



CABINET FOR HEALTH
AND FAMILY SERVICES

**KYHealth Net Electronic PA Authorization
End-User Training Manual**
Kentucky Utilization Management Project

*Cabinet for Health and Family Services
Department for Medicaid Services*

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1 Introduction to KY Health Net Electronic PA

Welcome to Electronic Prior Authorization (ePA) portal for the Kentucky Department for Medicaid Services, a web-based solution for managing medical information. The KYHealth Net Electronic PA allows providers to submit prior authorization (PA) requests over the internet by providing online access to enter specific information needed for the member's medical necessity review to occur.

Authorized **KYHealth Net Electronic PA** users can securely utilize features such as:

- Authorization submissions for new inpatient and outpatient cases
- Modifications to existing inpatient cases, including the ability to add additional days
- Modifications to existing outpatient cases including adding services to an existing PA

The following topics are geared to help you get used to **KYHealth Net Electronic PA's** web browser interface and quickly become comfortable performing tasks in **KYHealth Net Electronic PA**.

- Logging in (via KYHealth Net)
- **KYHealth Net Electronic PA** navigation
- Submitting an electronic PA request

1.1 Value / benefits of KYHealth Net Electronic PA

KYHealth Net Electronic PA offers providers a means for a secure, automated web-based communications KYHealth Net Electronic PA to request prior authorization.

- **Authorization Requests** - Requests, whether simple or complex, are contained in one simple, clean web page.
- **Inpatient Admission Notifications** – Inpatient admission and Extension Requests can all be submitted securely over the internet.
- **Clinical Submission** - Collect clinical information and submit it with an Authorization by using document attachment feature.
- **Security** - Security framework was specifically designed to meet the rigorous requirements of the HIPAA security and privacy regulations.

2 What information is required prior to (for successful completion of) a PA submission

The same info that is required at the time of call or on a fax submission for a given type of request:

- Provider Medicaid ID # - This is most commonly the ID # for the ordering/requesting physician who requested the services being requested.
- Facility Medicaid ID# - This is most commonly the servicing provider/facility where the services will take place.

Note: There are instances when both Provider and Facility are required and others when only one of the two are required. This depends on the specific type of review is being submitted. Required fields are marked.

- Member Medicaid ID #
- ICD Diagnosis Codes
- If applicable: HCPCS codes, NUBC (Revenue) codes, CPT codes, or ICD Procedure codes.
- If applicable: Service code modifiers
- Dates of Service
- Quantities of items requested (If applicable)
- Notes to gather appropriate clinical information
- Attachments as applicable

Other information required:

- Access to KYHealth Net

3 KY Health Net Electronic PA Access

Opening **KYHealth Net Electronic PA** is as simple as connecting to KYHealth Net (<http://home.kymmis.com>)

Note: The hyperlink or icon used to access **KYHealth Net Electronic PA** may vary for each organization.

1. Using your Internet browser, navigate to the <http://home.kymmis.com> website either by selecting a predefined bookmark or typing the web address into the *Address Bar* of your Internet browser.

2. Enter your user name and password in the appropriate fields.

Note: User names and passwords are assigned by HP, and uniquely identifies you as an authorized user of the application. Passwords are case-sensitive.

Conditions which may prevent access to the application include:

- Your account has time restrictions based on the day or week.
- Your account has expired.
- Your account is locked (either due to specific lock-out or by too many failed log on attempts).
- Your account has insufficient security privileges.

Contact the administrative provider for your facility, organization, or office for further help logging on.

Note: After a period of inactivity, your **KYHealth Net Electronic PA** session will time out and you will be logged off the system automatically. If this happens, you need to log back on to continue working. Information entered prior to submitting an authorization or referral may be lost. Contact your help desk resource for further help with session timeouts.

4 KYHealth Net Electronic PA Navigation and System Functionality

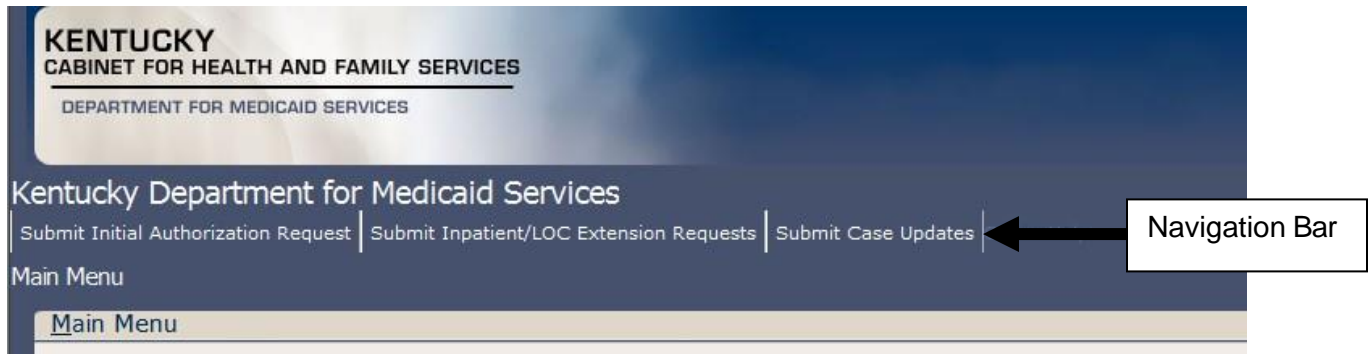
4.1 Main Menu

After logging on, you will be directed to the **KYHealth Net Electronic PA** home page, which displays the *Main Menu*. It contains the organization title area, a navigation toolbar, a messages section, and the primary content area that includes links to modules within **KYHealth Net Electronic PA**.



4.2 Navigation Bar

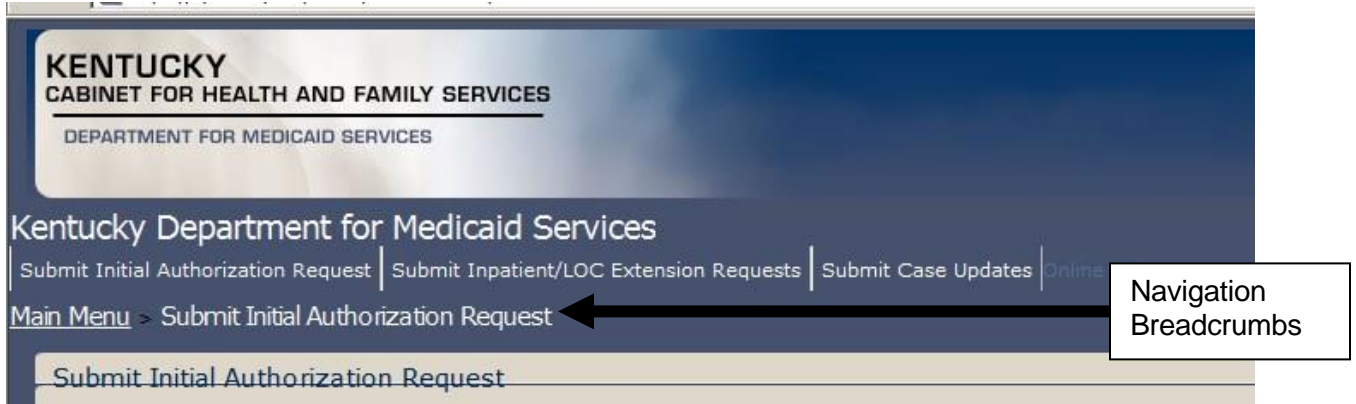
Below the title area at the top of the page is a navigation bar that includes all the options your account has authorization to access. Aside from the *Main Menu*, this navigation bar serves as the primary means of navigating within **KYHealth Net Electronic PA**. The navigation bar allows you to navigate to any module within **KYHealth Net Electronic PA** to which you have access. It also has a link to the online help, the user name for the logged in account, and a Logout button.



Note: The example navigation bar shows menu options for all modules, however if you do not have security privileges to a module, it will not be displayed on your navigation bar.

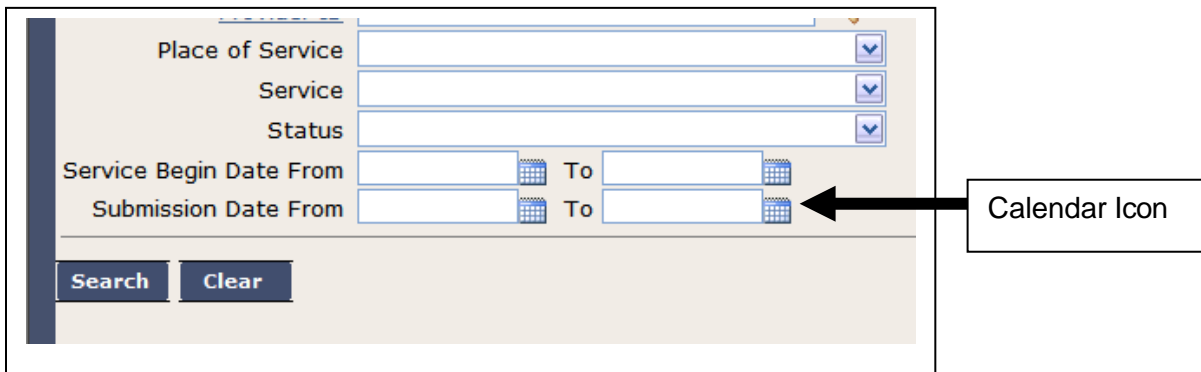
4.3 Navigation Breadcrumbs

Breadcrumbs are a standard way of displaying your location within a browser-based application. Typical breadcrumbs show the relationship of the page where you are currently working to the home page (or *Main Menu*). You can always return to the home page by clicking the *Main Menu* hotlink in the breadcrumbs.



4.4 Calendar Icons

All date fields can be entered by typing the date into the field or by selecting the **Calendar** icon. Click the icon to launch a standard calendar pop-up window.



4.5 Drop-down Lists

KYHealth Net Electronic PA makes completing form fields easy by including drop-down lists whenever possible. You can type directly into a drop-down list or you can click the down arrow to view an entire list of choices. If you type directly in the field, the closest match to whatever you have typed automatically populates the field. The value is selected when you press TAB or otherwise click out of the field. For example, if you type “D” into the Request Type drop-down list, *Dental Panorex* comes up as a possible choice.

The screenshot shows the 'Submit Initial Authorization Request' form. The 'Request Type' field is open, displaying a list of options: (None), Dental Panorex, Dental Perio Scaling, DME, DME Oxygen, EPSDT - Chemical Dependency Inpatie, EPSDT - Chemical Dependency Outpat, EPSDT Dental Nitrous, EPSDT - Extended Care Units, EPSDT - Psych Out of State Facility, EPSDT Dental, and EPSDT SS Home. A callout box labeled 'Drop Down Lists' points to the list.

4.6 Lookup Icons and Dialog Boxes

4.6.1 Lookup Icons

Task icons are available at your fingertips to make commonly-performed tasks easier. Whenever advanced search options are available for a field, a **Lookup** icon is displayed. Click the icon to open a *Lookup* dialog box specific to the field.

The screenshot shows the 'Status Inquiry' form. The 'Reference #', 'Member ID', 'Requesting Provider ID', 'Facility ID', and 'Provider ID' fields are visible. Each field has a magnifying glass icon to its right, indicating a lookup function. A callout box labeled 'Lookup Icon' points to one of these icons.

