

Kentucky Department for Medicaid Services

ePA Help Sheet – Physicians Services, 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
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

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.