.</p>

Date Fee schedule updated
10.26.2023
12/13/2023
1/9/2024
2.6.2024
8.16.2024
3/27/2025
5/6/2026