FAQ's

EPSDT - PT 45

"S" to "9" Codes Prior Authorizations and Billing

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

ATTENTION PROVIDERS:

Carewise Message as of 11/11/2025:

To support a smooth transition at the end of 2025, EPSDT Therapy Services authorization ending 12/31/2025 will be automatically extended.
This will ensure continuous coverage through the full 90-day authorization period. This change minimizes administrative burden for providers and maintains alignment between prior authorizations and members' plans of care.
No provider action is required for this automatic extension.

Automatic Extension Details

Beginning December 19, 2025, Carewise will issue new authorizations based on the criteria below.
Note – this may take a few weeks to complete, so continue to check the Essette Portal for your updated Authorizations.

Criteria for Automatic Extension

- Auto-extension applies only to EPSDT Therapy requests previously approved for medical necessity and submitted prior to 12/19/2025.
- Each extension authorization will include three (3) sessions per week.
- Applies only to requests approved for less than 90 days.

MAP Forms:

- Essette Portal Submissions: the MAP 9 or MAP 650 are no longer required to be uploaded. Clinical documentation is still required.
- Fax Submissions: No changes for required documentation if submitted by fax. MAP 9 or MAP 650, along with clinical documentation is required.

Question	Answer
My question is regarding PA requests. We currently request visit amount for each service/code. If we are now utilizing different "9" codes, will we still ask per visit or will we need to request the different codes? Thanks!	PA requests will require range of codes and appropriate modifier by therapy type. Units requested will equal days. **Therapy Type** — **Procedure Code Range** — **Modifier** Occupational — 92526 - 99473 — GO Physical — 95851 - 99454 — GP Speech — 31579 - G0451 — GN **Evaluations:** Physical — 97161, 97162, 97163 — GP Occupational — 97165, 97166, 97167 — GO Speech — 92521, 92522, 92523 92524 — GN

Question	Answer
How do we request the PA. RIght now when requesting EPSDT PA's we have to put in Quantity requested: is this measured by UNITS or VISITS? "Requested Charges" or Total $ amount (example 12 visits = $1,020.60) Frequency	Units requested equal days/number of visits
How do we load the prior auth in our EMR systems? Episodic? Or per unit? Or per visit? We have to count down the number of visits so is this tracked as if the 9000 were an episodic code?	Units requested equal days/number of visits
We want to be audit proof. Episodic codes are tracked as one unit only.	Units requested equal days/number of visits
If we have open authorizations with current 'S codes' will we have to re-request a new authorization for the new code set or will there be an internal switchover from S9129 to the OT code set? 3.Reason for concern- to request an authorization we must go through the Essette portal, filling in all information digitally as well as uploading the original MAP form we used to request via email/fax and attach (essentially providing the same information twice) = timely.	"S codes will be end dated as of December 31, 2024. All prior authorizations for dates beginning 1/1/2026 will utilize "9 codes"
COTA/PTA - Will we have to report the CO/CQ modifiers for treatment from a COTA/PTA? Currently EPSDT is not reduced for these providers because no modifiers pair with the S code	CO/CQ modifier will not be utilized. EPSDT provider will be required to utilize GO, GP, GN modifiers based on therapy type. **Therapy Type** — **Procedure Code Range** — **Modifier** Occupational — 92526 - 99473 — GO Physical — 95851 - 99454 — GP Speech — 31579 - G0451 — GN **Evaluations:** Physical — 97161, 97162, 97163 — GP Occupational — 97165, 97166, 97167 — GO Speech — 92521, 92522, 92523 92524 — GN
Will Eval OT, PT and ST “9 codes” have GN, GO, GP modifier requirements as well, So the correct EPSDT flat rate of $85.05 pays out?	Yes
Do POC requirements for 89 day renewals change if we remain as an EPSDT billing provider?	The only changes being made is to the codes utilized for billing, no other changes apply
Do multiple therapy notes surfice for POC updates?	The only changes being made is to the codes utilized for billing, no other changes apply

