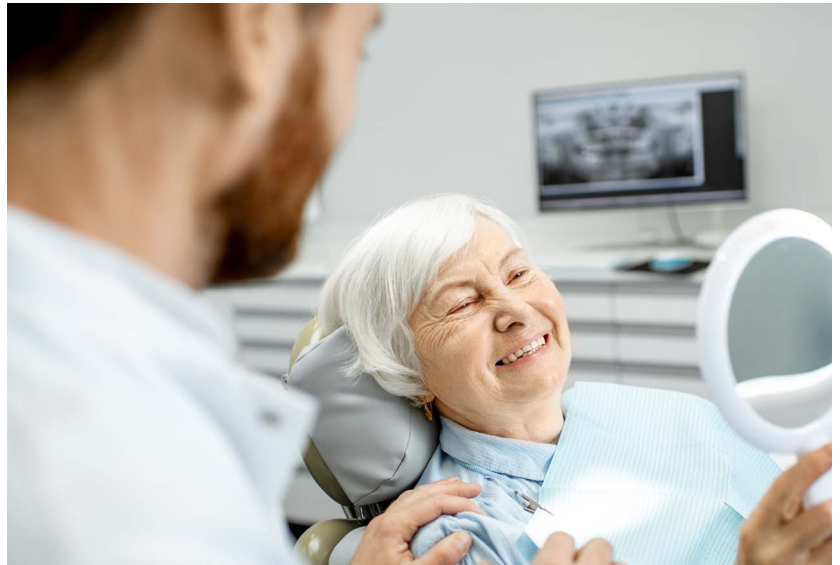


VIP Dental Provider Supplement

AmeriHealth Caritas VIP Care — a Medicare Advantage dual-eligible special needs plan (D-SNP) — offers its members an allowance for preventive and comprehensive dental services. AmeriHealth Caritas VIP Care covers these members' traditional Medicare medical benefits, and Pennsylvania Medicaid covers eligible Medicaid benefits.

This dental provider reference guide provides an overview of the benefits available to members of AmeriHealth Caritas VIP Care.



Member eligibility

Providers must verify member eligibility at the time of service and determine if members have other health insurance. We provide 24/7 access to this information through the AmeriHealth Caritas VIP Care dental portal at www.dentists.amerhealthcaritas.com, which providers can use to check member eligibility and history, submit claims and authorization requests, and access many other available features.

Dental providers may also speak with an AmeriHealth Caritas VIP Care Provider Services representative to confirm plan eligibility by calling **1-800-521-6007**, seven days a week, 8 a.m. to 8 p.m. ET.

You may also use our interactive voice response (IVR) system to check member eligibility by contacting us at **1-877-408-0878**.



Claim filing guidelines

Each provider must complete and submit a standard American Dental Association (ADA) form or file an electronic claim each time an AmeriHealth Caritas VIP Care member receives dental services from them. Completing the 2019 ADA form or electronic claim is important because:

- It provides a mechanism for reimbursement of dental services.
- It allows AmeriHealth Caritas VIP Care to gather statistical information regarding the dental services provided to members, which better supports our statutory reporting requirements.
- It allows AmeriHealth Caritas VIP Care to identify the severity of our members' illnesses.

AmeriHealth Caritas VIP Care dental providers will submit claims to:

AmeriHealth Caritas VIP Care — Claims

P.O. Box 651

Milwaukee, WI 53201

AmeriHealth Caritas VIP Care encourages all providers to submit claims electronically through the dental portal at www.dentists.amerihhealthcaritas.com.

Payer ID = SCION

We encourage all providers to submit claims within 30 days of the visit. However, original invoices must be submitted to AmeriHealth Caritas VIP Care within **365 calendar days** from the date services were rendered or the date when compensable items were provided.

Corrected previously denied claims and requests for adjustments must be submitted within **180 calendar days** from the date the initial claim was rejected.

More information about AmeriHealth Caritas VIP Care

AmeriHealth Caritas VIP Care is a member of AmeriHealth Caritas, a leader in managing medically complex members. By offering AmeriHealth Caritas VIP Care, a Medicare Advantage D-SNP, AmeriHealth Caritas is building and growing its vision and mission to provide health care services to the underserved.

AmeriHealth Caritas VIP Care's coordinated care approach, leading technology solutions, and innovative community outreach programs enable its members with debilitating conditions to lead more comfortable lives. Working with dedicated health care providers, AmeriHealth Caritas VIP Care offers programs that achieve better outcomes for its members.

For more information on AmeriHealth Caritas VIP Care, please visit www.amerihhealthcaritasvipcare.com.



Covered benefits

AmeriHealth Caritas VIP Care recognizes the importance of good dental health. Members are eligible to receive the following benefits.

