

CHAPTER 19:

Oral Health Services

Reviewed/Revised: 09/25, 09/24, 01/24, 5/25, 12/2025

19.0 Dental Benefits Covered Under Medical Plan ACA StandardHealth with Health Choice for Members Up to Age 19

Qualified health plans (QHPs) include a mandatory pediatric dental benefit that applies to children until the end of the plan/policy year they turn age 19.

Covered services and a description of each benefit can be found in the Base Benefit Book (refer to chapter: *What is covered, section JJ- Pediatric Dental Services*) found online by visiting: www.azblue.com/aca-standardhealth-health-choice/providers/dental-matrix.

Specific benefit information

The pediatric dental benefits are covered under the medical plan, ACA StandardHealth with Health Choice. Some specific benefit information includes:

- The dental benefits are embedded in the medical plan, and members do not have a separate dental ID card. The medical ID card indicates the dental benefits for members up to age 19. Dental services are covered *only* for children until the end of the plan/policy year they turn age 19.
- Dental services count toward the medical plan deductibles and out-of-pocket maximums. However, as with traditional dental plans, the deductibles will be waived for covered diagnostic and preventive services.
- Claims for the dental benefit go through the normal Blue Cross Blue Shield of Arizona Health Choice claim process. (see chapter: *General Billing Rules* and chapter: *Claims Processing*).
- The pediatric orthodontic coverage included in certain medical plans is available if
 1. The orthodontic treatment is medically necessary.
And:
 2. The member is considered eligible for pediatric orthodontic benefits (eligibility extends to the end of the plan/policy year in which the member turns age 19).

Eligibility and benefits inquiries

You can check member eligibility and dental history on the secure provider portal: [Log in - Health Choice Provider Portal \(healthchoiceaz.com\)](http://healthchoiceaz.com).

19.1 DENTAL PRIOR AUTHORIZATIONS

For a complete listing of services which require Prior Authorization please refer to our Dental Prior Authorization code list located on our website: [Dental Matrix | ACA StandardHealth Health Choice \(azblue.com\)](#)

19.2 PROVIDER PORTAL

We offer real-time tools, technology, and up-to-date information to our physicians and providers. The Blue Cross Blue Shield of Arizona Health Choice Provider Portal is designed with you in mind. Included in this site, and accessed through a secure self-serve portal, is patient data such as member eligibility, claims (history, reconsideration request), prior authorization submission requests and status, provider data management, and credentialing request (AzAHP).

Easy-to-follow portal training video(s) and other Provider Education resources are available under the 'For Providers' section of our websites by clicking 'Provider Education'.

*Note – As we continue to enhance our provider portal to deliver optimal service for our providers, you may find that not all functions shown are readily available to all providers. Thank you for your patience.

Blue Cross Blue Shield of Arizona Health Choice encourages providers to utilize our Provider Portal [Log in - Health Choice Provider Portal \(healthchoiceaz.com\)](#).

The provider portal includes but is not limited to the following:

- **Member Eligibility Search** - is an on-line search utility for retrieving the eligibility information for StandardHealth with Health Choice members.
- **Prior Authorization (PA)** – Enables providers to review PA guidelines, submit medical and dental PA requests, and track the status of submitted authorizations.
 - Submit Medical PA requests
 - Submit Dental PA requests
- **Claim Status** – provides an on-line search whereby current information and status of provider's claims can be viewed. In addition, retrieval of dental and vision history by member ID.
 - Claim Reconsideration and Claim Disputes – Request for a claim to be reconsidered/reprocessed (individually or in bulk) or formally dispute a claim.
- **Provider Demographic Maintenance**
 - Submit demographic practice updates, practitioner additions/terminations.
 - Practitioner Credentialing submission (E-Apply feature, AzAHP).
 - Credentialing Portal Direct Access (*for credentialing submission only, will not allow access to main portal features – claims, PA*):
 - [Login - Health Choice Provider Portal \(healthchoiceaz.com\)](#)
- **Provider Resources** – Use one of our convenient tools to manage your account (account management is only available for Prime Admin Account/Admin login) or look-up answers in our document library.

- Provider Demographic Summary – submit a request to add/terminate a provider, update service location and more (E-Apply).
- Provider Notices
- Provider Interactive Courses
- Provider Newsletters