Question	Answer
EPSDT has had a flaw all along. All OT, PT and ST must complete an evaluation at the start of care. This eval code Currently with the MCO's we bill eval codes plus S codes for new patients and get paid on both lines. The eval codes pay the Medicaid rate for that cpt code. Example 97167 OT eval 60. S9129 OT tx 85.05	An evaluation and a treatment will be allowed on same date of service, same member, for EPSDT providers
Sometimes our therapists still perform services in the home. If S-codes are end-dated how will this be billed?	Beginning January 1, 2026 “S” codes can no longer be billed by EPSDT providers. Provider are to utilize the “9” codes from the PT/OT/ST fee schedules which can be found at the following link: https://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx For accepted place of services codes for PT 45 EPSDT billing, please see the EPSDT billing manual, page 71, at the following link: http://www.kymmis.com/kymmis/Provider%20Relations/billingInst.aspx
Can we use the 9 series group codes when requesting Prior Auths on Essette for EPSDT?	Yes, beginning January 1, 2026
When will Essette be updated, as we have PA's that need renewed thru 2026.	Essette is currently being programmed to allow the "9 codes" for EPSDT . Providers should be able to start entering/submitting PA requests December 19, 2025.
We are planning on the code changes in our billing system. Could you please verify the "9" codes for PT, ST, and OT?	PA requests will require range of codes and appropriate modifier by therapy type. Units requested will equal days. **Therapy Type** — **Procedure Code Range** — **Modifier** Occupational — 92526 - 99473 — GO Physical — 95851 - 99454 — GP Speech — 31579 - G0451 — GN **Evaluations:** Physical — 97161, 97162, 97163 — GP Occupational — 97165, 97166, 97167 — GO Speech — 92521, 92522, 92523 92524 — GN For specific CPT codes, please see the PT/OT/ST fee schedules at the following link: https://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx

Question	Answer
Are we able to adjust our requests NOW to request for example, S9128 through 12/31/25 and the Speech 9000 series from 1/1/26- the end of the 90 day period? Is Essette set up for this for provider type 45 requests? Requesting EPSDT PA's are not time efficient so we want to maximize the length of them as far out as possible versus just requesting to 12/31/25 and being slammed at the beginning of the year with all PA's being due at the same time.	Essette is currently being programmed to allow the "9 codes" for EPSDT . Providers should be able to start entering/submitting PA requests December 19, 2025. PA for "S" codes can be submitted for dates of service through 12/31/25.
Please clarify whether the rendering provider will request authorizations through the KOG/Essette portal, as we currently do, or if the MPW Case Manager will request them, as they currently do for Positive Behavioral Supports, and specify the rendering provider?	The only changes being made is to the codes utilized for billing, no other changes apply
New authorizations for the "9" codes for speech, occupational, and physical therapy, which will begin in January 2026.Could you please clarify whether the rendering provider will request these authorizations through the KOG/Essette portal, as we currently do, or if the MPW Case Manager will request them, as they currently do for Positive Behavioral Supports, and specify the rendering provider?	The only changes being made is to the codes utilized for billing, no other changes apply
Since these codes and modifiers are ones we already use for clients not in the EPSDT program, will it be the taxonomy we bill under that flags it as EPSDT $85.05 rather than the regular FFS?	Providers will need to bill using their EPSDT billing NPI and taxonomy # to receive $85.05 per therapy type. Providers can bill utilzing their therapy billing NPI if they would like. Payment under therapy NPI and taxonomy will receive fee schedule pricing.
Will the MCOs be end-dating their PAs as well?	Please check with each MCO. The information given pertains only to fee for service billing and prior authorizations. Each MCO can require different PA and billing rules.
For PAs that currently extend into 2026, do we need to end-date those and request new ones?	Yes, any PA's with "S" codes will be end dated as of 12/31/2025.
Since we won't be able to request all PAs with a 01/01/2026 start date at the same time, will we be allowed to request **retroactive PAs** for these patients?	Yes, currently there is a 30 day grace period.
We have a lot of **EPSDTss patients**. If we submit all PA requests at once (regardless of how long it takes), will those PAs have **different end dates**?	PA approval lengths are not changing, The only changes being made is to the codes utilized for billing, no other changes apply
Can they request PA prior to 1/1 so kids don't miss any services during that week?	
On OT side they get 20 visits with PA requirement. Have we thought of doing that for PPEC?	Federal requirements say all EPSDT services must be prior authorized.
We have always used 11 with our EPSDT billing. What is the POS code going forward for office visits as we have been told different things?	If providing service in the office you will use POS 11. If it's in the home it will be POS 12. POS should always be exactly where you provided the service.--See pg. 70 of the PT 45 Billing Instructions-