Preventive Services – Members have unlimited coverage every year. Preventive Services include the following services:

- Oral evaluations once every six months with a zero-dollar copay.
- Cleanings once every six months with a zero-dollar copay.
- Fluoride treatments once every six months with a zero-dollar copay.
- Dental x-rays twice per year with a zero-dollar copay¹.



Comprehensive Services – The comprehensive dental benefits include the following services up to a \$3000 combined limit per calendar year:

- Minor restorations (fillings)
- Simple extractions

- Dentures, limited to one per arch every five years. Must provide documentation that the previous denture cannot be made serviceable (narrative, photo(s), records)*
- Denture repair and reline
- Surgical extractions
- Oral surgery*
- Periodontics*
- Endodontics*
- Crowns*
- Mini-implants (lower arch only)—limited to one per every five years.
- Implant supported denture (lower arch only) — limited to, one per every five years. Must provide documentation that the previous denture cannot be made serviceable (narrative, photo(s), records)*

Six radiograph codes per year per member. Full mouth series radiograph 1 every 5 years per member, panoramic radiograph 1 every 5 years per member. Cephalometric radiograph 1 every 5 years per member and does not count against 4 x-rays every year or 6 codes per year.

* Prior authorization required

 AmeriHealth Caritas VIP Care	AmeriHealth Caritas VIP Care (HMO-SNP)
Member Name <Member Name>	 Prescription Drug Coverage
Member ID# <123456789>	Prescription Drug Info: RX BIN 019587 RX PCN 06110000
Health Plan (80840) 7427051066	
MEMBER CANNOT BE CHARGED Cost sharing/copays: \$0 for doctor visits and hospital stays	PCP <PCP Name> PCP Phone <PCP Number>
H4227-002	



Specific procedure codes covered by AmeriHealth Caritas VIP Care under the supplemental benefit

Prior authorization is required for all crowns, dentures, endodontics, oral surgery, periodontics, mini-implants, and implant supported dentures. Codes indicated with shading require prior authorization. Authorization requests can be submitted via:

- AmeriHealth Caritas VIP Care website at www.dentists.amerhealthcaritas.com
- Electronic submission via clearinghouse.
- Paper (2019 ADA claim form). Mail to:
AmeriHealth Caritas VIP Care – Authorizations
P.O. Box 654M
Milwaukee, WI 53201

Prior authorization decisions are made within **14 calendar days for standard requests** and **72 hours for expedited requests** from the date AmeriHealth Caritas VIP Care receives the request, provided all information is complete.

Prior authorizations will be honored for **180 calendar days** from the date they are determined.

Code	Description
D0120	Periodic Oral Evaluation – Established Patient
D0140	Limited Oral Evaluation – Problem Focused
D0150	Comprehensive Oral Evaluation – New or Established Patient
D0180	Comprehensive Periodontal Evaluation – New or Established Patient
D0210	Intraoral – Complete Series of Radiographic Images
D0220	Intraoral – Periapical First Radiographic Image
D0230	Intraoral – Periapical Each Additional Radiographic Image
D0240	Intraoral – Occlusal Radiographic Image
D0270	Bitewing – Single Radiographic Image
D0272	Bitewings – Two Radiographic Images
D0274	Bitewings – Four Radiographic Images

Code	Description
D0330	Panoramic Radiographic Image
D0340	2D Cephalometric Radiographic Image
D1110	Prophylaxis – Adult
D1206	Topical Application of Fluoride Varnish
D1208	Topical Application of Fluoride – Excluding Varnish
D2140	Amalgam – One Surface, Primary or Permanent
D2150	Amalgam – Two Surfaces, Primary or Permanent
D2160	Amalgam – Three Surfaces, Primary or Permanent
D2161	Amalgam – Four or More Surfaces, Primary or Permanent
D2330	Resin-Based Composite – One Surface, Anterior
D2331	Resin-Based Composite – Two Surfaces, Anterior



Code	Description
D2332	Resin-Based Composite – Three Surfaces, Anterior
D2335	Resin-Based Composite – Four or More Surfaces or Involving Incisal Angle (Anterior)
D2390	Resin-Based Composite Crown, Anterior
D2391	Resin-Based Composite – One Surface, Posterior
D2392	Resin-Based Composite – Two Surfaces, Posterior
D2393	Resin-Based Composite – Three Surfaces, Posterior
D2394	Resin-Based Composite – Four or More Surfaces, Posterior
D2710	Crown – resin laboratory
D2721	Crown – resin with predominantly base metal
D2740	Crown – porcelain/ceramic
D2751	Crown – porcelain fused to predominantly base metal
D2752	Crown – porcelain fused to noble metal
D2791	Crown – full cast predominately base metal
D2920	Re-cement or re-bond crown
D2952	Post and core in addition to crown, indirectly fabricated
D2954	Prefabricated post and core in addition to crown

