

Dental Provider Reference Guide



Provider website	dentists.amerihealthcaritas.com
Provider Services department	1-855-434-9241 (Monday–Friday, 8 a.m.–6 p.m.)
Provider web portal	For assistance, please email providerportal@sciondental.com or call 1-855-434-9239 .
Participant Services department	AmeriHealth Caritas Pennsylvania Community HealthChoices 1-855-235-5115 TTY 1-855-235-5112
Participant eligibility	Participating providers may access eligibility information by: <ul style="list-style-type: none">• Logging in to the Provider web portal via dentists.amerihealthcaritas.com.• Using the Interactive Voice Response (IVR) eligibility hotline at 1-855-434-9241 (24 hours a day/7 days a week).• Contacting the Participant Services department at: AmeriHealth Caritas Pennsylvania Community HealthChoices 1-855-235-5115 TTY 1-855-235-5112
Participant copayment	There is no copayment for dental services.
Medical Assistance Transportation Program (MATP) Provides assistance to members in accessing non-ambulance transportation services	To access MATP services, members register for the service by calling the county service number listed at http://matp.pa.gov/ . Participants will need to show their Pennsylvania ACCESS card when receiving the services.
Authorizations	Prior authorization decisions are made within two business days from the date the request is received provided all information is complete. Prior authorizations will be honored for 180 calendar days from the date of determination. Authorization requests can be submitted via: <ul style="list-style-type: none">• Provider website at dentists.amerihealthcaritas.com.• Electronic submission via clearinghouse.• HIPAA-compliant 837D file.• Paper (2012 ADA form) mailed to: AmeriHealth Caritas Pennsylvania Authorizations P.O. Box 654 Milwaukee, WI 53201

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Claims	<p>The timely filing requirement is 180 calendar days from the date of service. Non-network and emergency transportation providers have 180 days from the last date of service.</p> <p>Claims submissions can be received in the following formats:</p> <ul style="list-style-type: none">• Electronic claims via the provider website at dentists.amerihealthcaritas.com.• Electronic submission via clearinghouse.• HIPAA-compliant 837D file.• Paper (2012 ADA form) mailed to: Claims P.O. Box 651 Milwaukee, WI 53201 <p>Reprocessed and adjusted claims should be mailed to: Claims Reprocessing and Adjustment Requests P.O. Box 541 Milwaukee, WI 53201</p>
Provider complaints	<p>To make an inquiry or complaint, contact the Provider Services department at: AmeriHealth Caritas Pennsylvania Community HealthChoices 1-800-521-6007</p> <p>Mail written complaints to: Complaints P.O. Box 1243 Milwaukee, WI 53201</p>
Provider appeals	<p>To request reconsideration of authorizations or claims, providers may call 1-855-434-9241 or write to: Appeals P.O. Box 1243 Milwaukee, WI 53201</p>
Fraud and abuse reporting	<p>To report member fraud or abuse, please call 1-866-833-9718.</p>

Revised November 2017