Eligibility Expedited Prior Authorization (EPA) Criteria

The Agency requires providers to use Expedited Prior Authorization (EPA) numbers at the **header** level of the claim to certify to the Agency one of the following:

- That the client meets the criteria to receive care under the comprehensive dental benefit or

- That the client's clinical situation meets the criteria to receive care under the emergency oral health benefit.

Failure to bill with an EPA number will result in claim denial.

Use the first eligibility expedited authorization number that your client qualifies for on the list below.

The use of these EPA numbers does override the need for site-of-service authorization or procedure prior authorization. Providers must attach documentation that qualifies client for care when requesting procedure authorization.

The billing provider must document in the client's file how the EPA criteria were met and make this information available to the Department on request. If the Department determines the documentation does not support the criteria being met, the claim will be denied or recouped.

ELIGIBILITY EXPEDITED PRIOR AUTHORIZATION NUMBERS		
EPA	**Criteria**	**Procedure Codes**
870000004	Services provided to client of the division of developmental disabilities. **Effective for dates of service January 1, 2011 to September 30, 2011.**	See "DDD > 20 years old" column of the coverage table.
870000018	**Pregnant –** Services provided to a client that: 1) Is on CNP, ERSO, GA/ADATSA or LCP/MNP; and 2) Is pregnant or within 2 months post delivery; and 3) Has a letter from their primary care provider or from their OB/GYN stating that the client is pregnant and the due date **Effective for dates of service July 1, 2011 and after.**	See "Pregnant/ADSA Adults" column of coverage table.
870000020	**Institutional-** Service provided to a client that: 1) Is on CNP, ERSO, GA/ADATSA or LCP/MNP; and 2) Has ACES coverage group of F01, G01, G02, L01, L02, L04, L95, L99 or R01; and 3) Resides in a nursing home or state veteran's home, or veteran's wing of a nursing home; and 4) Presents with an "Institutional Residence Verification" form. **Effective for dates of service July 1, 2011 and after.**	See "Pregnant/ADSA Adults" column of coverage table.

870000019	**Waiver-** Services provided to a client that:
	 1) Is on CNP, ERSO, GA/ADATSA or LCP/MNP;
	 2) Has ACES coverage group L21 or L22 and
	  a) Is not on the hospice program or
	  b) Is a hospice client and PAN contains the words "COPES", "New Freedom",or
		See "Pregnant/ADSA Adults" column of coverage table.

	"RCL" or 3) Has ACES coverage group F01,G02,G95,G99, R01, S08, or S99; and PAN contains the words "COPES", "New Freedom", or "RCL". **Effective for dates of service July 1, 2011 and after.**	

870000005	**Extractions** that:
	1) are performed on or after January 1, 2011
	2) did not require authorization in 2010;
	3) were allowed in the 2010 dental benefit;
	4) were necessary in order to place **dentures** that:
	   a) has an authorization request that was received by the department on or before December 31, 2010 and;
	   b) were authorized by the department.
		D7111, D7140, D7210, D7220, D7230, D7240 and D7250

870000002	Services rendered for pain, infection, or trauma . **Effective for dates of service January 1, 2011 and after.**	Any procedure allowed under the Emergency Oral Healthcare Benefit
870000003	Services rendered as part of a cancer treatment regimen or part of a pre-transplant protocol** **Effective for dates of service January 1, 2011 and after.**	Any procedure allowed under the Emergency Oral Healthcare Benefit**

Note: Failure to bill with the appropriate EPA number at the header level will result in claim denial.

EPAs are only for services listed under the Emergency Oralhealth care Benefit (EOHB) and following the criteria above.

**If a client requires emergency oral health care services as a pre requisite to surgeries involving implants you will need to send in an authorization request and put the name of the primary service in the "description of service requested" box of the authorization form. ie: "Pre-op for Knee Replacement"