

ePA Help Sheet – Home Health

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be submitted with ePA request ¹
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

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.

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