ePA Help Sheet – IMPACT Plus

Request Type	ePA Module	Request /Update Type	Place of Service	Service Type	Code Types Accepted	Forms to be submitted with ePA request [1]	Other
IMPACT Plus - Crisis Stabilization Unit (Initial) STEP 1	Initial Authorization Request	IMPACT Plus – Crisis Stabilization Unit Initial	Outpatient Center	Psychiatric	CPT, HCPCS DSM	N/A	Must also complete Step 2 if requested
IMPACT Plus - Crisis Stabilization Unit (Continued Service Review) STEP 2	Case Updates	IMPACT Plus Psych Assessment – Crisis Stabilization Unit	N/A	N/A	ICD Diagnosis CPT DSM	N/A	To be completed after Step 1
IMPACT Plus – Service (Initial)Request	Initial Authorization Request	IMPACT Plus – Service Request	Outpatient Center	Psychiatric	CPT, HCPCS DSM	RFS and possibly Care Plan	None
IMPACT Plus – Service (CSR) Request	Case Updates		N/A	N/A	CPT, HCPCS DSM I-V	RFS, possibly a Care Plan, Progress Note, Contact Log	To be completed after Step 1

[1]Not 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.