AmeriHealth Caritas Pennsylvania

Community HealthChoices

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AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) Orthodontic Continuation of Care (OCOC) Submission Form

Date: _____

Patient information		
Name (first and last):	Date of birth:	ID number:
Patient's plan name (check one): ☐ AmeriHealth Caritas Pennsylvania ☐ AmeriHealth Caritas PA CHC		

Provider information		
Dentist name:	Provider NPI number:	Location ID number:
Address:	City, state, ZIP:	Area code and phone number:

Name of previous insurer (if available) that issued original approval:	
Banding date:	Number of months of active treatment previously performed:
Did your office band this patient? (check one) ☐ Yes ☐ No	
Months of active treatment being requested (note one D8670 = 3 months of treatment):	

Note: If no active treatment is being requested, please submit a prior authorization request per the Dental Provider Manual Supplement, for orthodontic retention (D8680).

Additional information required:

- **Orthodontic photographs depicting current orthodontic status**
- **ADA claim form from 2019 or later containing the number of D8670s being requested**

Submission process: Submit Orthodontic Continuation of Care forms, photographs, and requests on ADA forms marked "Orthodontic Continuation of Care Request." Note in section 35 the number of D8670s being requested (one D8670 = 3 months of treatment). Materials can be submitted via:

- Fax: **1-262-834-3589**
- Mail:
  [Indicate the appropriate AmeriHealth Caritas Pennsylvania plan name] Orthodontic COC
  c/o DentaQuest
  P.O. 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 Payer ID CX014