

## **Keystone First – CHIP Orthodontic Services**

### **Orthodontic Prior Authorization**

All Orthodontic Services Require Prior Authorization.

Prior Authorizations may be mailed to:

Keystone First – CHIP Health Plan – Prior Authorizations

c/o DentaQuest – Authorization

P.O. Box 2906 Milwaukee, WI 53201-2906

Or entered in the DentaQuest Provider Portal at <https://www.dentaquest.com/en/providers/pennsylvania>

### **Comprehensive Orthodontic Treatment** (D8070, D8080, D8090)

Providers should submit the applicable code for comprehensive orthodontic treatment on the ADA form for prior authorization. Providers should also include panoramic and/or cephalometric radiographs and 5-7 diagnostic quality photos. A completed Salzmann Criteria Index form is needed for D8080 and D8090 only.

If approved, Providers should submit the proper orthodontic case code on the date of service of the initial banding. Seven (7) quarterly visits are allowed with an approved D8070, D8080 or D8090. **Providers should submit D8670 once per quarter allowing 85 days between the initial D8080 submission and each D8670 submitted.** Do not submit D8680 on initial authorization request for D8080.

D8680 requires prior authorization at end of treatment, photographs required with authorization request. Do not include D8680 on initial comprehensive treatment prior authorization request.

### **Orthodontic Continuation of Care (COC)**

Orthodontic services previously approved while under Keystone HMO CHIP with United Concordia but **not** banded (submitted D8070, 8080 or 8090) prior to July 1, 2025, will require a **new** prior authorization request to Keystone First – CHIP to DentaQuest.

Keystone First – CHIP Orthodontic Continuation of Care requests are required to be submitted for the following scenarios:

- Enrollee previously in treatment in your care while under a different insurance plan or private pay
- Enrollee previously banded by a different provider but now under your care for orthodontic treatment

Providers should submit a completed copy of the Orthodontic COC form, ADA claim form and photos of current of orthodontic status.

***Please note: Orthodontic services previously approved and banded while under Keystone HMO CHIP with United Concordia will require the Keystone First – CHIP in-network Provider to submit an Orthodontic Continuation of Care (COC) form, ADA claim form and copy of approval from United Concordia to DentaQuest. Current photographs are not required.***

Orthodontic Providers that are not in-network with Keystone First – CHIP should contact [dentalchipinquiries@keystonefirstpa.com](mailto:dentalchipinquiries@keystonefirstpa.com)