4.6.2 Lookup Dialog Boxes

Standard *Lookup* dialog boxes are available throughout the application to provide a consistent method of searching for data for commonly-used fields, such as *Member ID* or *Requesting Provider*. All lookup fields in **KYHealth Net Electronic PA** have the same basic functionality.

- Lookup fields are indicated with blue, underlined field labels and the magnifying glass **Lookup** icon appearing to the right of the field.
- Clicking the **Lookup** icon launches a *Lookup* dialog box.
- Clicking the field label places focus in the field for text entry, but does not launch a *Lookup* dialog box.

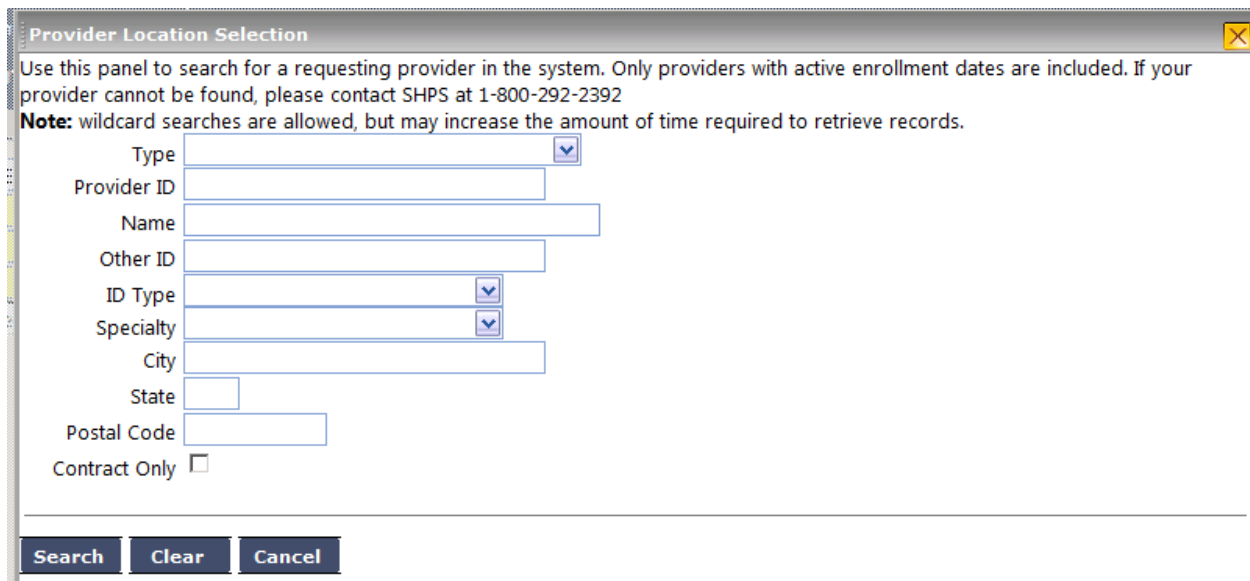
Note: Once a value has been entered in a field with a blue, underlined field label, you can click the label to open a details pop-up window with information associated with the field value.

- Lookups can be initiated using either full or partial text.
- You can perform a search using partial values plus a wildcard. A wildcard is a symbol that represents one or more characters, and is used to supply partial information in a particular field. Wildcards are typically the asterisk (*). Wildcards may be used with the *Last Name* or *First Name* fields for members and with the *Last Name* field for providers.
- If you select a value from the lookup results, the *Lookup* dialog box closes and the value you selected is automatically populated into the field.
- Lookups are not case-sensitive.
- Required fields that initiate a lookup appear as a yellow field.

Note: You can click the **Lookup** icon before or after entering text into the field. If you do not want to enter partial information, you can perform the search after the dialog opens.

Note: If you enter partial information into a *Lookup* field, and press *Enter* or *Tab* to move out of the field, the *Lookup* dialog box is automatically opened with search results displayed for the partial text entered. At least two characters, excluding wildcards, must be entered to perform a search using partial information. For example, if you enter “sm” into a *Name* field, the *Lookup* dialog box will open and display results matching the partial text. But, if you enter “s”, the *Lookup* dialog box will open and display an error message prompting you to modify your search and try again.

Some *Lookup* dialog boxes are more specific and can utilize a variety of criteria in order to perform a search. For example, in the *Provider Lookup* dialog box, you can search by Type, Provider ID, Name, Other Id, ID Type, Specialty, City, State, and / or Postal Code.



The screenshot shows a dialog box titled "Provider Location Selection" with a close button in the top right corner. The dialog contains the following text and controls:

Use this panel to search for a requesting provider in the system. Only providers with active enrollment dates are included. If your provider cannot be found, please contact SHPS at 1-800-292-2392

Note: wildcard searches are allowed, but may increase the amount of time required to retrieve records.

Type

Provider ID

Name

Other ID

ID Type

Specialty

City

State

Postal Code

Contract Only

At the bottom of the dialog are three buttons: Search, Clear, and Cancel.

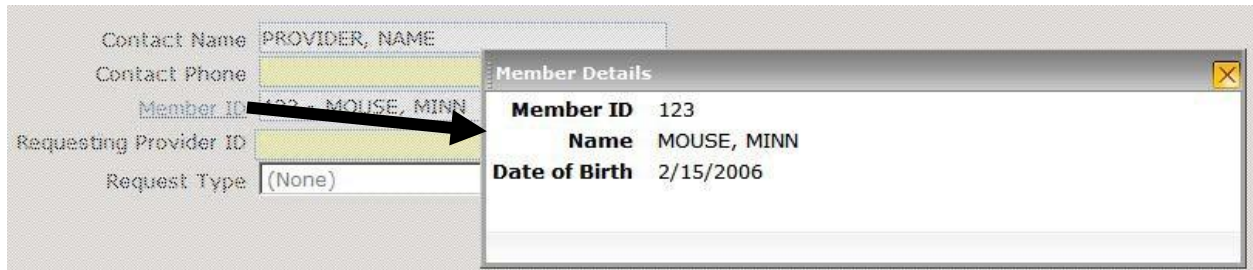
Specific *Lookup* dialog boxes can be utilized for providers, provider groups, facilities, authorizations, members, diagnosis codes, procedure codes, and code/descriptions.

Each lookup is specific to the type of search you are performing. For example, a Facility Lookup icon opens the Facility Selection dialog box, which limits provider types to facilities, such as Healthcare Facility or Medical Care Center. Results of a search in a *Facility Selection* dialog box are limited only to facilities, even if there is nothing selected from the *Type* drop-down list.

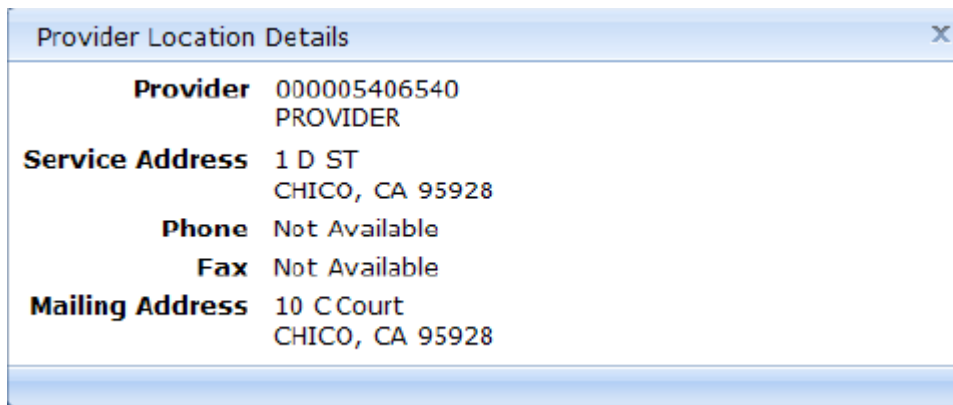
4.7 Detail Hyperlinks

Text labels that have colored text and are underlined indicate a hyperlink that opens a details pop-up window with information relative to the field.

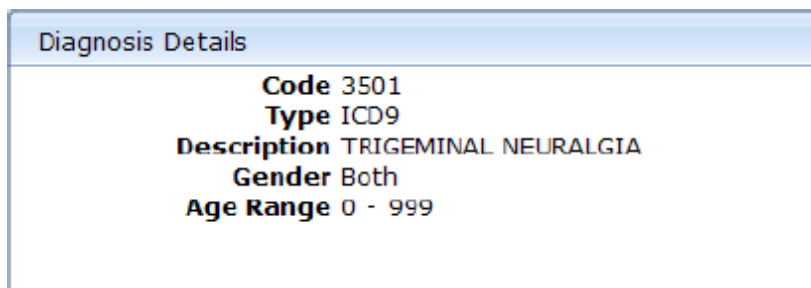
- Clicking the *Member ID* “hyperlink” label opens the *Member Details* pop-up window.



- *Provider Details* pop-up windows include the provider’s ID, Name, Address, and Specialty, if available.



- *Diagnosis Details* pop-up windows include the diagnosis Code, Type, Description, Gender, and Age Range if available.



Diagnosis Details

Code G50.0
Type ICD10
Description TRIGEMINAL NEURALGIA
Gender Both
Age Range 0 - 999

4.8 Required Fields

Required fields exist in **KYHealth Net Electronic PA** submissions that must be completed to successfully allow a provider to submit an electronic PA request.

The screenshot shows a form with the following fields and their states:

- Event Classification: Elective (Scheduled) [Dropdown]
- Case Type: Home Health [Dropdown]
- Diagnosis: Four input fields, the first is highlighted yellow.
- Requested Service 1:
 - Place Of Service: Home [Dropdown]
 - Service: Home Health Care [Dropdown]
 - Service From Date: [Date Picker]
 - Service End Date: [Date Picker]
 - Facility: [Input Field, highlighted yellow]
 - Procedure (Low): [Input Field, highlighted yellow]
 - Procedure (High): [Input Field, highlighted yellow]
 - Quantity: [Input Field]
- Notes: [Text Area]
- Buttons: Attach, Submit

A callout box with the text "Yellow indicates a required field" has arrows pointing to the first diagnosis field and the Service End Date field.

Any field or drop down selection box highlighted with a yellow background indicates that field is required for successful PA submission. If an electronic PA is submitted with one or more of the required fields that is not completed, an error message will appear and the PA submission will not be complete until the required information is added to the electronic PA request.

The screenshot shows the same form as above, but with an error message displayed:

- Facility: [Input Field, highlighted yellow]
- Error Message: Provider Id is required. [Yellow box with red X icon]
- Procedure (Low): NUBC 0550 [Dropdowns]
- Procedure (High): NUBC 0550 [Dropdowns]
- Quantity: 4 [Input Field]

A callout box with the text "Error Message" has an arrow pointing to the error message box.

Note: The red X error message will disappear if the required information is filled out or if the user clicks the red X icon contained in the error message.

