



NETWORK *Notification*

Notice Date: January 7, 2021
To: CareSource Georgia Medicaid Dental Providers
From: CareSource
Subject: Updated Provider Resources - Policy Clarifications and Revisions

Summary

Thank you for your continued participation with CareSource's Georgia serving Georgia Medicaid, PeachCare for Kids® and Planning for Healthy Babies® (P4HB®) programs. The CareSource Dental Provider Network is now live! We would like to thank all providers and provider groups for recontracting. As a reminder, this change is only applicable to the Provider Network Agreements and Provider Maintenance as CareSource continues to partner with SKYGEN for provider web portal, claims processing and other services. Providers can continue to access the SKYGEN provider web portal for member eligibility verification, claims and authorization submission and viewing, provider resources and many other tasks.

We are also happy to announce updated provider resources including the provider policy manual, quick reference guides and other tools are now available by logging into your [Skygen Provider web portal account](#) and accessing the "Insurer documents" tab. Our COVID-19 and teledentistry resources are also still available at CareSource.com as we navigate these times together.

Impact

Revision Effective Date: Fiscal Year July 1, 2020 - For 2020 updates. New ADA changes effective January 1, 2021 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 policy present a consistent voice. Policy language clarification supports administrative processes and procedures as well as clinical rationale and dental benefits. There are also American Dental Association Code updates as the last manual edition was not inclusive of any ADA code additions or deletions. 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 grid below.

Importance

Your awareness and utilization of the policies and procedures will help to ensure timely claims processing and payments and timely access to care for Members. 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 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 **855-202-1058** and asking for your regional representative. You can additionally contact your representative at

GAProviderRelations@CareSource.com.

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.)
07/01/2020	Edition 2 Provider Manual- All	Formatting, language clarification, structural and/or grammatical changes	M	N/A
07/01/2020	Edition 2 Provider Manual- All	All CDT code terminations, medications and additions by the American Dental Association in 2018*, 2019*, 2020*	ADM	ADA Policy
07/01/2020	Section 4.2 Contracting	Contract with CareSource directly at https://www.caresource.com/ga/providers/education/become-caresource-provider/medicaid/	M	CMO/Vendor Policy Revision
07/01/2020	Section 7.3 Value-Added- services	The benefit limit for certain value-added services is \$700 per calendar year . This maximum does not include standard benefits or preventive and diagnostic services. The \$700 benefit accumulation for the remainder of 2020 is from July 1, 2020 – December 31, 2020...	M	CMO Policy Revision
07/01/2020	Section 7.4	Non- Covered Services and EPSDT Review Process more defined	A	N/A
07/01/2020	Section 7.5.2	Prior Authorization List and Post Review Procedures clarified and some modifications Post Review Codes D2954, D7220, D7230, D7260, D7270, D7286 D7440, D7450, D7451, D7460, D7461, ,D7510, D7520, D7540, D7912, D7971, D9110, D9239 (Age 13 and older), D9243 (Age 13 and older), D9248 (Age 13 and older), D9920 Prior Authorization Review Modifications <ul style="list-style-type: none"> • Prefabricated Crowns D2930- D2934 Prior Auth required if more than 6 units per Member per 12-month period • Pulpotomies D3220 Prior Auth required if more than 6 units per Member per 12-month period • D7210 requires Prior authorization if more than four (4) teeth on same date of service or within 12-month period same Member • D7310 and D7311 require Prior authorization. Post Review allowed if emergency and documented 	M	CMO Policy Revision
07/01/2020	Section 7.6	Clinical Guidelines and Rationale more clearly outlined and defined for each service category Primary Modifications <ul style="list-style-type: none"> • 7.6.2 Direct Restorations (amalgam, resin-based) are reimbursable once per 12 months • 7.6.6 Prosthodontics Denture Repairs are per 12-month period. See adjustment and repairs • 7.6.9 Orthodontics New Codes D8020, D8030 • 7.6.10 The Maximum amount payable for all D9222-D9243 anesthesia services per Member will not exceed \$780 per date of service. 	ADM	CMO Policy Revision and Clarification
07/01/2020	Appendix	Ortho Scoring Tool Changed to HDL Index	M	CMO Policy
07/01/2020	Appendix	Sedation Scoring Tool (Situational Anxiety Separate from Physician Diagnosed Disorders), other edits	M	N/A
01/01/2021	Section 7.6.2	New Code D1354 Interim Caries Arresting Medicament	A	Legislation
01/01/2021	Section 7.6.6	Description Change code D5750, D5751 from (laboratory) to (indirect)	M	ADA policy
01/01/2021	Section 7.6.8	D7960 Deleted replaced by	AD	ADA Policy

		D7961 Buccal/labial frenectomy (frenulectomy) D7962 Lingual frenectomy (frenulectomy)		
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DCH Approved: 12/10/2020