



CABINET FOR HEALTH
AND FAMILY SERVICES

Transition for FFS from S-Code Billing

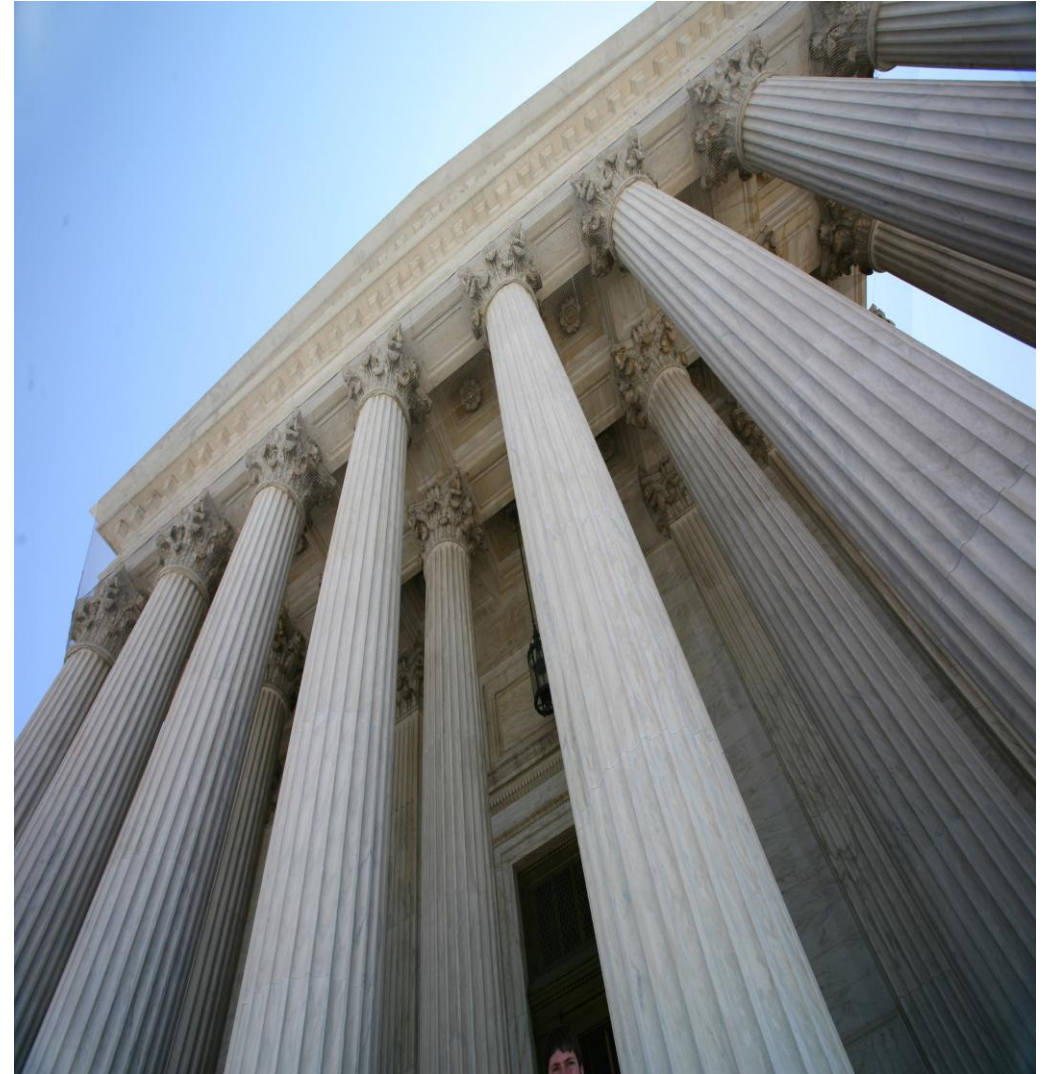
Current DMS Policy

- The Kentucky Department for Medicaid Services (DMS) currently allows EPSDT providers (PT 45) to bill “S” Codes for EPSDT therapy services.
- EPSDT PT 45 submits “S” codes when billing for therapies and receives a flat rate of \$85.05.
- S9128 Speech therapy
- S9131 Physical Therapy
- S9129 Occupational therapy



Federal Directive

- The Center for Medicare and Medicaid Services (CMS) has directed DMS to use S-Codes only as described in CMS billing guidelines.
- Federal match funding could be impacted if DMS is noncompliant.



