

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
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

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.