



<b>2025 Keystone First Community HealthChoices (CHC) Dental Supplement Updates</b>	<b>Page</b>
Procedures Requiring Prior Authorization: Updated information on the process for Hospital/Special Procedure Unit (SPU)/Ambulatory Surgical Center (ASC) outpatient admissions for dental services.	15
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.	17-18
Reporting and Preventing Fraud, Waste, and Abuse: Updating fax number for reporting to 1-717-214-1200.	26
Corrected Claims: Added instructions for Providers to make corrections to incorrectly submitted claims during the timely filing period.	29-30
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.	33-35
Periodontal scaling and root planning (D4341 and D4342): Updated criteria.	38
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."	38
Exposure of unerupted tooth (D7280): Updated criteria to include "tooth not planned for extraction."	39
Fixed or removable appliance therapy (D8210, D8220): Updated criteria.	41
Comprehensive orthodontic services (D8080): Updated criteria.	41-42
Periodic orthodontic treatment visit (D8670): Added documentation requirements and criteria.	42
Orthodontic retention (D8680): Updated criteria.	42
Updated Dental Benefits Grid	45-81