

**To: AmeriHealth Caritas Pennsylvania (PA)/AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices
CHC Dental Providers**

Date: August 19, 2024

Re: Orthodontic Continuation of Care Process

The Orthodontic Continuation of Care (OCOC) process is for AmeriHealth Caritas Pennsylvania (PA) and AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) Members/Participants who meet the following criteria:

- Banded and receiving active comprehensive orthodontic care **and**
- Changing while in mid-treatment from one orthodontic Provider to another **or**
- Moving from another Managed Care Organization (MCO) to AmeriHealth Caritas PA or AmeriHealth Caritas PA CHC **or**
- Were private pay, commercially insured, or coming from another state's Medicaid program.

Orthodontic COC Submission Process

Include the following documentation:

1. COC form - the form is available at: www.amerihealthcaritaspa.com → Providers → Resources → Dental program or www.amerihealthcaritaschc.com → Providers → Resources → Dental program
2. 2019 or more recent ADA form marked "Continuation of Care Request" noted in section 35 of the form
3. A copy of the original approval (if available)
4. Current orthodontic photographs containing the date and the name of the patient

Submit Orthodontic COC requests via:

- **Fax:** 262-834-3589
- **Mail:** (Indicate AmeriHealth Caritas PA *or* AmeriHealth Caritas PA CHC) **Orthodontic COC**
c/o DentaQuest
PO Box 2906
Milwaukee, WI 53201-2906
- Electronic claims via DentaQuest's Provider portal: <https://www.dentaquest.com/en/providers/pennsylvania>
- Electronic submission via clearinghouses using **Payor ID CX014**

Orthodontic COC requests will be reviewed for medical necessity and will follow the prior authorization process.

Important note: Members/Participants who are not banded must be evaluated under the current Orthodontic guidelines for Pennsylvania Medicaid approval. Follow the process outlined below:

- A new authorization request for D8080 with the ORIGINAL records will need to be submitted to the normal authorization submission address:
(Indicate AmeriHealth Caritas PA *or* AmeriHealth Caritas PA CHC) **Prior Authorizations**
c/o DentaQuest - Authorizations
P.O. Box 2906
Milwaukee, WI 53201-2906
- Submit any non-consumed (not yet banded) Comprehensive Orthodontic (D8080) authorization approval, if applicable.
- Requests can be submitted through any of the methods discussed in the Submission Process outlined above.

If you have any questions about this process, please contact your Dental Account Executive.