Code	Description
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)
D3320	Endodontic Therapy, Premolar Tooth (Excluding Final Restoration)
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)
D4210	Gingivectomy or Gingivoplasty – Four or More Contiguous Teeth
D4341	Periodontal Scaling and Root Planing-Four or More Teeth Per Quadrant
D4342	Periodontal Scaling and Root Planing – One To Three Teeth Per Quadrant
D4355	Full Mouth Debridement
D4910	Periodontal Maintenance
D5110	Complete Denture – Maxillary
D5120	Complete Denture – Mandibular
D5130	Immediate Denture – Maxillary
D5140	Immediate Denture – Mandibular
D5211	Maxillary Partial Denture – Resin Base
D5212	Mandibular Partial Denture – Resin Base
D5213	Maxillary partial denture – cast metal framework with resin denture bases
D5214	Mandibular partial denture – cast metal framework with resin denture bases
D5410	Adjust Complete Denture – Maxillary
D5411	Adjust Complete Denture – Mandibular
D5421	Adjust Partial Denture – Maxillary



Code	Description
D5422	Adjust Partial Denture – Mandibular
D5511	Repair Broken Complete Denture Base – Mandibular
D5512	Repair Broken Complete Denture Base – Maxillary
D5520	Replace Missing or Broken Teeth – Complete Denture (Each Tooth)
D5611	Repair Resin Partial Denture Base, Mandibular
D5612	Repair Resin Partial Denture Base, Maxillary
D5621	Repair Cast Partial Framework, Mandibular
D5622	Repair Cast Partial Framework, Maxillary
D5630	Repair or Replace Broken Retentive I Clasp Materials – Per Tooth
D5640	Replace Broken Teeth – Per Tooth
D5650	Add Tooth to Existing Partial Denture
D5660	Add Clasp to Existing Partial Denture – Per Tooth
D5730	Reline Complete Maxillary Denture (Chairside)
D5731	Reline Complete Mandibular Denture (Chairside)
D5740	Reline Maxillary Partial Denture (Chairside)
D5741	Reline Mandibular Partial Denture (Chairside)
D5750	Reline Complete Maxillary Denture (Laboratory)
D5751	Reline Complete Mandibular Denture (Laboratory)

Code	Description
D5760	Reline Maxillary Partial Denture (Laboratory)
D5761	Reline Mandibular Partial Denture (Laboratory)
D6013	Surgical Placement of Mini Implant
D6111	Implant supported removable denture for edentulous arch – Mandibular
D7140	Extraction, Erupted Tooth or Exposed Root
D7210	Extraction, Erupted Tooth
D7250	Removal of Residual Tooth Roots (Cutting Procedure)
D7310	Alveoloplasty In Conjunction With Extractions – Four or More Teeth, Per Quadrant
D7320	Alveoloplasty Not In Conjunction With Extractions – Four or More Teeth, Per Quadrant
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)
D7472	Removal of Torus Palatinus
D7473	Removal of Torus Mandibularis
D7485	Reduction of Osseous Tuberosity
D7961	Buccal I labial Frenectomy (frenulectomy)
D7962	Lingual Frenectomy (frenulectomy)
D7970	Excision of Hyperplastic Tissue – Per Arch

Exclusions. Fixed bridges and all other dental implants except for mini-implants are not covered.

²Does not require prior authorization.



Procedures requiring documentation and criteria

Crowns (D2710, D2721, D2740, D2751, D2791) – prior authorization required

Allowed once every five years, per tooth. Limited to no more than four crowns per calendar year and limited to no more than two crowns per arch per calendar year.

Required documentation – Periapical x-ray showing the root and crown of the natural tooth. Non- abutment teeth: Current periapical x-rays of the tooth/teeth to be crowned. Abutment teeth: Current periapical x-rays of the tooth/teeth plus panoramic radiographic image or intraoral complete series of radiographic images are needed for evaluation.

All criteria below must be met:

- Minimum 50% bone support
- The patient must be free of active / advanced periodontal disease
- No subosseous or furcation carious involvement
- No periodontal furcation lesion or a furcation involvement
- Clinically acceptable RCT if present and all the criteria below must be met:
 1. The tooth is filled within two millimeters of the radiographic apex
 2. The root canal is not filled beyond the radiographic apex
 3. The root canal filling is adequately condensed and/or filled
 4. Healthy periapical tissue (healing PARL or no PARL)

And 1 of the criteria below must be met:

1. Anterior teeth must have pathological destruction to the tooth by caries or trauma, and involve four (4) or more surfaces and at least 50% of the incisal edge

2. Premolar teeth must have pathological destruction to the tooth by caries or trauma, and must involve three (3) or more surfaces and at least one (1) cusp
3. Molar teeth must have pathological destruction to the tooth by caries or trauma, and must involve four (4) or more surfaces and two (2) or more cusps

Root canals (D3310, D3320, D3330) – prior authorization required

Limited to one per tooth per lifetime.