Question	Answer
There are numerous therapy codes that may apply. I am not a coder, but I do know this is very tricky when it comes to therapy and could easily change with each visit documentation. When obtaining auths, will they allow us to get a range of codes approved? Example Occupational Therapy Visits for codes between 92526-99423? If not, will the therapist plan their CPT codes with the evals and recerts to get an approval on each individual code?	Yes, PAs are approved based on a range of codes by therapy type. MCO's may have different billing requirements. Please check with each MCO to determine what their billing requirements are.
We just request a day of services vs the units. Is that correct?	Yes, the PA request will include a code range for Occupational Therapy, a code range for Speech, and a code range for Physical Therapy. Evaluations will not be included in the range of codes. Units on the PA is based on days. Modifiers must be applied on the PA and on the claim. Therapy Type — Procedure Code Range — Modifier Occupational — 92526 - 99473 — GO Physical — 95851 - 99454 — GP Speech — 31579 - G0451 — GN Evaluations: Physical — 97161, 97162, 97163 — GP Occupational — 97165, 97166, 97167 — GO Speech — 92521, 92522, 92523 92524 — GN Example: PA request for OT for 12 days: Code range for Therapy = 92526 -94273, apply GO modifier, Units 12 days. Evaluation = 97165, apply GO modifier, Untis 1
Will the dollar amount we request now still be required?	No. EPSDT providers do not need to include a dollar amount on the PA request for therapy range codes.
Is there any plan to remove the form on essette to remove duplicated work by completing the form and the system	Yes. DMS has asked Gainwell/Carewise to not require duplicates - form and system. The provider is to only enter in Essette or submit via paper not both.
If doing EPSDT only you still must have a PA, the 20 free services don't apply, correct?	Federal requirements say **all** EPSDT services must be prior authorized.
Will we need to write a full recertification note in December for every patient or can we use the last one in the final quarter to submit for those extra dates?	Please see CareWise message at the top under Attention Providers.
My concern is if they are all being ended on 12/31/25 do therapists all need to do recertification as we are end dating our POCs.	Please see CareWise message at the top under Attention Providers.

Question	Answer
When can we begin requesting the new PA? What about MCOs with dates after that?	Providers can submit PA requests utilizing "9" codes beginning December 19, 2025. These changes apply only to fee for service. Providers should contact each MCO to determine their PA and billing requirements as they may be different from fee for service.
What about MCOs with dates after that?	These changes apply only to fee for service. Providers should contact each MCO to determine their PA and billing requirements as they may be different from fee for service.
To clarify the new PA is for EPSDT correct?	Yes. Fee for service EPSDT therapy PA's and claims will no longer accept "S" codes as of dates of service 12/31/2025. All PA's and claims for dates of service 1/1/2025 must utilize the "9" codes.
If different therapies received on the same day we still bill for that, correct?	Yes. Modifiers, GN, GO, GP designate the different therapies and must be included on the PA request and claim by therapy type. PA's and claims that do not utilize the modifiers will be denied. Therapy Type — Procedure Code Range — Modifier Occupational — 92526 - 99473 — GO Physical — 95851 - 99454 — GP Speech — 31579 - G0451 — GN Evaluations: Physical — 97161, 97162, 97163 — GP Occupational — 97165, 97166, 97167 — GO Speech — 92521, 92522, 92523 92524 — GN
I've heard some MCOs may be using S codes and some 9000 codes. Wouldn't it be easier to require everyone to use 9 codes?	DMS has notified the MCO's of the "S" to "9" code changes for EPSDT Therapy services. MCO's are not required to utilize the same billing requirements as fee for service. Although DMS recommends MCO's to follow suit in order to have a structured process for providers, by contract, MCO's do not have to.