Coverage by AmeriHealth First.

| 2023 AmeriHealth Caritas Pennsylvania Dental Supplement Updates | Page |
| :---: | :---: |
| Member Eligibility Verification Procedures and Services to Members |  |
| The Plan Member Identification Card: added that Providers are responsible for verifying that Members are eligible at the time services are rendered and to determine if Members have other health insurance. | 10 |
| Covered Benefits |  |
| Dental Benefits for Adults age 21 or older: Revised list of covered dental services | 13-14 |
| Added Replacement Dentures to list of services an adult Member is eligible to receive with an approved Benefit Limit Exception | 14 |
| Prior Authorization, Retrospective Review, and Documentation Requirements |  |
| Procedures Requiring Prior Authorization: Clarified most recently approved version of the Claim form must be submitted for Prior Authorizations | 16 |
| Updated Medically Necessary definition | 16 |
| Benefit Limit Exception (BLE) Process (Adults age 21 and over): Added when submitting the BLE request, only those codes requiring BLE should be on the dated or undated claim form. Inclusion of non-BLE codes may result in denials of those requests. | 17-18 |
| Claim Submission Procedures |  |
| Paper Claim Submission: added the most recent Dental Claim Form | 24-25 |
| Orthodontic Continuation of Care: added section for the process of continuation of orthodontic coverage. | 27 |
| Medical Recordkeeping |  |
| Updated chart audit scores above $90 \%$ are considered as passing. Offices with scores less than $90 \%$ will have a corrective action letter sent and are re-reviewed for compliance within the next 120 days | 32 |
| Clarified that patient records must be kept for a minimum of 10 years after the end of the termination of the State of client contract | 33 |
| Important Notice for Submitting Paper Authorizations and Claims |  |
| Added the website for current ADA forms | 34 |
| Clinical Criteria for Prior Authorization of Routine and Emergency Treatment |  |
| Updated list that requires Prior Authorization/Retrospective Review | 38-49 |
| Updated Dental Benefits Grid | 50-73 |