Required documentation – pre-operative x-rays (excluding bitewings)

All criteria below must be met:

- Minimum 50% bone support
- The patient must be free of active / advanced periodontal disease
- No subosseous or furcation carious involvement
- No periodontal furcation lesion and / or a furcation involvement
- Closed apex
- Tooth must be crucial to arch/occlusion
- And 1 of the criteria below must be met if absence of decay or large restoration on the x-ray
 1. Evidence of apical pathology/fistula
 2. Narrative describing symptoms of irreversible pulpitis

Gingivectomy or Gingivoplasty (D4210) – prior authorization required

Required documentation – pre-operative x-rays, periodontal charting, narrative of medical necessity, photo (optional)

1 of the criteria below must be met:

- Hyperplasia or hypertrophy from drug therapy, hormonal disturbances or congenital defects
- Generalized 5 mm or more pocketing indicated on the periodontal charting



Periodontal scaling and root planning (D4341 and D4342) – prior authorization required

Required documentation – periodontal charting and pre-op x-rays

Limited to one D4341 or D4342 per quadrant per 24 months

Limited to no more than four different quadrant reimbursements within a 24-month period.

All criteria below must be met:

- 5 mm or more pocketing on 2 or more teeth indicated on the involved teeth
- Presence of root surface calculus and/or noticeable loss of bone support on x-rays

Full mouth debridement (D4355) – prior authorization required

Limited to one treatment per 365 days.

Required documentation – pre-op x-rays

All criteria below must be met:

- No history of periodontal treatment in past 12 months
- Extensive coronal calculus on 50% of teeth

Full dentures (D5110, D5120) – prior authorization required

Required documentation – panoramic radiographic image (D0330) or intraoral complete series of radiographic images (D0210)

1 of the criteria below must be met:

- If present, existing denture greater than 5 years old and not serviceable per narrative
- Remaining teeth do not have adequate bone support or are not restorable

Immediate dentures (D5130, D5140) – prior authorization required

Required documentation – panoramic radiographic image or intraoral complete series of radiographic images

All criteria below must be met:

- Remaining teeth do not have adequate bone support or are not restorable

Partial dentures (D5211, D5212, D5213, D5214) – prior authorization required

Partial dentures limited to one per arch, regardless of procedure code, every five years.

Required documentation – intraoral complete series of radiographic images (D0210) or panoramic radiographic image (D0330)

All criteria below must be met:

- Remaining teeth have greater than 50% bone support and are restorable
- If present, existing denture greater than 5 years old and not serviceable per narrative

In addition, 1 of the criteria below must be met:

- Replacing one or more anterior teeth
- Replacing two or more posterior teeth unilaterally (excluding 3rd molars)
- Replacing three or more teeth bilaterally (excluding 3rd molars)

Surgical Placement of Mini-Implant (D6013) – prior authorization required

All criteria below must be met:

- History of mandibular complete removable denture (D5120) or approved treatment plan for mandibular complete removable denture
- History of inability to retain mandibular complete removable denture or radiographic evidence of ridge resorption to the extent that retention of mandibular complete removable denture is not possible



Implant/Abutment Supported removable denture for Edentulous Arch- Mandibular (D6111) – prior authorization required

Existing denture greater than 5 years old and not serviceable per narrative

All criteria below must be met:

- Presence of mandibular implants or approval of mandibular implants
- Implants must have favorable long-term prognosis

Surgical removal of residual tooth roots (D7250) – prior authorization required

Documentation required – Pre-operative x-rays (excluding bitewings) and narrative of medical necessity

All criteria below must be met:

- Tooth root is completely covered by tissue on x-ray
- Documentation describes pain, swelling, etc. around tooth (must be symptomatic)

Alveoloplasty with extractions (D7310) – prior authorization required

Documentation required – Pre-operative x-rays (excluding bitewings)

All criteria below must be met:

- Appropriate number of teeth being extracted (three or more)

Alveoloplasty without extractions (D7320) – prior authorization required

Documentation required – Pre-operative x-rays (excluding bitewings) and narrative of medical necessity

All criteria below must be met:

- Documentation supports medical necessity for fabrication of a prosthesis

Excision of Bone and Other Repair procedures (D7471, D7472, D7473, D7485, D7961, D7962, D7970) – prior authorization required

Documentation required:

- Narrative describing medical necessity

An enrollee, or a provider acting on behalf of the enrollee, always has the right to request a pre-service organization determination if there is a question as to whether an item or service will be covered by the plan. If the plan denies an enrollee's (or their treating provider's) request for coverage as part of the organization determination process, the plan must provide the enrollee (and provider, as appropriate) with the standardized denial notice (Notice of Denial of Medical Coverage [or Payment]/CMS-10003).

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