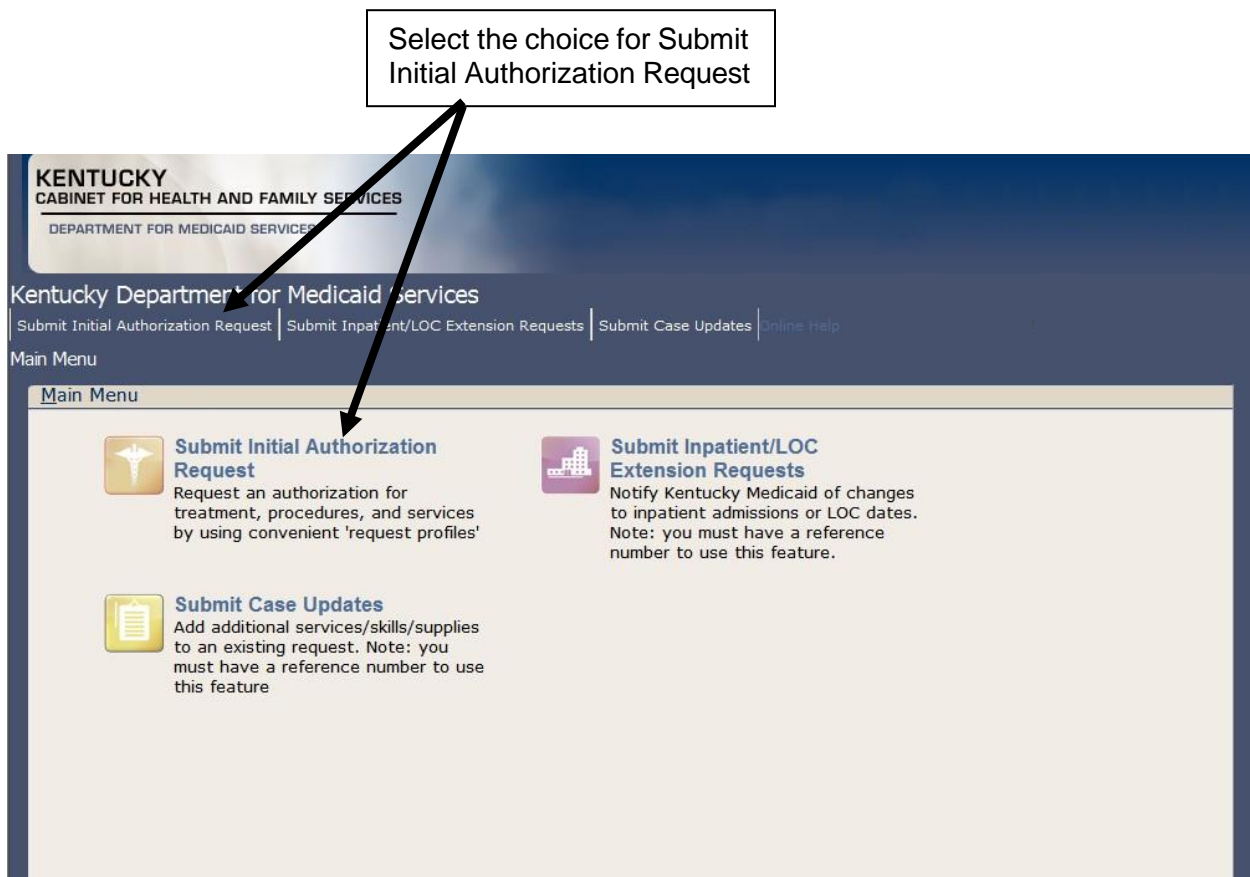
This page is intentionally left blank.

5 New PA Submission in KY Health Net Electronic PA

5.1 Submit an Initial Authorization

This will serve as a step by step guide to successfully submitting a new request for authorization using the electronic PA submission tool.

Step 1. Open the Submit Initial Authorization Request module by either selecting the Submit Initial Authorization Request icon in the Main menu or by selection the Submit Initial Authorization Request selection from the Navigation Menu.



This will open the Authorization Request module (See Below). This screen will contain the first set of fields required for successful submission of an electronic PA request.

Main Menu > Submit Initial Authorization Request

Authorization Request

Contact Name	<input type="text" value="PROVIDER, NAME"/>
Contact Phone	<input type="text"/>
Member ID	<input type="text"/> 🔍
Requesting Provider ID	<input type="text"/> 🔍
Request Type	<input type="text" value="(None)"/>

Step 2. Verify that the Contact Name is correct. If the name is incorrect, the name can be changed by deleting the current name and re-typing a contact name. **Note:** This should be the name of someone at the provider office who can be contacted by SHPS for additional information related to this particular authorization request.

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[Submit Initial Authorization Request](#) | [Submit Inpatient/LOC Extension Requests](#) | [Submit Case Updates](#) | [Online Help](#)

[Main Menu](#) > [Submit Initial Authorization Request](#)

Submit Initial Authorization Request

Contact Name	<input type="text" value="Provider, Name"/>	
Contact Phone	<input type="text"/>	
Member ID	<input type="text"/>	
Requesting Provider ID	<input type="text"/>	
Request Type	<input type="text" value="(None)"/>	

Contact Name

Step 3. Enter a Contact Phone number, Member Identification Number, and Requesting Provider Identification Number in the corresponding fields. **Note:** These fields are required fields as indicated by the yellow highlight.



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[Main Menu](#) > [Submit Initial Authorization Request](#)

Submit Initial Authorization Request

Contact Name

Contact Phone

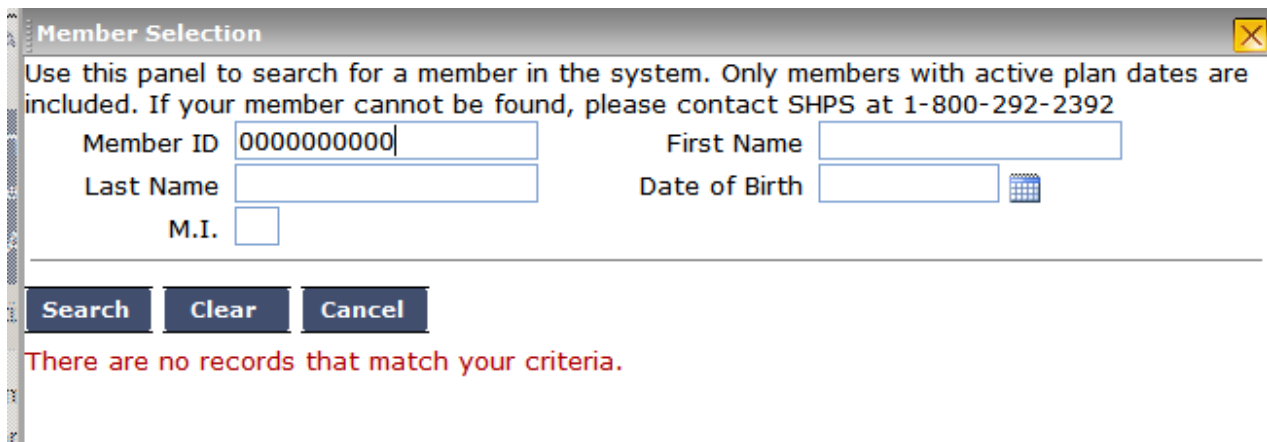
[Member ID](#)

Requesting Provider ID

Request Type

Contact Phone, Member ID and Provider ID fields are required.

Note: If a member has future or expired eligibility, the error message pictured below will appear. The current version of EPA will not allow PA submission for any Member who is listed with expired or future eligibility and the provider will have to contact SHPS at 1-800-292-2392 to submit the authorization request.



Member Selection

Use this panel to search for a member in the system. Only members with active plan dates are included. If your member cannot be found, please contact SHPS at 1-800-292-2392

Member ID First Name

Last Name Date of Birth

M.I.

There are no records that match your criteria.

Step 4. Once the first four fields are complete, the Request Type drop down box should be opened to select the proper type of Prior Authorization request being submitted.

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[Main Menu](#) > [Submit Initial Authorization Request](#)

Submit Initial Authorization Request

Contact Name	Provider, Name
Contact Phone	5025855961
Member ID	123 - MOUSE, MINN
Requesting Provider ID	12345678 - TEST PROVIDER
Request Type	(None)

Request Type Selection

A selection being made in the Request Type drop down box will advance the module to the next screen used to capture the required information for a successful Prior Authorization submission. Each selection will result in a different set of field requirements for the next screen. For example, selecting “DME Purchase/Rental Request” will open up fields on the next screen that will not be found if “Inpatient DRG Hospital” had been chosen due to the vast differences between the two types of PA request.

Note: See Appendix A and consult the Help Aid specific to your individual provider type for direction on the proper selection in Step 4 for the specific PA scenario you are submitting.

Step 5. After the next screen appears (based on the selection made in step 4) enter the appropriate Event Classification (if applicable). Not all service PA requests will be required to enter a selection in this field. Choices include: Elective (Scheduled), Urgent and Retrospective.

Additionally all available diagnosis codes should be entered in the Diagnosis code fields. Diagnosis codes can be entered with or without the decimal point located within the code. For example, a code can be entered as 78833 or 788.33.

Note: The first diagnosis code is a required field and is generally considered the primary diagnosis for the service being requested.

The screenshot shows a web form titled "Authorization Request" under the breadcrumb "Main Menu > Submit Initial Authorization Request". The form contains the following fields:

- Contact Name: PROVIDER, NAME
- Contact Phone: 5025855961
- Member ID: 456 - DUCK, DAFFY (with a lookup icon)
- Requesting Provider ID: 12345678 - TEST PROVIDER (with a lookup icon)
- Request Type: Inpatient DRG Hospital Medical (dropdown menu)
- Event Classification: (None) (dropdown menu)
- Diagnosis: Four input fields, each with a lookup icon.
- Admitting Diagnosis: Input field with a lookup icon.
- Discharge Diagnosis: Input field with a lookup icon.

Annotations with arrows point to the "Event Classification" dropdown and the first "Diagnosis" input field, with labels "Event Classification" and "Diagnosis Code Entry" respectively.

Remember: If necessary, a field with a Lookup Icon can be used to assist in the entry of certain information.

Step 6. In the Requested Service 1 portion of the screen enter all available and required information as indicated on the screen. The required fields will vary depending on which Request Type selection is made in step 4.

The fields that may be required include the following:

- Service From Date – this is the beginning date of service
- Service End Date – this is the end date of service
- Provider ID – Identification number for the requesting provider (not required on all Request Types)
- Facility ID – Identification number of the servicing provider (not required on all Request Types)
- Procedure (Low) – The HCPCS, NUBC, CPT or ICD Procedure code that represents the service being requested. (May be automatically filled in for some Request Types)
- Quantity – Number of items requested (not required on all Request Types)
- Modifiers – HCPCS code modifier for certain Request Types (not required on all Request Types)

The screenshot shows the 'Requested Service 1' form with the following fields and values:

- Place Of Service: Home
- Service: DME Purchase
- Service From Date: [Yellow field]
- Service End Date: [Yellow field]
- Facility: [Yellow field]
- Procedure (Low): [Yellow field]
- Modifiers: [Yellow field]
- Quantity: [Yellow field] units

Arrows from a box labeled 'Various Information required for Requested Service' point to the Service From Date, Service End Date, Facility, and Procedure (Low) fields.

Note: The Place of Service and Service drop down box selections should be automatically filled in based on the selection made in Step 4. This should not be changed.

Step 7. If applicable, use the Copy Service feature to create a Requested Service 2 space for any additional services requested. Then repeat step 6 for the corresponding additional services being requested.

