



## CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR MEDICAID SERVICES

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### PROVIDER LETTER

**TO:** **Physical, Occupational and Speech** Therapy Providers (PT/OT/ST):  
Speech Pathologist (PT 79 / PL #A-106)  
Speech Pathologist Group (PT 799 / PL #A-103)  
Physical Therapy (PT 87 / PL #A-12)  
Physical Therapist Group (PT 879 / PL #A-2)  
Occupational Therapy (PT 88 / PL #A-12)  
Occupational Therapist Group (PT 889 / PL #A-2)

**DATE:** August 30, 2023

**RE:** Signatures for Therapy Documentation

The Kentucky Department for Medicaid Services signature requirements for Physical Therapy, Occupational Therapy, and Speech Therapy has changed.

DMS will accept signatures on PT/OT/ST documentation for prior authorizations when signed by the referring physician or another physician, APRN, physician assistant, or RN within the same group.

Electronic signatures are allowed if in compliance with 907 KAR 3:005.

Previously, only the physician who referred the member is allowed to sign documentation for prior authorizations. This has created a burden on therapists and members, causing delays in service. Referring provider is to review documents, sign, and keep in the member's medical file for auditing purposes.

Sincerely,

*Justin Dearing*

Electronically signed by:  
Justin Dearing, Acting Director  
Division of Health Care Policy  
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JD/js/kl