

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 CPT DSM	MAP 351
ABI LTC Waiver Initial Level of Care	Initial Authorization Request	Waiver ABI LTC LOC	Home	ABI LTC LOC	ICD Diagnosis HCPCS CPT DSM	MAP 351
ABI Waiver Annual Level of Care Recertification	Inpatient/LOC Extension Requests	N/A	N/A	N/A	ICD Diagnosis HCPCS CPT DSM	MAP 351
ABI LTC 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 10 MAP 2000 – CDO only

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.