



NETWORK *Notification*

Notice Date: May 30, 2023
To: Georgia Medicaid Dental Providers
From: CareSource
Subject: Updated Provider Resources – Policy Clarifications and Revisions
Effective Date: July 1, 2023

Summary

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

Updated 2023 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](#). Please access the [Updates and Announcements page](#) regularly to review policy changes and important information, including new value-based programs and provider resources.

Impact

CareSource implements code maintenance on January 1 each year. This includes revisions from the American Dental Association (ADA), who is the exclusive copyright owner of the Code on Dental Procedures and Nomenclature (CDT) and the ADA code. All additional revisions on **July 1, 2023**, include language clarification, structural and/or grammatical changes to:

1. The Dental Office reference Manual,
2. The Quick Reference Coverage Compendium, and
3. Quick Reference Guide.

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. There are some benefit changes that include limits/frequency, prior authorization or post review requirements, benefit additions and deletions applicable to certain benefit or enhanced benefit categories.

We are continually working to advance administrative simplification and the provider experience with new and modified administrative policies to improve claims submissions with attachments.

You may also review the Dental Provider Claims Submission Network Notification. We have outlined any significant benefit and administrative changes in the updated grid below since the previous [policy updates in 2021](#) and [2022](#).

Importance

Your awareness and utilization of the policies and procedures will help ensure timely claims processing

and payments, as well as timely access to care for patients. The Compendium serves as the most updated resource of coverage in 2022. We will continue to honor any policies in the previous provider manual for a period of up to 30 days upon publication of this notice.

Questions?

Please contact your dedicated provider representative by calling Provider Services at **1-855-202-1058** and asking for your regional representative. You may also 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 Effective Date	Section/Page	Revision Description	Revision Type	Citation								
			A = Added D = Deleted M = Modified	(Revision due to Regulation, Legislation, contract, etc.)								
07/01/2023	Chapter 5 Dental Office Reference Manual (ORM)	Dental Providers should no longer use the CareSource payor ID "CSGA1" but should use the SKYGEN payor ID "SCION" when submitting claims or authorization via the clearinghouses. Be sure to view clearinghouse processes on attachment services.	M	CareSource/SKYGEN Administrative change								
07/01/2023	Chapter 5 Dental Office Reference Manual	Mailing Address for mailed paper claims has changed to: CareSource Georgia P.O. Box 1174 Milwaukee, WI 53201 Continue to use the following address for mailed authorizations : CareSource GA: Authorization P.O. Box 474 Milwaukee, WI 53201	M	CareSource/SKYGEN Administrative change								
07/01/2023	Chapter 5 Dental Office Reference Manual	Services listed as Post Review in the Benefits Code section will no longer require submitting a retrospective authorization. Claims with these services will generate an automatic post treatment review request for the Utilization Management (UM) Clinical Review Team. NOTE: All services requiring prior authorization and not submitted prior to treatment (due to emergency or permitted reason) will still require submission of a retrospective authorization request by the provider within 30 days of the date of service, per state regulatory rules.	M	CareSource/SKYGEN Administrative change								
07/01/2023	Chapter 5 Dental Office Reference Manual	Corrected claims with SKYGEN may now be submitted via the SKYGEN Provider portal or through Clearinghouse Files (EDI) in addition to the previous paper claim only submission. It is important to follow the guidelines for submission, so claims are not consumed as duplicate claims and denied.	A	CareSource/SKYGEN Administrative change								
07/01/2023	Coverage Compendium Tables	Value - Added Services (VAS) As a reminder CareSource uniquely offers enhanced benefits for children and adults. Members are eligible to receive up to \$700 per year in value-added services. Diagnostic and Preventive value-added services are not subject to this limitation, nor our enhanced orthodontic benefit program. Value-added services are monitored for health outcome goals and subject to change. It is important to review the value-added benefits routinely. <table border="1" data-bbox="446 1255 1052 1413"> <thead> <tr> <th>Added as VAS</th> <th>Deleted as VAS</th> </tr> </thead> <tbody> <tr> <td>GF Pregnant Women D0210</td> <td>P4HB D3220</td> </tr> <tr> <td>GF and PCFK D8670 added units for Limited Ortho</td> <td></td> </tr> <tr> <td>P4HB D0272</td> <td></td> </tr> </tbody> </table>	Added as VAS	Deleted as VAS	GF Pregnant Women D0210	P4HB D3220	GF and PCFK D8670 added units for Limited Ortho		P4HB D0272		A/D	CareSource Policy Change
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GF Pregnant Women D0210	P4HB D3220											
GF and PCFK D8670 added units for Limited Ortho												
P4HB D0272												
07/01/2023	Coverage Compendium Tables	Key Benefit Changes <ul style="list-style-type: none"> • Space Maintainer limits changed to once per 24 months • D2920 one per 12 months per tooth • Prefabricated crowns changed from PA to Prepayment/post review • D3220 once per tooth per lifetime • Partials are reimbursable now for less than three teeth. Reimbursement rates are 1 tooth, 2 teeth or 3 or more teeth • D9630 PA now only required for greater than 1 unit per floating year. The frequency reimbursed is once per 180 days** (or per manufacturer's use guidelines) for fluoride. (i.e., Clinpro 3.4 Fl oz. is sufficient for 370 applications/one application per day; Preident 3.4 Fl oz is sufficient for 244 days/ one application per day) 	M	CareSource Policy Change								

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DCH Approved: 5/26/2023