The screenshot displays two identical 'Requested Service' entries. The top entry, 'Requested Service 1', has a '+ Copy Service' link. The bottom entry, 'Requested Service 2', has both '+ Copy Service' and 'Delete Service' links. A box labeled 'Copy Service Feature' has an arrow pointing to the '+ Copy Service' link in the first entry. Another box labeled 'Additional Service will appear after clicking Copy Service' has two arrows pointing to the 'Requested Service 2' entry.

Requested Service 1

Place Of Service Home

Service DME Purchase

Service From Date 7/7/2010

Service End Date 8/31/2010

Facility 12345678 - TEST PROVIDER

Procedure (Low) HCPCS E1390 OXYGEN CONCENTRATOR, SINGLE DELIVERY F

Modifiers

Quantity 123 units

Requested Service 2

Place Of Service Home

Service DME Purchase

Service From Date 7/7/2010

Service End Date 8/31/2010

Facility 12345678 - TEST PROVIDER

Procedure (Low) HCPCS E1390 OXYGEN CONCENTRATOR, SINGLE DELIVERY F

Modifiers

Quantity 123 units

Note: If the Copy Service feature is used to add a service line to the PA request, every piece of information from the first service will be copied exactly as it was entered into the second service line. Thus, if the first service is completely filled out, any necessary information would then need to be changed (Procedure codes, dates of service, Quantity, etc) to match the necessary information for the second item being requested. If the service line was copied before that information was entered into the first service, then the blank spaces will copy as well and no changes would be necessary other than completing the required blank spaces.

Repeat step 7 as many time as necessary to enter multiple service lines for as many items as needed in the request.

If an additional service line is entered by mistake (one too many) the Delete Service feature found next to the Copy Service feature will remove any unwanted service lines from the request.

Step 8. If applicable enter any additional information in the Notes portion of the window found at the bottom of the screen. Additional information (Forms, documentation, etc) can also be attached to the PA request by using the attach feature. Clinical information, for example, can be entered into the notes field or can be uploaded with the Attachment feature.

The screenshot shows a portion of a web application interface. At the top, there are input fields for 'Procedure (Low)', 'HCPCS', 'E1390', and a search icon. Below these are 'Modifiers' and 'Quantity' (set to 1) with a 'units' dropdown. A large text area labeled 'Notes' is positioned below the input fields. At the bottom of the interface are two buttons: 'Attach' and 'Submit'. A box labeled 'Notes' with a downward arrow points to the text area. A box labeled 'Attach Feature' with an upward arrow points to the 'Attach' button.

File Attachments

If needed, you can attach external files to an authorization or referral request. Choose **Attach**, at the bottom of the *Authorization Request* window, to open the *File Attachment* dialog box.

The screenshot shows a dialog box titled 'File Attachment'. It contains a text input field with a 'Select' button to its right and a 'Remove' button to its left. Below this is an 'Add' button. At the bottom of the dialog is a 'Description' label followed by a text input field. At the very bottom are 'Send' and 'Cancel' buttons.

Click **Select** to open a Windows browser dialog box and select a file you want to attach. When you select **Open** in the browser dialog box, the browser dialog box closes and the file appears in the *File Attachment* dialog box.

Click **Add** to repeat the process to add another file. Up to five files can be attached, up to a maximum of 100MB total.

Note: If you attempt to attach a file larger than 100MB, you will get an error indicating that the web page cannot be displayed. Depending on the Internet settings for your organization, smaller file sizes may also get this error.

Choose **Remove** to delete a file attachment from the list.

In the *Description* field, enter a brief explanation about the file attachments.

Choose **Send** to save the file attachment to the server and close the window.

Choose **Cancel** to close the window without saving the file attachments.

After the screen refreshes, a list of attached files, including file size will be shown at the bottom of the *Authorization Request* window.

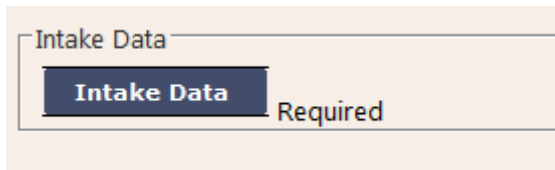


- You can open the attached files by clicking on the file name.
- When you submit the record, the files are attached to the submittal.
- If you leave the authorization/referral request window before you submit, the file attachments will be removed.

Note: Once file attachments are submitted, you cannot remove them from the request record.

5.1.1 Intake Data Required

Step 9. Intake Data (if applicable) may be required for certain review types. If the Intake Date button is located at the bottom of the screen, the additional information is required for the selected review type.



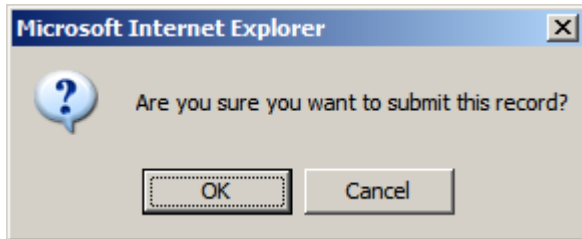
Clicking the Intake Data button will open an additional window which will contain fields for the additional information required.

A screenshot of a software window titled "Provide Intake Data". The window has a gray title bar and a white background. At the top, the title "Provide Intake Data" is displayed in a large, bold, black font, followed by a green checkmark. Below the title, there is a section header "SECTION 1 - EPSDT SS HOME INFORMATION" with a green checkmark to its right. Underneath, there are three questions, each with a checkbox and a dropdown menu. The first question is "Does the code you are requesting require prior authorization?" with a dropdown menu showing "(None)". The second question is "Have you checked the code on the DME fee schedule?" with a dropdown menu showing "(None)". The third question is "Have you attached the fully completed map 9 to the request with appropriate diagnosis codes with descriptions?" with a dropdown menu showing "(None)". At the bottom of the window, there are two buttons: "Complete" and "Cancel". A black arrow points from a text box below the window to the "Complete" button. The text box contains the text "Click Complete when all fields are entered".

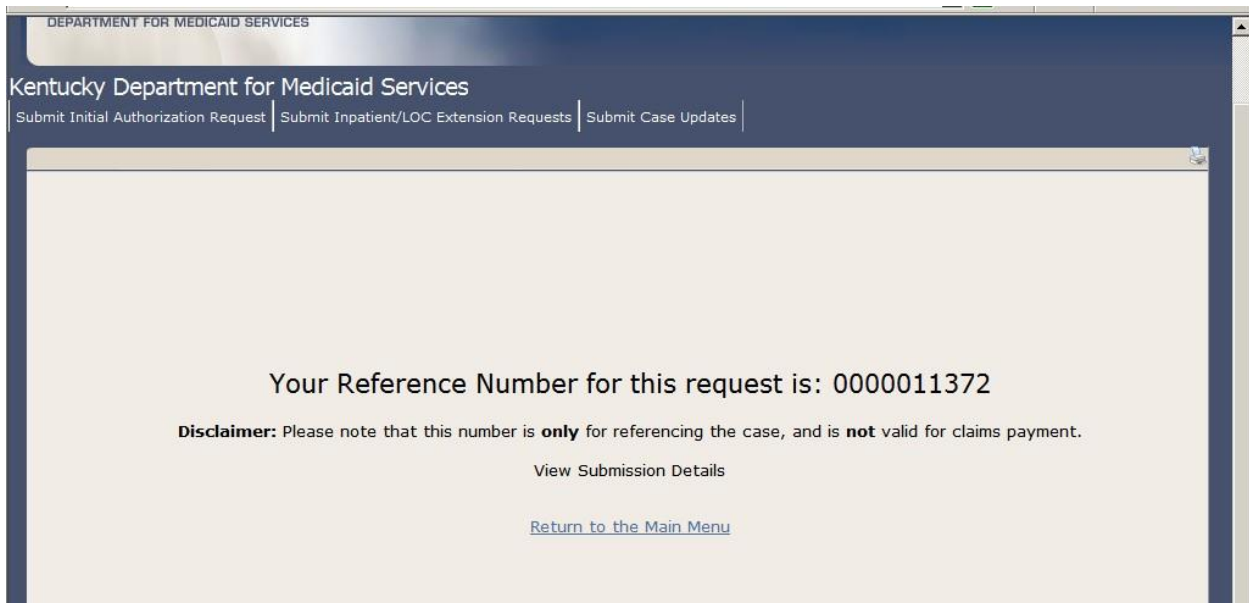
Once the additional data is entered in the pop up window, click the Complete button to save the additional required information.

Step 10. After all data is entered for all required fields in each service for the request and any notes or attachments have been added to the request, the PA is now ready for submission. Click the Submit button at the bottom of the Authorization screen to submit the PA request.

Note: If any required fields are not completed an error message will appear (see Required Fields on Page 13)



If all fields are entered correctly, a dialog box appears asking "Are you sure you want to submit this record?" Click OK to submit the PA request or Cancel if changes need to be made prior to submission.



After successful submission of a PA request a Reference number will be displayed. Please be advised that the reference number displayed is not used for prior authorization billing purposes. This number is only to reference the case. Prior Authorization does not guarantee payment.

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5.2 Inpatient / Level of Care Extension Request Submission

This will serve as a step by step guide to successfully submitting an update request for authorization on an existing authorization using the electronic PA submission tool.

Note: See Appendix A and consult the Help Aid specific to your individual provider type for confirmation that this module is appropriate for the specific PA update scenario you are submitting.

Step 1. Open the Submit Inpatient / LOC Extension Requests module by either selecting the Submit Inpatient / LOC Extension Requests icon in the Main menu or by selecting the Submit Inpatient / LOC Extension Requests selection from the Navigation Menu.

Select the choice for
Submit Inpatient / LOC
Extension Requests

The screenshot shows the main menu of the Kentucky Department for Medicaid Services. The header includes the state name and department information. Below the header, there are navigation links for 'Submit Initial Authorization Request', 'Submit Inpatient/LOC Extension Requests', 'Submit Case Updates', and 'Online Help'. The main menu area contains three options: 'Submit Initial Authorization Request' (with a medical icon), 'Submit Inpatient/LOC Extension Requests' (with a building icon), and 'Submit Case Updates' (with a document icon). A callout box with an arrow points to the 'Submit Inpatient/LOC Extension Requests' option.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Kentucky Department for Medicaid Services
Submit Initial Authorization Request | Submit Inpatient/LOC Extension Requests | Submit Case Updates | Online Help

Main Menu

Main Menu

- Submit Initial Authorization Request**
Request an authorization for treatment, procedures, and services by using convenient 'request profiles'
- Submit Inpatient/LOC Extension Requests**
Notify Kentucky Medicaid of changes to inpatient admissions or LOC dates. Note: you must have a reference number to use this feature.
- Submit Case Updates**
Add additional services/skills/supplies to an existing request. Note: you must have a reference number to use this feature

This will open the Submit Inpatient / LOC Notification module. This will contain a set of fields used to locate the existing Inpatient authorization which needs to be updated. Updates include (but are not limited to) extending the stay of a current Inpatient authorization or submitting a discharge date to a current Inpatient authorization or Level of Care.

Step 2. Use the search fields to locate the current Inpatient authorization which needs to be updated.

Kentucky Department for Medicaid Services

Submit Initial Authorization Request | Submit Inpatient/LOC Extension Requests | Submit Case Updates | Online Help

Main Menu > Submit Inpatient/LOC Extension Requests

Submit Inpatient/LOC Notifications

Enter search criteria to find a pre-existing inpatient authorization. Once located, you can then modify the existing submission as appropriate (e.g., request an extension of length of stay, actual admit and/or discharge date, and admit and discharge diagnosis).

