



CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR MEDICAID SERVICES

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PROVIDER LETTER

- TO:** Early Periodic Screening, Diagnostic, and Treatment Services
(PT 45 / PL #A-12)
- DATE:** October 30, 2025
- RE:** Upcoming Change to Early Periodic Screening, Diagnostic, and Treatment
Therapy Billing Codes

Effective **January 1, 2026**, the Department for Medicaid Services (DMS) will require providers to transition from billing S-codes to the appropriate 9-series Current Procedural Terminology (CPT) codes for fee-for-service (FFS) members receiving Early Periodic Screening, Diagnostic, and Treatment (EPSDT) therapy services.

Current Billing Process

DMS currently allows EPSDT providers (PT-45) to bill the following S-codes for EPSDT therapy services and receive a flat reimbursement rate of \$85.05 per therapy type provided per date of service.

S9128 Speech therapy

S9131 Physical Therapy

S9129 Occupational therapy

Upcoming Change

To comply with the correct coding guidelines required by the Centers for Medicare and Medicaid Services, **effective January 1, 2026**, PT-45 providers must bill the appropriate 9-series CPT codes for physical, occupational, and speech therapy services. The CPT codes for each therapy type are listed on the corresponding FFS fee schedule located at the following link:

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

The FFS reimbursement rate will remain \$85.05 per therapy type (physical, occupational, or speech) regardless of the number of units billed or how many CPT codes are billed for that therapy type per date of service.

Effective January 1, 2026, providers must also include the following modifiers based on the outpatient therapy type provided:

Modifier GN – Speech Therapy

Modifier GO – Occupational Therapy

Modifier GP – Physical Therapy

Example claim:

Therapy Type	Date of Service	Code	Modifier	Units Billed	Pay amount
Physical Therapy	1/1/2025	97110	GP	5	\$85.05
Physical Therapy	1/1/2025	97112	GP	3	\$0.00
Physical Therapy	1/1/2025	97113	GP	2	\$0.00
Occupational Therapy	1/1/2025	97110	GO	4	\$85.05
Occupational Therapy	1/1/2025	97112	GO	1	\$0.00
Occupational Therapy	1/1/2025	97113	GO	3	\$0.00
Speech Therapy	1/1/2025	97129	GN	1	\$85.05
Speech Therapy	1/1/2025	97130	GN	3	\$0.00
Speech Therapy	1/1/2025	97533	GN	2	\$0.00
Speech Therapy	1/1/2025	97535	GN	4	\$0.00
				Total Paid amount	\$255.15

Over the past several months, DMS has communicated with PT-45 providers through emails, meetings, trainings, and webinars to explain and prepare for this upcoming change. A PowerPoint presentation and Frequently Asked Questions (FAQ) document have been distributed to all PT-45 providers. The resources are also available online at the following link, under billing information:

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

If you have any questions, please email DivisionofHealthCarePolicy@ky.gov.

Sincerely,

Justin Dearing

Electronically signed by:
Justin Dearing, Director
Division of Health Care Policy

JD/kl