



Coverage by Amerikealth First.

2025 AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) Provider Manual Updates	Page
Important Plan Telephone Numbers: Updated phone and fax numbers where	15-16 and
appropriate.	throughout
	the manual
Definitions: Updated definitions where appropriate.	17-29
Covered Benefits	
Covered Home and Community-Based Services: Added Chore Services, Teleservices –	33
Cognitive Rehabilitation, Teleservices – Counseling, Teleservices – Nutritional	
Consultation.	
Participant Copayment Schedule: Deleted Participant Copayment Schedule and added	35
website address to view the schedule.	
Long-Term Services and Supports	
Covered Services: Removed Pest eradication, Benefits Counseling, Enhanced	37
employment services. Added Chore Services and Teleservices: Nutritional Counseling,	
Counseling Services, Cognitive Rehabilitation	
LTSS Covered Services: Updated Benefits Counseling, Home Adaptations and Respite.	50-81
Added benefit details for Chore Services, TeleServices.	
Referral & Authorization Requirements	
Resources – DHS offers a Medical Assistance Enrolled Provider Lookup Function:	91 and
Updated the PROMISe URL.	throughout
	the manual
Ambulance: Updated MATP service phone numbers as appropriate.	99-101
Behavioral Health and Substance Abuse – By County: Updated phone numbers as	102-104
appropriate.	
Dental Services: Updated the Dental Provider Services phone number.	105
DME/Exceptional DME: Updated to indicate that Select Enteral and Parenteral	106
supplements require authorization.	
Home Health Care: Added All Home Health Agencies are required to validate any home	120
health service provided to Participants using Electronic Visit Verification (EVV).	
Diabetic supplies: Deleted 150 per 34 days limit for glucose tablets and alcohol swabs.	122
Nursing Facility: Updated the covered services.	122-123
AmeriHealth Caritas PA CHC's Drug Formulary: Updated the Pharmacy and Therapeutics	128
Committee address.	
Pharmacy Prior Authorization Process: Updated what happens in the event of a denial.	129
Bleeding Disorders Management Program Description: Added Bleeding Disorder	133
Program Contact: PerformRXBleedingDisorders@performrx.com.	
Non-Covered Medications: Deleted Single entity and multiple vitamin preparations	134-135
except for those listed above.	
Recipient Restriction Program: Updated review criteria.	141
Provider Services	
NaviNet Supports Back Office Functions: Added Provider Directory Information	163
Form details.	
Primary Care Practitioner (PCP) & Specialist Office Standards & Requirements	





Coverage by Amerikealth First.

2025 AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC)	Page
Provider Manual Updates	
PCPs are responsible for: Added Provide updates/changes that occur to their	171
provider directory information.	
Medical Record Standards: Added Practitioners requirements to meet the Plan's	191
standards as well as process when practitioner does not achieve the standard of 90% or	
greater.	
Claims	
What to Expect as a Result of SIU Activities: Added If you do not agree with SIU	207
findings in the Overpayment Letter, instructions are included describing how you	
can submit a dispute to the SIU.	
Provider Dispute/Appeal Procedures; Participant Complaints, Grievances, and Fair	
Hearings	
Filing a Dispute: Updated dispute address to P.O. Box 7316, London, KY 40742.	210
Time Frame for Resolution: Added If the informal resolution of the Dispute results in a	211
claim adjustment, the Provider will receive a new explanation of benefits (EOB) for the	
claim(s) addressed in the dispute.	
What is an Appeal: Added Contracting issues, including "not for cause" plan-initiated	213
terminations.	
Filing a Request for a First Level Appeal Review: Updated the Provider Appeals	214
Department address.	
Second Level Appeal Review: Updated the Provider Appeals Department address.	215
Quality Assurance Performance Improvement, Credentialing, and Utilization	
Management	
Utilization Management Inpatient Stay Monitoring: Added Participants with	250
Medicare coverage are not required to have admission authorization. The Plan's	
referral and authorization requirements are applicable if the services are covered by	
Medicare and the Participant's Medicare benefits have been exhausted.	
Regulatory Provisions	
Cultural Responsiveness: Updated the top 15 written non-English languages in	274
Pennsylvania Referenced DHS MA Bulletin 99-25-01 and included where it can be	
found on our website.	