Member Details

Member ID

Last Name

First Name

M.I.

Date of Birth

Authorization Details

Reference #

Facility Details

Facility ID

Date Range to

Search Clear

Search fields used to locate current Inpatient authorization

If a reference number is available for the current Inpatient authorization, enter the reference number into the Reference # search field. Note: This will be the most efficient method for locating the current Inpatient authorization.

If a reference number is not available, other methods such as Member Identification or Facility Identification are also available search methods that can be used to locate the current Inpatient authorization.

Note: If a member has future or expired eligibility, the error message pictured below will appear. The current version of EPA will not allow PA submission for any Member who is listed with expired or future eligibility and the provider will have to contact SHPS at 1-800-292-2392 to submit the authorization request.

Member Selection

Use this panel to search for a member in the system. Only members with active plan dates are included. If your member cannot be found, please contact SHPS at 1-800-292-2392

Member ID

First Name

Last Name

Date of Birth

M.I.

Search Clear Cancel

There are no records that match your criteria.

Step 3. After entering information used to locate the current Inpatient authorization, click the Search button at the bottom of the screen to view search results.

This will display search results at the bottom of the screen. These will be all possible choices for the current Inpatient authorization

The search results will display the reference number, Member Name, Member Identification Number, and Member Date of Birth for each authorization found in the search results.

Additional information for each authorization in the search results can be viewed by clicking the + icon at the far left of each authorization listed. This additional information will further assist in locating the appropriate current Inpatient authorization.

Inpatient Notification
 Enter search criteria to find a pre-existing inpatient authorization. Once located, you can then modify the existing submission as appropriate (e.g., request an extension of length of stay, actual admit and/or discharge date, and admit and discharge diagnosis).

Member Details
 Member ID: 1234578
 Last Name: MOUSE
 First Name: MICKEY
 M.I.:
 Date of Birth: 03/16/1958

Authorization Details
 Reference #

Facility Details
 Facility ID
 Date Range: to

Search **Clear**

3 records matched your criteria. Please choose a record from the grid below.

Reference #	Member ID	Member Name	Birth Date																
+ 0000010572	1234578	MOUSE, MICKEY	3/16/1958																
- 0000010596	1234578	MOUSE, MICKEY	3/16/1958																
<table border="1"> <thead> <tr> <th>Service Begin</th> <th>Service End</th> <th>Reference #</th> <th>Case Type/Service</th> <th>Status</th> <th>Place of Service</th> <th>Provider</th> <th>Facility</th> </tr> </thead> <tbody> <tr> <td>6/30/2010</td> <td>6/30/2010</td> <td>0000010596-001</td> <td>Medical Care</td> <td>Pended</td> <td>Inpatient Hospital (None)</td> <td></td> <td></td> </tr> </tbody> </table>				Service Begin	Service End	Reference #	Case Type/Service	Status	Place of Service	Provider	Facility	6/30/2010	6/30/2010	0000010596-001	Medical Care	Pended	Inpatient Hospital (None)		
Service Begin	Service End	Reference #	Case Type/Service	Status	Place of Service	Provider	Facility												
6/30/2010	6/30/2010	0000010596-001	Medical Care	Pended	Inpatient Hospital (None)														
+ 0000010600	1234578	MOUSE, MICKEY	3/16/1958																

+ icon used to view additional information

Additional information available by clicking the + icon includes: Service Begin Date, Service End Date, Case Type, Status, Place of Service, Provider, and Facility.

Step 4. After locating the appropriate current Inpatient authorization, click the reference number link for the appropriate current Inpatient authorization.

Search **Clear**

3 records matched your criteria. Please choose a record from the grid below.

Reference #	Member ID	Meml										
+ 0000010572	1234578	MOUS										
- 0000010596	1234578	MOUS										
<table border="1"> <thead> <tr> <th>Service Begin</th> <th>Service End</th> <th>Reference #</th> <th>Case Type/Service</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>6/30/2010</td> <td>6/30/2010</td> <td>0000010596-001</td> <td>Medical Care</td> <td>Pended</td> </tr> </tbody> </table>			Service Begin	Service End	Reference #	Case Type/Service	Status	6/30/2010	6/30/2010	0000010596-001	Medical Care	Pended
Service Begin	Service End	Reference #	Case Type/Service	Status								
6/30/2010	6/30/2010	0000010596-001	Medical Care	Pended								
+ 0000010600	1234578	MOUS										

Reference number link

This will open the Inpatient Details window (see next page) which contains fields used to submit updates to a current Inpatient authorization.

Step 5. Verify the current information listed in the Inpatient Details is correct for the current Inpatient authorization.

Inpatient Details - MINN MOUSE, Female, 4 years

Requested Inpatient Details

Inpatient Days History

Date	Action	Begin Date	End Date	Days	Reason
8/10/2010	Initial Request	8/10/2010	8/10/2010	1	Admission Requested
8/10/2010	Initial Approval	8/10/2010	8/10/2010	1	Administrative Approval
8/10/2010	Extension Request	8/11/2010	8/13/2010	3	Admission Requested
8/16/2010	Extension Approval	8/11/2010	8/13/2010	3	Meets Medical Necessity

From through

Days Requested

Level of Care

Reason for Stay

Admission Details

Actual Date Admitted

Admitting Diagnosis

Discharge Details

Actual Discharge Date

Discharge Diagnosis

Disposition

Current Approval date range

Admitting Diagnosis

The current approval dates and the currently listed admitting diagnosis should be listed.

Step 6. Enter the date range for the additional days being requested in the Requested Inpatient Details panel and if applicable enter the Discharge information in the Discharge Details panel.

Inpatient Details - MINN MOUSE, Female, 4 years

Requested Inpatient Details

Inpatient Days History

Date	Action	Begin Date	End Date	Days	Reason
8/10/2010	Initial Request	8/10/2010	8/10/2010	1	Admission Requested
8/10/2010	Initial Approval	8/10/2010	8/10/2010	1	Administrative Approval
8/10/2010	Extension Request	8/11/2010	8/13/2010	3	Admission Requested
8/16/2010	Extension Approval	8/11/2010	8/13/2010	3	Meets Medical Necessity

From 8/14/2010 Through

Days Requested

Level of Care DRG

Reason for Stay Admission Requested

Admission Details

Actual Date Admitted 8/10/2010

Admitting Diagnosis ICD9 311 DEPRESSIVE DISORDER, NOT

Discharge Details

Actual Discharge Date

Discharge Diagnosis

Disposition (None)

Additional days requested

Discharge Information

Note: The next available start date should automatically be populated in the From field. Both the Through field and the Days Requested field are highlighted with yellow indicating these are both required fields.

Step 7. After entering date range for the additional days being requested and if applicable, any discharge information, enter any notes needed into the notes field and click Submit at the bottom of the screen.

Actual Date Admitted 6/23/2010

Admitting Diagnosis ICD9 789 OTHER SYMPTOMS INVOLVIN

Discharge Details

Actual Discharge Date

Discharge Diagnosis

Disposition (None)

Notes

Submit

Notes

Submit Button

If everything was submitted successfully a confirmation screen will appear.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Kentucky Department for Medicaid Services

Submit Initial Authorization Request | Submit Inpatient/LOC Extension Requests | Submit Case Updates

Inpatient Notification - MINN MOUSE, Female, 4 years

Your inpatient update has been successfully submitted.

Disclaimer: Please note that if additional clinical documentation is required, it should be submitted to Kentucky Medicaid by fax to 1-800-807-7840. To expedite processing, please include your reference number on the fax cover sheet.

Note: Failure to submit the required clinical documentation may result in a delay in processing your request.

[Return to the Main Menu](#)

Note: If any required fields are not completed an error message will appear (see Required Fields on Page 13)

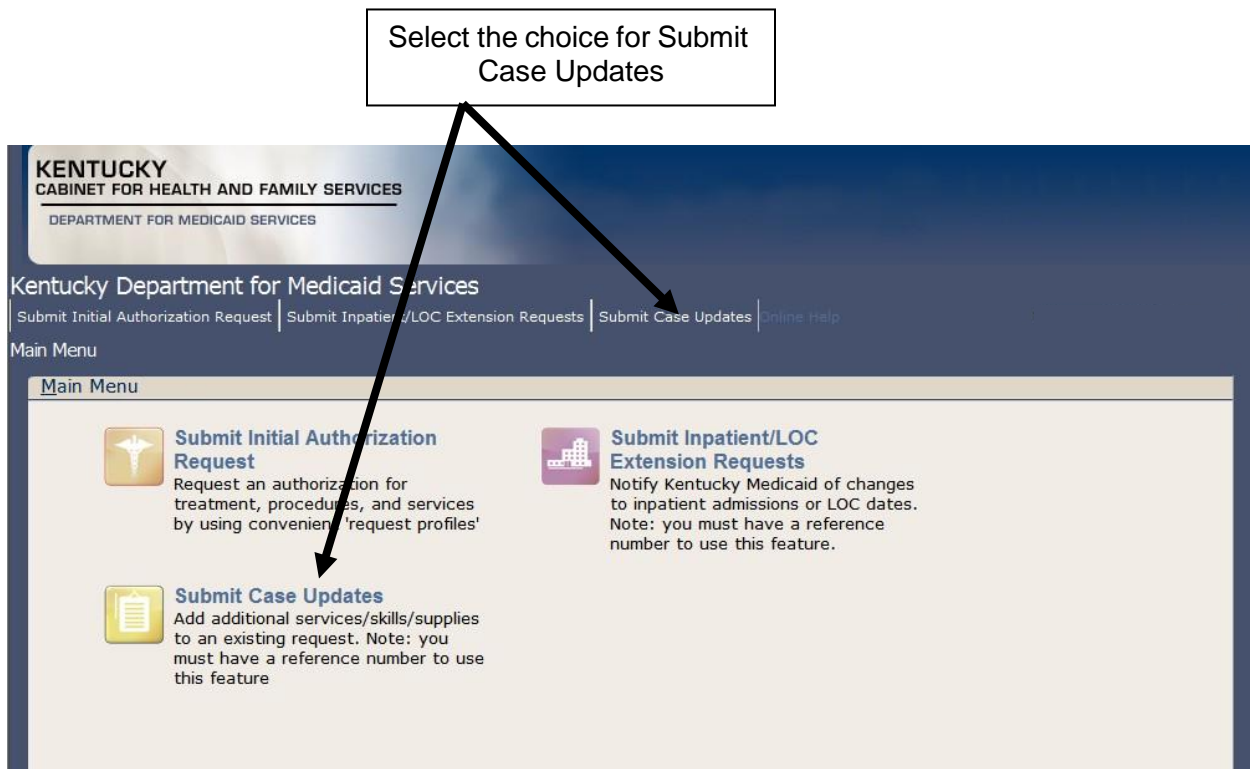
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5.3 Case Update Submission

This will serve as a step by step guide to successfully submitting an update request for authorization on an existing authorization using the electronic PA submission tool.

Note: See Appendix A and consult the Help Aid specific to your individual provider type for confirmation that this module is appropriate for the specific PA update scenario you are submitting.

Step 1. Open the Submit Case Updates module by either selecting the Submit Case Updates icon in the Main menu or by selection the Submit Case Updates selection from the Navigation Menu.



