

2025 AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) Dental Supplement Updates	Page
Procedures Requiring Prior Authorization: Updated information on the process for Hospital/Special Procedure Unit (SPU)/Ambulatory Surgical Center (ASC) outpatient admissions for dental services.	14
Retrospective Review: Added an example of a procedure which would require this type of review.	15
Paper Claim Submission: Updated what information is needed for paper claim submission.	16-17
Reporting and Preventing Fraud, Waste, and Abuse: Updating fax number for reporting to 1-717-214-1200.	25
Corrected Claims: Added instructions for Providers to make corrections to incorrectly submitted claims during the timely filing period.	28
Dental Services Requiring Prior Authorization or Retrospective Review: Added D8670 Periodic orthodontic treatment visit, D9999 Unspecified adjunctive procedure, by report. Also updated codes requiring pathology report submission or anesthesia log with retrospective authorizations.	32-34
Periodontal scaling and root planning (D4341 and D4342): Updated criteria.	36
Complete Dentures (D511, D5120): Updated criteria to include "If a current denture exists that was not reimbursed by the Plan, it must be non-serviceable for reasons other than tooth loss."	37
Exposure of unerupted tooth (D7280): Updated criteria to include "tooth not planned for extraction."	38
Fixed or removable appliance therapy (D8210, D8220): Updated criteria.	40
Comprehensive orthodontic services (D8080): Updated criteria.	40
Periodic orthodontic treatment visit (D8670): Added documentation requirements and criteria.	40
Orthodontic retention (D8680): Updated criteria.	40
Updated Dental Benefits Grid	44-85