



NETWORK *Notification*

Notice Date: May 1, 2022
To: Georgia Medicaid Dental Providers
From: CareSource
Subject: Updated Provider Resources - Policy Clarifications and Revisions

Summary

Thank you for your continued participation with CareSource Georgia serving Georgia Medicaid, PeachCare for Kids® and Planning for Healthy Babies® (P4HB®) programs.

Updated 2022 provider resources including the provider policy manual, quick reference guides and other tools will be available soon by logging into your [Skygen Provider web portal account](#) and accessing the “Insurer documents” tab. Many other resources are also available at **CareSource.com** and as a reminder, you should access the [Updates and Announcements page](#) regularly to keep abreast of policy changes and important information, including new value- based programs and provider resources.

Impact

Revision Effective Date: CY 2022 - New American Dental Association code updates effective Jan. 1, 2022, noted. All revisions include language clarification, structural and/or grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policies present a consistent voice. Policy language clarification supports administrative processes and procedures as well as clinical rationale and dental benefits. Lastly, there are some benefit changes that include limits/frequency, prior authorization requirements, benefit additions and deletions applicable to certain benefit categories. We have outlined significant changes in the updated grid below since the previous [2020- 2021 updates table](#).

Importance

Your awareness and utilization of the policies and procedures will help to ensure timely claims processing and payments, as well as timely access to care for patients. While the revisions are effective immediately and should be implemented by providers upon receipt of this communication, we will continue to honor any policies in the previous provider manual only for a period of **up to 30 days upon publication of this notice**.

Questions?

Please contact your dedicated provider representative by calling Provider Services **855-202-1058** and asking for your regional representative. Additionally, you can contact your representative at GAProviderRelations@CareSource.com.

If you have any other questions related to policy methodology or these revisions, feel free to email us at GADENTALINQUIRIES@CareSource.com.

HISTORY/REVISION INFORMATION

Revision Date	Section/Page	Revision Description	Revision Type	Citation
			A = Added D = Deleted M = Modified	(Revision due to Regulation, Legislation, contract, etc.)
01/01/2022	Edition 3 Provider Manual- All	Formatting, language clarification, structural and/or grammatical changes	M	N/A
01/01/2022	Edition 3 Provider Manual- All	All CDT code terminations, modifications, and additions by the American Dental Association in 2022*	ADM	ADA Policy
01/01/2022	Section 7 New Codes Covered	New Covered codes by GA Medicaid D1355 Caries preventive medicament D5765 Soft liner for complete or partial removable denture- indirect	A	CMO Policy
04/01/2022	7.6.10 Adjunctive Services D9000-D9999 Coverage Guidelines D9630	<p>Drugs or Medicaments Dispensed in the Office for Home Use</p> <p>To align with State policy D9630 will require a Prior Authorization (PA), post approval allowed when request submitted within 30 days of service (per state guidelines)</p> <p><u>Per our CareSource Clinical Policy and Coverage Guidelines</u> Dispensing of drugs may be indicated to enhance healing of surgical procedures or reduce pain and/or risk of infection. These include, but are not limited to oral antibiotics, oral analgesics, and topical fluoride.</p> <p>When using this code for Office Dispensed Fluoride- fluoride dispensed must equal to an amount sufficient for at least 180 days (at least 6 Fl oz.) and a Caries Risk Assessment must be performed via a CRA tool such as the ADA Caries Risk Assessment Form or American Academy of Pediatric Dentistry (AAPD) form BP_CariesRiskAssessment.pdf (aapd.org). This form should be kept in Member's dental record available for review upon request by the Dental Reviewer.</p> <p>When submitting PA request, a narrative is required to identify the type, dosage, and the technique for administering the drug or preventive product. Note that a CRA form was completed and available upon request.</p> <p>A Provider can alternatively prescribe a member oral antibiotics, oral analgesics, or topical fluoride, but D9630 should NOT be billed for writing prescriptions.</p>	M	Legislation
01/01/2022	Section 7.6 .3	Prefabricated Crowns PA requirement changed to (No PA ≤ Age 20 and <u>8 units</u> or less) versus 6 units. Retrospective Review allowed still for Hospital/ASC cases.	M	CMO Policy
01/01/2022	Appendix	Updated Orthodontic Scorecard	M	CMO Policy