

## **May 2026, PM Update**

### **KMA House Bill 176 – Prior Authorization Reform**

The Greater Louisville Medical Society is pleased to share that House Bill 176, Kentucky's prior authorization reform legislation, has successfully passed. This marks a meaningful step forward for physicians and patients across the Commonwealth and reflects years of sustained advocacy and engagement from the GLMS physician community united with the KMA. This unified effort helped drive legislative action and underscores the importance of continued physician involvement in shaping healthcare policy.

While implementation will occur in phases, HB 176 represents for us a significant move toward streamlining administrative processes and strengthening the overall care experience for physicians and patients.

We are currently exploring options to host a Q&A session with the KMA to help inform our membership about the bill's details and upcoming implementation. We will share more information soon. In the meantime, members seeking a deeper dive into HB 176 and its provisions can access additional resources and detailed [bill information here](#).

### **KY Medicaid Behavioral Health Policy Update for Psychoeducation Services (H2027)**

The Department for Medicaid Services has informed providers that psychoeducation services (H2027) will no longer be reimbursed separately for dates of service on or after Jul. 15, 2026. This change applies to both Managed Care Organization and Fee-for-Service providers.

House Bill 470 (HB 470), passed during the 2026 legislative session, prohibits coverage of the service, both individually and in a group setting. The bill contained an emergency clause, which means it is effective as of the date it became law, Apr. 10, 2026. Managed Care Organizations are aware of this change and will no longer accept or reimburse for any H2027 claim with a date of service on or after Jul. 15, 2026. HB 470 supersedes any prior guidance on psychoeducation services contained in previous provider letters and outlined in existing regulations. DMS will amend regulations to align with HB 470.

Although psychoeducation will no longer be reimbursed as a standalone code, it may continue to be delivered as part of other behavioral health services, such as Intensive Outpatient Programs (IOP) and Partial Hospitalization Programs (PHP), when clinically appropriate. Providers must ensure services are coded and billed in accordance with applicable requirements.

### **Additional ADA Compliance Requirement Effective This Summer**

The Department of Justice's final rule updating Title II of the the Americans with Disabilities Act (ADA) regulations includes specific requirements for accessible medical diagnostic equipment (MDE). The rule establishes enforceable accessibility standards for MDE and represents an important step toward reducing healthcare disparities for individuals with disabilities. This [fact sheet](#) provides an overview of the rule and upcoming compliance deadlines.

#### **Highlights of the New Requirements**

- Any recipient that utilizes exam tables and weight scales must have at least one accessible exam table and one accessible weight scale in place within two years (by Jul. 8, 2026).
- Any MDE purchased, acquired, or rented after Jul. 8, 2024, must meet accessibility standards until the required number of accessible devices has been obtained. For most recipients, at least 10% (or a minimum of one item) of MDE must ultimately be accessible. Providers specializing in mobility-related conditions, such as rehabilitation centers and physical therapy practices, must ensure 20% of their MDE is accessible.
- Even if a recipient is not purchasing new MDE, they may not deny healthcare services to a patient with a disability due to the absence of accessible equipment. HHS requires federally funded programs and activities to be generally accessible. Examples of achieving accessibility include treating patients at an accessible hospital where the provider has privileges or serving patients at another accessible location within a multi-site practice.
- Recipients must ensure staff are qualified to operate accessible MDE. Staff training on the accessible features and proper use of the equipment is one recommended method of compliance.
- Recipients are required to assist patients with disabilities in transferring to and positioning themselves on accessible equipment.
- Accessible MDE must be placed within facilities in locations that allow patients with disabilities to use the equipment readily and effectively.

### **Passport by Molina Updated List of In-Office Laboratory Tests**

Passport Health Plan by Molina has once again revised its list of [covered outpatient laboratory services, effective March 8, 2026](#). Under the updated policy, CPT codes 87634 (RSV testing) and 87651 (Strep testing), among others, have been removed from coverage for in-office reimbursement. Pediatric practices have raised concerns that requiring these tests to be sent to outside laboratories may delay diagnosis and treatment, while also creating disparities in care between Passport members and patients covered by other insurance plans. The Greater Louisville Medical Society will continue to monitor concerns reported by physician practices and advocate on their behalf with Passport Health Plan by Molina regarding the impact of these coverage changes on patient care and practice operations.

Passport Health Plan states that they align their coverage determinations with Kentucky Medicaid policy, medical necessity criteria and applicable state and federal guidance. Every other KY Medicaid MCO currently covers CPT codes 87651 and 87634 in an outpatient setting, as they are permitted to do within the framework of state Medicaid regulations. As a result, differences in covered services can occur across plans. Providers are encouraged to review Passport's published laboratory and medical coverage policies and to verify benefits prior to rendering services. If a provider believes additional clinical information or updated guidance should be considered, **requests for policy review may be submitted through the established provider's inquiry or reconsideration process.**

**GLMS Member Reminder**

Physicians who have not paid their 2026 dues are delinquent as of Jan. 1, 2026. To ensure there's no interruption in their member benefits, please make sure your physicians have paid their dues and that their information is correct. If you have any questions, please contact Onvia McDaniel, Membership Coordinator, at 502-736-6302 or [onvia.mcdaniel@glms.org](mailto:onvia.mcdaniel@glms.org).

**Join Us for Monthly GLMS Practice Management Discussions**

We're excited to invite you to our Monthly Practice Management Discussions, a recurring opportunity to connect with peers, share insights and discuss important topics affecting your practice. Each session focuses on key health care updates, common challenges and solutions to improve practice management. We look forward to your participation in this valuable discussion! Next meeting: **June 16, 2026, 8 a.m. – 9 a.m.** Contact [stephanie.woods@glms.org](mailto:stephanie.woods@glms.org) if you are interested in attending or have any questions.