This will open the Case Updates module. This will contain a set of fields used to locate the existing authorization which needs to be updated. Updates include (but are not limited to) adding a service to an existing authorization or updating quantity of an existing authorization.

Step 2. Enter the Member information for the individual member who's authorization needs to be updated in the Choose a Member field.

Enter member information

Note: There is a selection asking “Is this update being completed on behalf of a member?” This selection defaults to “Yes” and should not be changed.

Note: If a member has future or expired eligibility, the error message pictured below will appear. The current version of EPA will not allow PA submission for any Member who is listed with expired or future eligibility and the provider will have to contact SHPS at 1-800-292-2392 to submit the authorization request.

Step 3. Choose the type of Case Update being requested from the Choose an Update drop down box. Example: Modification to an Existing Outpatient Case

No

Enter a Member ID #

Choose an Update Type

- (None)
- (None)
- Acute Freestanding Psych
- Acute Non-Freestanding or DPU
- EPSDT Chemical Dependency In-Patient Programs
- EPSDT SS Home
- Home Health Services Request

Select

Click Select after making choice in drop down box

After selecting the choice in the drop down box, click the select button to the right of the drop down box.

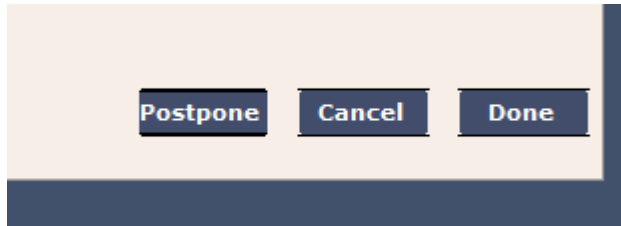
This will cause a new window to appear which will contain a title matching the choice selected in the Choose an Update drop down box in Step 3. This new window will contain the specific fields necessary to complete an update to an existing authorization request.

Step 4. When the new window appears, enter all information necessary to complete the update request for the selected authorization request.

The screenshot displays the web interface for the Kentucky Department for Medicaid Services. At the top, the header includes the text 'KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES' and 'DEPARTMENT FOR MEDICAID SERVICES'. Below this, a navigation bar contains three links: 'Submit Initial Authorization Request', 'Submit Inpatient/LOC Extension Requests', and 'Submit Case Updates'. The main content area is titled 'EPSDT SS Home' and contains a form titled 'ADDITIONAL EPSDT SS HOME SERVICE REQUEST'. The form has four sections, each with a checkbox and a text input field: 'Reference Number', 'Contact Name', 'Contact Phone (999-999-9999)', and 'Member ID'. A scroll bar is visible at the bottom left of the form area.

The required information may differ from one authorization type to another.

Step 5. After completion of the required information, scroll to the bottom of the screen to locate the available options for submission.



Options for submission include:

Done – Used for submitting a completed update request for an authorization

Cancel – Used for stopping the process of submitting an update request for an authorization

Postpone – Used to save current data for an update request for an authorization and allow the provider to reopen the request to be completed at a later time.

After clicking Postpone or Done, the following screen will appear.

Your submission has been received for review.

Your submission - EPSDT SS Home - has been recorded

If your submission has been '**postponed**' you may return to the survey at a later date - your progress has been saved.

If your submission has been '**completed**', please submit all supporting documentation to Kentucky Medicaid by fax to 1-800-807-7840. To expedite processing, please include your reference number on the fax cover sheet. **Note:** Failure to submit the required clinical documentation may result in a delay in processing your request.

Note: only one update is allowed per member per day. If you require additional changes for this member today, please contact SHPS by phone at 1-800-292-2392.

[Return to the Main Menu](#)

If postponing a update request for an authorization the request can be located by following steps 1 though 5 at a later time.

Note: If additional clinical information needs to be included with a update request for an authorization providers can fax it to SHPS for consideration.

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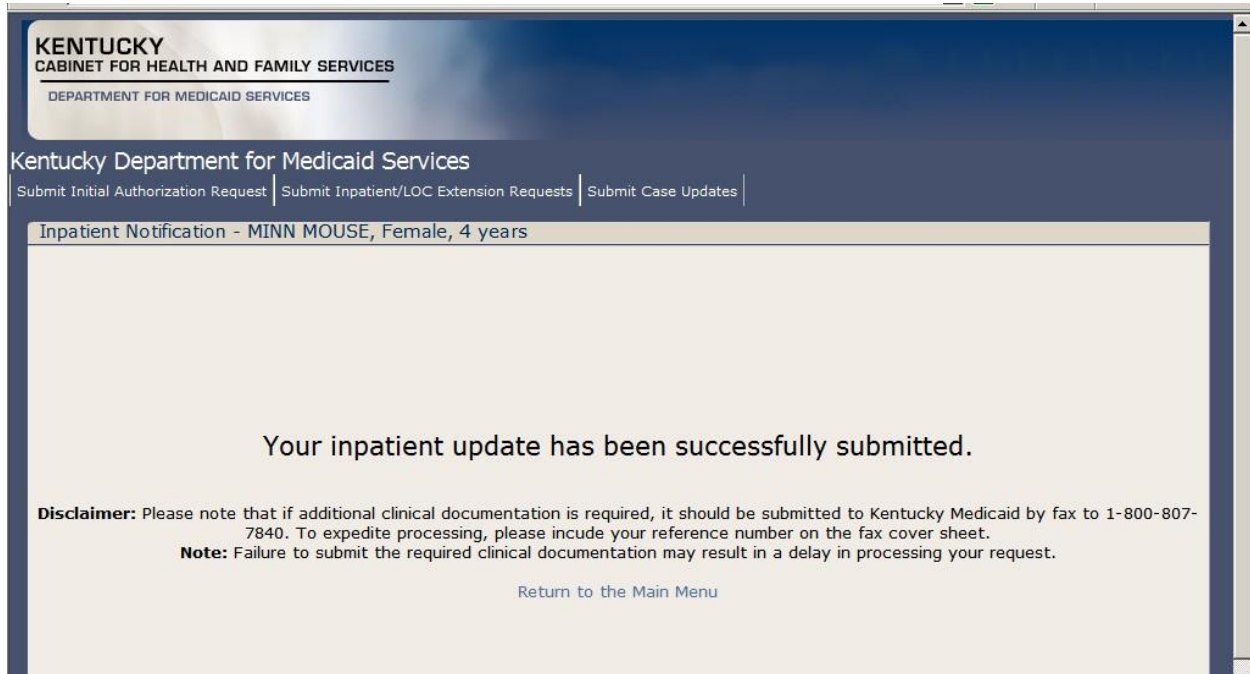
6 What to expect after a successful submission

6.1 Inpatient

- SHPS Reference number – disclaimer

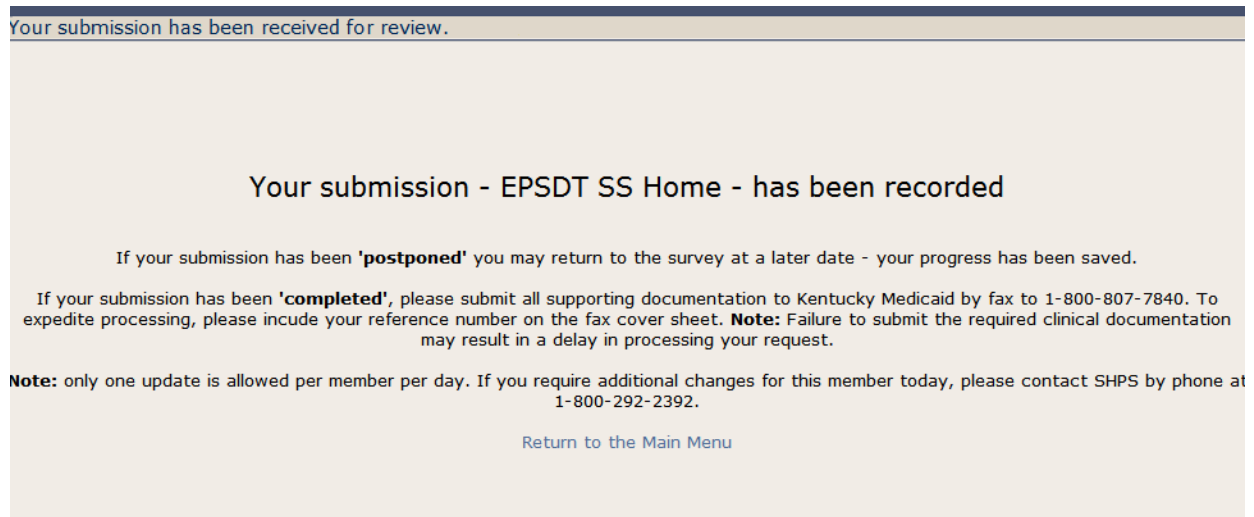
6.2 Inpatient / Level of Care Extension Request Submission

- Confirmation screen (See below)



6.3 Case Updates

- Confirmation screen (See below)



7 How to do a Status check / determination

Use existing 3 methods:

- KY Health Net
- AVR
- Letters

There are 3 different options available to obtain a PA number. PA numbers can be obtained by accessing KyHealth Net website at <http://home.kymmis.com>. PA numbers can also be obtained via the Automated Voice Response system by calling 800-807-1301. The 3rd option is by waiting for the PA letter to arrive within 3-5 business days. (letters can also be downloaded from KyHealth Net).

8 Appendix A: Help Aids for specific provider types

Kentucky Department for Medicaid Services

ePA Help Sheet – ABI and ABI LTC Waiver

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be Submitted with ePA Request ¹
ABI Waiver Initial Level of Care	Initial Authorization Request	Waiver ABI LOC	Home	ABI LOC	ICD Diagnosis HCPCS	MAP 351
ABI LTC Waiver Initial Level of Care	Initial Authorization Request	Waiver ABI LTC LOC	Home	ABI LTC LOC	ICD Diagnosis HCPCS	MAP 351
ABI Waiver Annual Level of Care Recertification	Inpatient/LOC Extension Requests	N/A	N/A	N/A	ICD Diagnosis HCPCS	MAP 351
ABI LTC Waiver Annual Level of Care Recertification	Inpatient/LOC Extension Requests	N/A	N/A	N/A	ICD Diagnosis HCPCS	MAP 351
Services (Initial, Modifications and Recertifications)	Case Updates	Waiver Services	N/A	N/A	ICD Diagnosis HCPCS CPT	MAP 350 MAP 24C MAP 109 MAP 10

¹Not all forms listed in this column are required for each request. Providers are responsible to submit complete request packets using the appropriate forms for the type of request they are submitting. Providers should maintain in the provider’s or recipient’s record any forms required by the Kentucky Medicaid regulations. Although a form may not be required to be submitted with an ePA request, the Department for Medicaid Services may require original paper copies of the form for audit purposes.

