

ePA Help Sheet – Durable Medical Equipment (DME)

Request Type	ePA Module	Request / Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be Submitted with ePA Request ¹
New DME Purchase	Initial Authorization Request	DME	Home	DME – Purchase	HCPCS	MAP 9 – required MAP 1000 - required MAP 1000B - required Cost Invoice - required MSRP - required
New DME Rental	Initial Authorization Request	DME	Home	DME – Rental	HCPCS – RR Modifier	MAP 9 – required MAP 1000 - required MAP 1000B - required Cost Invoice - required MSRP – required
Add Services to DME Purchase	Case Updates	DME	N/A	N/A	HCPCS	MAP 9 – required MAP 1000 - required MAP 1000B - required Cost Invoice - required MSRP – required
Add Services to DME Rental	Case Updates	DME	N/A	N/A	HCPCS – RR Modifier	MAP 9 – required MAP 1000 - required MAP 1000B - required Cost Invoice - required MSRP – required
New Oxygen	Initial Authorization Request	DME	Home	DME – Rental	HCPCS	MAP 9 – required MAP 1000 - required MAP 1000B - required Cost Invoice - required MSRP – required

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.

NOTE: When entering dates for DME Rental remember that rental dates can be billed for an entire month regardless of what day in the month a rental begins. For example: if a rental start date is 6/16/10 and the rental is for 3 months the end date will be 8/31/10 not 9/16/10. When entering dates in the ePA portal, the provider should enter 6/16/10 in the "From" date field and 8/31/10 in the "Through" date field in the example given.

NOTE: When entering dates for DME Purchase, if the date of delivery has been determined, the provider should enter the date of delivery in both the "From" and "Through" date fields. If the date of delivery has not been determined, enter the date of the request the "From" field and a date three (3) months in the future in the "Through" date field.