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| August 2024 Keystone First Dental Supplement DentaQuest Transition   | Dago         |
|--|--------------|
| Updates  | Page         |
| Phone numbers – updated to DentaQuest phone numbers. The new provider  | Throughout   |
| services phone number is <b>1-855-343-7401</b>   | the document |
| Technology tools: Updated Provider Services website to DentaQuest website. The   | 6 and        |
| website is <a href="https://www.dentaquest.com/en/providers/Pennsylvania">https://www.dentaquest.com/en/providers/Pennsylvania</a> | throughout   |
|  | document     |
| Provider Web Portal Registration & Introduction  |              |
| Revised section and updated provider portal website photo  | 9            |
| Member Eligibility Verification Procedures and Services to Members   |              |
| Keystone First CHC Eligibility Systems: updated how to access eligibility information  | 10-11        |
| Directions for using the IVR system to verify eligibility: updated directions and IVR  |              |
| system phone number  | 11           |
| Prior Authorization, Retrospective Review, and Documentation Requirements  |              |
| Added additional information about authorization requests and updated address  | 15 and       |
| where Prior Authorizations can be mailed   | throughout   |
| Retrospective Review: added that certain codes may only be authorized via  |              |
| retrospective review due to documentation requirements which are obtained after  |              |
| completion of services or the inability to determine medical necessity pre-  |              |
| operatively  | 16           |
| The BLE Request Process: updated BLE address photo with the revised BLE form   | 18           |
| Claim Submission Procedures: updated to four possible formats a dental claim can   |              |
| be received by the Plan.   | 20           |
| Electronic Claim Submission Utilizing DentaQuest's Website: revised section  | 20           |
| Electronic Claim Submission via Clearinghouse: updated Plan's payer ID to CX014  | 20           |
| Electronic Claim Submission via HIPAA Compliant 837D or 837P File: added section   | 20-21        |
| Paper Claim Submission: Updated claims and corrected claims address  | 22 and       |
|  | throughout   |
| Dentist Appeal Procedures: Updated Appeals and Disputes address  | 27           |
| Keystone First Medicaid Clinical Criteria for Authorization of Routine and<br>Emergency Treatment                                  |              |
| Updated list that requires Authorization/Retrospective Review  | 39-49        |
| Updated Dental Benefits Grid   | 50-83        |