Kentucky Department for Medicaid Services

ePA Help Sheet – Acute DRG Hospitals

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted
New Admission (Emergent Medical/Surgical)	Initial Authorization Request	Inpatient DRG Hospital Medical	Inpatient Hospital	Medical Care	ICD Procedure ICD Diagnosis Revenue ¹
New Admission (Medical)	Initial Authorization Request	Inpatient DRG Hospital Medical	Inpatient Hospital	Medical Care	ICD Diagnosis Revenue ¹
New Admission (Medical – Pneumonia)	Initial Authorization Request	Inpatient DRG Hospital Pneumonia	Inpatient Hospital	Surgical	ICD Diagnosis Revenue ¹
New Admission (Surgical)	Initial Authorization Request	Inpatient DRG Hospital Surgical	Inpatient Hospital	Medical Care	ICD Procedure ICD Diagnosis Revenue ¹
New Admission (Transplant)	Initial Authorization Request	Inpatient Transplant	Inpatient Hospital	Surgical	ICD Procedure ICD Diagnosis Revenue ¹
New Admission (OB SVD Pre-delivery)	Initial Authorization Request	Inpatient OB SVD Pre Delivery	Inpatient Hospital	Maternity	ICD Procedure ICD Diagnosis Revenue ¹
New Admission (OB SVD Post-delivery)	Initial Authorization Request	Inpatient OB SVD Post Delivery	Inpatient Hospital	Maternity	ICD Diagnosis Revenue ¹
New Admission (OB Cesarean Pre-delivery)	Initial Authorization Request	Inpatient OB Cesarean Pre Delivery	Inpatient Hospital	Maternity	ICD Procedure ICD Diagnosis Revenue ¹
New Admission (OB Cesarean Post-Delivery)	Initial Authorization Request	Inpatient OB Cesarean Post Delivery	Inpatient Hospital	Maternity	ICD Diagnosis Revenue ¹
New Admission (OB Induction Pre-delivery)	Initial Authorization Request	Inpatient OB Induction Pre Delivery	Inpatient Hospital	Maternity	ICD Procedure ICD Diagnosis Revenue ¹
OB SVD Update	Case Updates	Obstetric SVD Notification Form	N/A	N/A	N/A
OB Cesarean Update	Case Updates	Obstetric C-Section Notification Form	N/A	N/A	N/A
OB Induction Update	Case Updates	Obstetric Induction Notification Form	N/A	N/A	N/A

¹Revenue (NUBC) codes must be entered using four digits; use a 0 as the first digit

Kentucky Department for Medicaid Services

ePA Help Sheet – Critical Access Hospitals

Request Type	ePA Module	Request / Update Type	Place of Service	Service Type	Code Types Accepted
New Admission	Initial Authorization Request	Inpatient Critical Access Hospital	Inpatient Hospital	Medical Care	CPT ICD Diagnosis Revenue ¹
Continued Stay	Inpatient/LOC Extension Requests	N/A	N/A	N/A	CPT ICD Diagnosis Revenue ¹
New Admission (Transplant)	Initial Authorization Request	Inpatient Transplant	Inpatient Hospital	Surgical	CPT ICD Diagnosis Revenue ¹
New Admission (OB SVD Pre-delivery)	Initial Authorization Request	Inpatient OB SVD Pre Delivery	Inpatient Hospital	Maternity	CPT ICD Diagnosis Revenue ¹
New Admission (OB SVD Post-delivery)	Initial Authorization Request	Inpatient OB SVD Post Delivery	Inpatient Hospital	Maternity	ICD Diagnosis Revenue ¹
New Admission (OB Cesarean Pre-delivery)	Initial Authorization Request	Inpatient OB Cesarean Pre Delivery	Inpatient Hospital	Maternity	CPT ICD Diagnosis Revenue ¹
New Admission (OB Cesarean Post-Delivery)	Initial Authorization Request	Inpatient OB Cesarean Post Delivery	Inpatient Hospital	Maternity	ICD Diagnosis Revenue ¹
New Admission (OB Induction Pre-delivery)	Initial Authorization Request	Inpatient OB Induction Pre Delivery	Inpatient Hospital	Maternity	CPT ICD Diagnosis Revenue ¹
New Admission (OB Induction Post-delivery)	Initial Authorization Request	Inpatient OB Induction Post Delivery	Inpatient Hospital	Maternity	ICD Diagnosis Revenue ¹
OB SVD Update	Case Updates	Obstetric SVD Notification Form	N/A	N/A	N/A
OB Cesarean Update	Case Updates	Obstetric C-Section Notification Form	N/A	N/A	N/A
OB Induction Update	Case Updates	Obstetric Induction Notification Form	N/A	N/A	N/A

¹Revenue (NUBC) codes must be entered using four digits; use a 0 as the first digit

Kentucky Department for Medicaid Services

ePA Help Sheet – Inpatient Rehabilitation/LTAC/DPU-Rehab

Inpatient Rehabilitation

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted
New Admission	Initial Authorization Request	Inpatient Rehab	Inpatient Rehabilitation Facility	Medical Care	ICD Diagnosis Revenue ¹
Continued Stay	Inpatient/LOC Extension Requests	N/A	N/A	N/A	N/A

LTAC

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted
New Admission	Initial Authorization Request	Inpatient LTAC Hospital	LTAC – LTAC	Medical Care	ICD Diagnosis Revenue ¹
Continued Stay	Inpatient/LOC Extension Requests	N/A	N/A	N/A	N/A

Distinct Part Units - Rehabilitation

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted
New Admission (Rehabilitation)	Initial Authorization Request	Inpatient DPU Rehab	DPURHB	Rehabilitation	ICD Diagnosis Revenue ¹
Continued Stay (Rehabilitation)	Inpatient/LOC Extension Requests	N/A	N/A	N/A	N/A

¹Revenue (NUBC) codes must be entered using four digits; use a 0 as the first digit

Kentucky Department for Medicaid Services

ePA Help Sheet – Psychiatric Acute Care Facilities

Acute Psychiatric Hospital

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted
New Admission	Initial Authorization Request	Inpatient Hospital Psych	Inpatient Hospital	Psychiatric	ICD Diagnosis DSM
Continued Stay	Inpatient/LOC Extension Requests and Case Updates	Acute Non-Freestanding or DPU	N/A	N/A	ICD Diagnosis DSM

Acute Freestanding Psychiatric Facility

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted
New Admission	Initial Authorization Request	Freestanding Psychiatric Facility	FREPSY – Freestanding Psychiatric Facility	Psychiatric	ICD Diagnosis DSM
Continued Stay	Inpatient/LOC Extension Requests and Case Updates	Acute Freestanding Psych	N/A	N/A	DSM

Distinct Part Unit - Psychiatric

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted
New Admission (Psychiatric)	Initial Authorization Request	Inpatient DPU Psychiatric	DPUPSY - Distinct Part Unit - Psychiatric	Psychiatric	ICD Diagnosis DSM
Continued Stay (Psychiatric)	Inpatient/LOC Extension Requests	Acute Non-Freestanding or DPU	N/A	N/A	ICD Diagnosis DSM

Kentucky Department for Medicaid Services

ePA Help Sheet – Durable Medical Equipment (DME)

Request Type	ePA Module	Request / Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be Submitted with ePA Request ¹
New DME Purchase	Initial Authorization Request	DME	Home	DME – Purchase	HCPCS	MAP 9 – required MAP 1000 - required MAP 1000B - required Cost Invoice - required MSRP - required
New DME Rental	Initial Authorization Request	DME	Home	DME – Rental	HCPCS – RR Modifier	MAP 9 – required MAP 1000 - required MAP 1000B - required Cost Invoice - required MSRP – required
Add Services to DME Purchase	Case Updates	DME	N/A	N/A	HCPCS	MAP 9 – required MAP 1000 - required MAP 1000B - required Cost Invoice - required MSRP – required
Add Services to DME Rental	Case Updates	DME	N/A	N/A	HCPCS – RR Modifier	MAP 9 – required MAP 1000 - required MAP 1000B - required Cost Invoice - required MSRP – required
New Oxygen	Initial Authorization Request	DME	Home	DME – Rental	HCPCS	MAP 9 – required MAP 1000 - required MAP 1000B - required Cost Invoice - required MSRP – required

¹Not all forms listed in this column are required for each request. Providers are responsible to submit complete request packets using the appropriate forms for the type of request they are submitting. Providers should maintain in the provider's or recipient's record any forms required by the Kentucky Medicaid regulations. Although a form may not be required to be submitted with an ePA request, the Department for Medicaid Services may require original paper copies of the form for audit purposes.

NOTE: When entering dates for DME Rental remember that rental dates can be billed for an entire month regardless of what day in the month a rental begins. For example: if a rental start date is 6/16/10 and the rental is for 3 months the end date will be 8/31/10 not 9/16/10. When entering dates in the ePA portal, the provider should enter 6/16/10 in the "From" date field and 8/31/10 in the "Through" date field in the example given.

NOTE: When entering dates for DME Purchase, if the date of delivery has been determined, the provider should enter the date of delivery in both the "From" and "Through" date fields. If the date of delivery has not been determined, enter the date of the request the "From" field and a date three (3) months in the future in the "Through" date field.

Kentucky Department for Medicaid Services

ePA Help Sheet – EPSDT Psychiatric Services

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be submitted with ePA ¹
EPSDT Extended Care Unit New Request	Initial Authorization Request	EPSDT – Extended Care Units	EPSDT	Psychiatric	HCPCS DSM CPT	N/A
EPSDT Chemical Dependency Outpatient New Request	Initial Authorization Request	EPSDT – Chemical Dependency Inpatient	EPSDT	Psychiatric	HCPCS DSM CPT	N/A
EPSDT Chemical Dependency Inpatient New Request	Initial Authorization Request	EPSDT – Chemical Dependency Outpatient	EPSDT	Psychiatric	HCPCS DSM CPT	N/A
EPSDT – Out of State Facility New Request	Initial Authorization Request	EPSDT – Psych Out of State Facility	EPSDT	Psychiatric	HCPCS DSM CPT	Diligent Search List and MD Letter
EPSDT Extended Care Unit Recertification	Case Updates	EPSDT – Extended Care Units (EDU in-state)	N/A	N/A	HCPCS DSM CPT	N/A
EPSDT Chemical Dependency Outpatient Recertification	Case Updates	EPSDT – Chemical Dependency Out-Patient Programs	N/A	N/A	HCPCS DSM CPT	N/A
EPSDT Chemical Dependency Inpatient Recertification	Case Updates	EPSDT Chemical Dependency In-Patient Programs	N/A	N/A	HCPCS DSM CPT	N/A
EPSDT – Out of State Facility Recertification	Case Updates	EPSDT – Out of State	N/A	N/A	HCPCS DSM CPT	N/A

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Kentucky Department for Medicaid Services

ePA Help Sheet – EPSDT Special Services

Request Type	ePA Module	Request / Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be submitted with ePA request ¹
New EPSDT DME Purchase	Initial Authorization Request	EPSDT SS Home	Home	DME Purchase	HCPCS	MAP 9 MAP 1000 MAP 1000B MAP 650 Cost Invoice MSRP
New EPSDT DME Rental	Initial Authorization Request	EPSDT SS Home	Home	DME Rental	HCPCS – RR modifier	MAP 9 MAP 1000 MAP 1000B MAP 650 Cost Invoice MSRP
New EPSDT Nursing Hours	Initial Authorization Request	EPSDT Private Duty Nursing	Home	Private Duty Nursing	HCPCS	MAP 9 MAP 650 Submit 485 form & work statements
New EPSDT Therapy	Initial Authorization Request	EPSDT SS Therapy	EPSDT Therapy	Therapy	CPT and HCPCS	MAP 9 MAP 650 Therapy Evaluation MD order
New EPSDT Kids Club	Initial Authorization Request	EPSDT Kids Club	EPSDT Kids Club	Private Duty Nursing	HCPCS – TT, TF, TG modifier	Kids Club Form
Add Services to EPSDT DME Rental	Case Updates	EPSDT SS Home	N/A	N/A	HCPCS – RR modifier	MAP 9 MAP 1000 MAP 1000B MAP 650 Cost Invoice MSRP
Add Services to EPSDT Nursing Hours	Case Updates	EPSDT SS Private Duty Nursing	N/A	N/A	HCPCS	MAP 9 MAP 650 Updated 485 form and work statements every 6 months

ePA Help Sheet – EPSDT Special Services (Page 2)

