

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

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.