DMS Proposal

- To remove billing of “S” codes for EPSDT PT 45 provider for therapies.
- The PT 45 providers will bill utilizing the state plan fee schedule “9” codes for Physical, Occupational, and Speech therapies
- Reimbursement will remain as \$85.05 for each “therapy” type (physical, occupational, speech) and not each code, no matter number of units billed or how many codes are billed within the “type” of therapy per date of service.



Time Frame

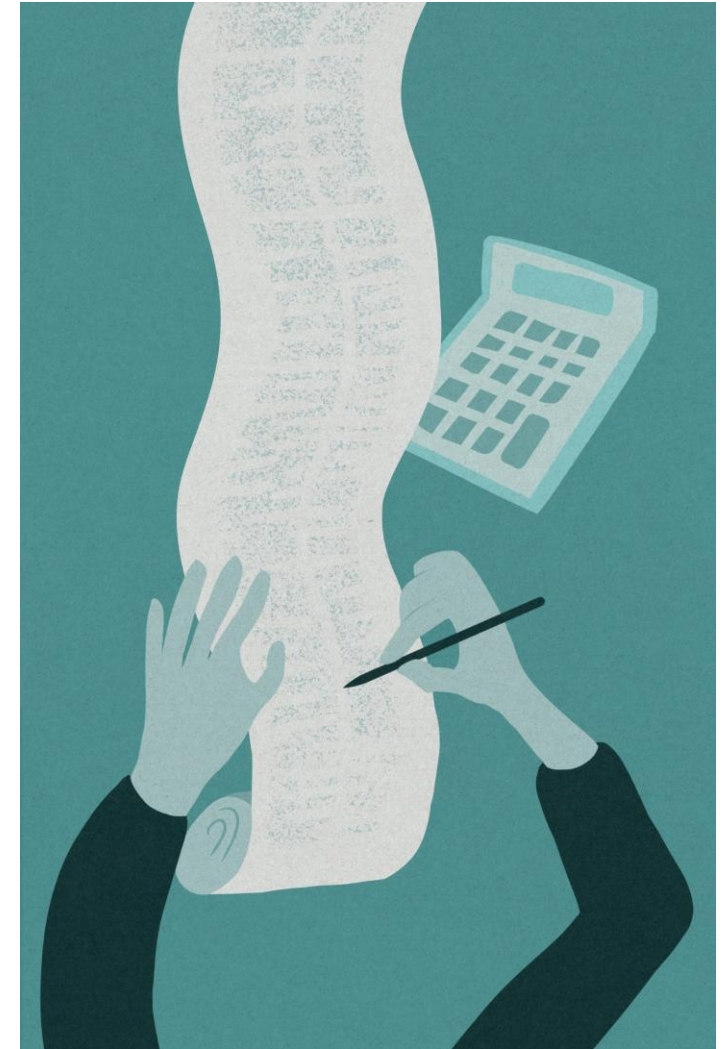
- Billing requirements will be effective January 1, 2026
- There will be a 90-day Grace period as providers adjust to new billing and enter new Prior Authorizations
- DMS will work with providers if more time is needed after 90-day grace period.

FFS Requirement Only

- These changes are required for FFS only
- MCOs are allowed to have their own requirements for EPSDT Special Services Billing.
- MCOs must provide all EPSDT Special Services billed to be paid according to their contract with their provider.

Requirements

- Provider to submit “9” codes based on the state plan fee schedule for PT, OT, ST.
- Provider to receive one payment of \$85.05 per therapy type per date of service no matter number of units or codes billed.
- Provider must obtain a prior authorization.
- Provider will document and bill CPT codes and number of units identical to billing state plan services.
- DMS system will determine payment amount by Provider Type billing.



Modifiers

- Modifiers to be used:
- All EPSDT Special Services must bill Modifier **EP**
- Modifier **GN** – Services delivered under outpatient speech therapy plan of care.
- Modifier **GO** – Services delivered under an outpatient occupational therapy plan of care.
- Modifier **GP** – Services delivered under an outpatient physical therapy plan of care.



Example

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

**Thank you for allowing
me to share this
proposal.**

**We welcome all
questions and comments.**



Let's Connect!

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