Request Type	ePA Module	Request / Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be submitted with ePA request¹
Add Services to EPSDT Kids Club	Case Updates	EPSDT Kids Club	N/A	N/A	HCPCS – TT, TF, TG modifier	Kids Club Form
Add Services to EPSDT Therapy	Case Updates	EPSDT SS Therapy	N/A	N/A	CPT and HCPCS	MAP 9 MAP 650 Therapy Evaluation MD order

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Kentucky Department for Medicaid Services

ePA Help Sheet – HCB Waiver and Adult Day Care

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be Submitted with ePA Request ¹
HCW Waiver Initial Level of Care	Initial Authorization Request	Waiver HCW LOC	Home	HCW LOC	ICD Diagnosis HCPCS CPT DSM	MAP 351
Adult Day Care Initial Level of Care	Initial Authorization Request	Waiver ADHC LOC	Adult Day Care	ADC LOC	ICD Diagnosis HCPCS CPT DSM	MAP 351
HCW Waiver Annual Level of Care Recertification	Inpatient/LOC Extension Requests	N/A	N/A	N/A	ICD Diagnosis HCPCS CPT DSM	MAP 351
Adult Day Care Level of Care Recertification	Inpatient/LOC Extension Requests	N/A	N/A	N/A	ICD Diagnosis HCPCS CPT DSM	MAP 351
HCW Waiver Services (Initial, Modifications and Recertifications)	Case Updates	Waiver Services	N/A	N/A	ICD Diagnosis HCPCS CPT DSM	MAP 350 MAP 24 MAP 109 MAP 95 MAP 2000 – CDO only MAP 23 – CM Transfer only
Adult Day Care Services (Initial, Modifications and Recertifications)	Case Updates	Waiver Services	N/A	N/A	ICD Diagnosis HCPCS CPT DSM	MAP 350 MAP 24 MAP 109 MAP 95 MAP 2000 – CDO MAP 23 – CM Transfer

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ePA Help Sheet – Home Health**Kentucky Department for Medicaid Services**

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be submitted with ePA request¹
New Recipient (Services Only or Supply and Services)	Initial Authorization Request	Home Health	Home	Home	Revenue ² HCPCS	None
New Recipient (Supply Only)	Initial Authorization Request	Home Health Supply Only	Home	Home	HCPCS	None
Reauthorization (Services Only or Supply and Services)	Initial Authorization Request	Home Health	Home	Home	Revenue HCPCS	None
Reauthorization (Supply Only)	Initial Authorization Request	Home Health Supply Only	Home	Home	HCPCS	None
Retrospective (Services Only or Supply and Services)	Initial Authorization Request	Home Health	Home	Home	Revenue ² HCPCS	None
Retrospective (Supply Only)	Initial Authorization Request	Home Health Supply Only	Home	Home	HCPCS	None
Modifications (Services Only or Supply and Services)	Case Updates	Home Health	Home	Home	Revenue ² HCPCS	None
Modifications (Supply Only)	Case Updates	Home Health Supply Only	Home	Home	HCPCS	None

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²Revenue (NUBC) codes must be entered using four digits; use a 0 as the first digit.

ePA Help Sheet – IMPACT Plus**Kentucky Department for Medicaid Services**

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be submitted with ePA request ¹	Other
IMPACT Plus - Crisis Stabilization Unit (Initial) STEP 1	Initial Authorization Request	IMPACT Plus – Crisis Stabilization Unit Initial	Outpatient Center	Psychiatric	CPT, HCPCS DSM	N/A	Must also complete Step 2 if requested
IMPACT Plus - Crisis Stabilization Unit (Continued Service Review) STEP 2	Case Updates	IMPACT Plus Psych Assessment – Crisis Stabilization Unit	N/A	N/A	ICD Diagnosis CPT DSM	N/A	To be completed after Step 1
IMPACT Plus – Service (Initial)Request	Initial Authorization Request	IMPACT Plus – Service Request	Outpatient Center	Psychiatric	CPT, HCPCS DSM	RFS and possibly Care Plan	None
IMPACT Plus – Service (CSR) Request	Case Updates		N/A	N/A	CPT, HCPCS DSM I-V	RFS, possibly a Care Plan, Progress Note, Contact Log	To be completed after Step 1

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Kentucky Department for Medicaid Services

ePA Help Sheet – Michelle P. Waiver

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be Submitted with ePA Request ¹
Michelle P. Waiver Initial Level of Care	Initial Authorization Request	Waiver Michelle P LOC	Home	Michelle P - LOC	ICD Diagnosis HCPCS CPT DSM	MAP 351
Michelle P. Waiver Annual Level of Care Recertification	Inpatient/LOC Extension Requests	N/A	N/A	N/A	ICD Diagnosis HCPCS CPT DSM	MAP 351
Michelle P. Waiver Services (Initial, Modifications and Recertifications)	Case Updates	Waiver Services	N/A	N/A	ICD Diagnosis HCPCS CPT DSM	MAP 350 MAP 24 MAP 109 MAP 95 MAP 2000 – CDO only

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Kentucky Department for Medicaid Services

ePA Help Sheet – Model II Waiver

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be Submitted with ePA Request ¹
Model II Waiver Initial Level of Care	Initial Authorization Request	Waiver Model II LOC	Home	MODMED – Model II LOC	ICD Diagnosis HCPCS CPT DSM	MAP 351A
Model II Waiver Annual Level of Care Recertification	Inpatient/LOC Extension Requests	N/A	N/A	N/A	ICD Diagnosis HCPCS CPT DSM	MAP 351A
Model II Waiver Services (Initial, Modifications and Recertifications)	Case Updates	Waiver Services Model II	N/A	N/A	ICD Diagnosis HCPCS CPT DSM	MAP 10 MAP 24 MAP 109 MAP 350

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Kentucky Department for Medicaid Services

ePA Help Sheet – Nursing Facility

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be Submitted with ePA request ¹
New Admission	Initial Authorization Request	Nursing Facility Room and Board	Nursing Facility	NFSNC – Nursing Facility	ICD diagnosis	PASRR Level I PASRR Level II (if triggered)
New Admission – Swing Bed	Initial Authorization Request	Nursing Facility Swing Bed Room and Board	Nursing Facility	NFSWG-NF-Swing	ICD diagnosis	PASRR Level I PASRR Level II (if triggered)
New Admission – Brain Injury Non-Locked Unit	Initial Authorization Request	Nursing Facility Brain Injury Non-Locked Unit	Nursing Facility	NFBI-NF Brain Injury	ICD diagnosis	PASRR Level I PASRR Level II (if triggered)
New Admission – Brain Injury Locked Unit	Initial Authorization Request	Nursing Facility Brain Injury Locked Unit	Nursing Facility	NFBIL-NF BI Locked	ICD diagnosis	PASRR Level I PASRR Level II (if triggered)
New Admission – IMD	Initial Authorization Request	Nursing Facility IMD	Nursing Facility	NFIMD – NF IMD	ICD diagnosis	PASRR Level I PASRR Level II (if triggered)
New Admission – Ventilator	Initial Authorization Request	Nursing Facility Vent	Nursing Facility	NFVENT – NF Vent	ICD diagnosis	PASRR Level I PASRR Level II (if triggered)
New Admission – ICF/MRDD	Initial Authorization Request	Nursing Facility ICFMRDD	Nursing Facility	NFICF – NF ICFMRDD	ICD diagnosis	PASRR Level I PASRR Level II (if triggered)
New Ancillary or Oxygen Therapy	Initial Authorization Request	Nursing Facility Oxygen/Therapy	Nursing Facility	THRPHY - Therapy	ICD diagnosis CPT	None
Readmission	Initial Authorization Request	Same as New Admit	Nursing Facility	Same as New Admit	ICD diagnosis	None
Modification of Existing Ancillary or Oxygen Therapy Plan of Care	Case Updates	NF Therapy	N/A	N/A	ICD diagnosis CPT	None

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Kentucky Department for Medicaid Services

ePA Help Sheet –Outpatient Therapy and Radiology

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be submitted with ePA request ¹
Outpatient Therapy New Request	Initial Authorization Request	Outpatient Therapy	Hospital	THRPHY-Therapy	ICD Diagnosis CPT	None
Outpatient Therapy Recertification	Case Updates	Outpatient Therapy	N/A	N/A	ICD Diagnosis CPT	None
Radiology - Hospital New Request	Initial Authorization Request	Radiology Facility	Hospital	Diagnostic X-ray	ICD Diagnosis CPT	None
Radiology – Outpatient New Request	Initial Authorization Request	Radiology Outpatient	Outpatient Center	Diagnostic X-ray	ICD Diagnosis CPT	None
Radiology – Office New Request	Initial Authorization Request	Radiology Office	Office	Diagnostic X-ray	ICD Diagnosis CPT	None
Radiology Modification	Case Updates	Radiology	N/A	N/A	ICD Diagnosis CPT	None

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Kentucky Department for Medicaid Services

ePA Help Sheet –Physicians Services

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be submitted with ePA request ¹
Physicians Services New Request	Initial Authorization Request	Physicians Services	Office	Physician Services	ICD Diagnosis CPT	None
Physicians Services Sterilization New Request	Initial Authorization Request	Physicians Services Sterilization	Office	Physician Services	ICD Diagnosis CPT	Sterilization / Hysterectomy Map 250 MAP 251 Consent Form
Physicians Services Modification	Case Updates	Physician Services	N/A	N/A	ICD Diagnosis CPT	None
Physicians Services Sterilization Modification	Case Updates	Physician Services Sterilization	N/A	N/A	ICD Diagnosis CPT	Sterilization/ Hysterectomy Map 250 MAP 251
Physicians Services Induction New Request	Initial Authorization Request	Physicians Services Induction	N/A	N/A	ICD Diagnosis CPT	Induced Abortion MAP 235 or MAP 236
Physicians Services Induction Modification	Case Updates	Physicians Services Induction	N/A	N/A	ICD Diagnosis CPT	Induced Abortion MAP 235 or MAP 236

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Kentucky Department for Medicaid Services

ePA Help Sheet – SCL Waiver

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be Submitted with ePA Request ¹
SCL Waiver Initial Level of Care	Initial Authorization Request	Waiver SCL LOC	Home	SCL LOC	ICD Diagnosis HCPCS CPT DSM	MAP 351
SCL Waiver Annual Level of Care Recertification	Inpatient/LOC Extension Requests	N/A	N/A	N/A	ICD Diagnosis HCPCS CPT DSM	MAP 351
Services (Initial, Modifications and Recertifications)	Case Updates	Waiver Services	N/A	N/A	ICD Diagnosis HCPCS CPT DSM	MAP 350 MAP 24C MAP 109 MAP 2000 – CDO only

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