



Coverage by AmeriHealth First.

| 2024 AmeriHealth Caritas Pennsylvania Community HealthChoices Dental | Dogo |
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| Supplement Updates | Page |
| Covered Benefits | |
| Added Silver Diamine Fluoride to the list of dental services covered when Medically | |
| Necessary | 11 |
| Plan Authorization Requirements and Benefit Details Grid: deleted For Participants 21 | |
| years of age or older | 12 |
| Electronic Attachments: added Vyne Dental information | 12 |
| Prior Authorization, Retrospective Review, and Documentation Requirements | |
| Updated the Medically Necessary Medical Assistance Program standards | 13 |
| Updated Orthodontic Continuation of Care section title to: Continuation of Care | 19 |
| Updated the Plan's mailing address to report Fraud, Waste and Abuse | 21 |
| Important Notice for Submitting Paper Authorizations and Claims | |
| Updated Corrected Claim section title to: Corrected Claim Submission Procedure and | |
| added language on how the Plan receives corrected dental claims | 26 |
| Replaced How do I submit a correct claim section title with: Paper Claim Submissions | 27 |
| Added bullet point under Paper Claim Submissions: Attach supporting documentation | |
| and send documentation in the same package with the Corrected Claim paper form | 28 |
| Clinical Criteria for Prior Authorization of Routine and Emergency Treatment | |
| Updated list that requires authorization and retrospective review | 30-35 |
| Updated Dental Benefits Grid | 39-56 |