



NETWORK *Notification*

Notice Date: November 21, 2023
To: Georgia Medicaid Providers
From: CareSource
Subject: Updated Dental Provider Resources
Effective Date: January 1, 2024

Summary

Thank you for your continued participation with CareSource servicing Georgia Families® (Medicaid and PeachCare for Kids®), Planning for Healthy Babies® (P4HB), and Georgia Pathways to Coverage™ members.

Updated 2024 provider resources, including the provider policy manual, quick reference compendium and guides, will be available soon by logging into your SKYGEN provider web portal account and accessing the “**Insurer documents**” tab. Please access the CareSource [Updates and Announcements page](#) regularly to review alerts for policy changes, updated provider resources, and important information. As of July 2023, dental announcements are accessible on the SKYGEN landing page alerts. It is important to note that announcements are archived after a period of time but can be accessed via the “Insurer documents” tab in your SKYGEN provider account or the past announcements on **CareSource.com**.

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). All additional revisions include any benefit or administrative policy changes, language clarification, structural and/or grammatical changes to the:

1. Dental Office Reference Manual (ORM)
2. Covered Dental Benefits Dental Provider Quick Reference Compendium (Compendium)
3. Dental Provider Quick Reference Guide (QRG)

As the Compendium of Benefit Coverage is updated more frequently than the ORM, it is important to use the most current year iteration of each resource. The structure and grammar changes clarify 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.

Importance

Your awareness and utilization of the policies and procedures will help ensure timely claims processing payments, and timely access to care for patients. We have outlined a significant benefit and administrative changes in the updated grid below since the previous [policy updates](#). We will continue to honor policies in the 2023 Compendium 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 questions related to policy methodology or these revisions, please email 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	Network notification QRG	An important reminder , as published May 22, 2023 , 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 your clearinghouse processes on attachment services. Claims will no longer be accepted at the old CSGA1 payor ID after Jan. 1, 2024.	M	CareSource/ SKYGEN Administrative change
07/01/2023	Network notification QRG	As important reminder , as published May 22, 2023 , 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 Claims will no longer be accepted at the old mailing address after Jan. 1, 2024.	M	CareSource/ SKYGEN Administrative change
07/01/2023 Reissued 01/01/2024	2024 QRG 2024 Compendium	As noted in the notification published May 30, 2023, services listed as Post Review in the Benefits Code section no longer require submitting a retrospective authorization. See GA-P- 2409054 Post Review Notification Guidance See 2024 compendium page 3. Some services require prior authorization (PA). Prior approvals are completed within the regulatory time frame of 3 business days. Services that require a PA but are rendered in an emergency situation, are waived from prior approval but MUST be submitted for post treatment review within thirty (30) calendar days from the date of service. This process for post treatment review is also used for nonemergency services requiring post treatment review or where post review is allowed. A retrospective authorization request must be submitted on the SKYGEN Web Portal within thirty (30) calendar days from date of service, or for codes indicated in the coverage grids as post review . A dental claim can be submitted, but must include all required documentation attached (i.e. x-rays,	M	CareSource/ SKYGEN Administrative change

		<u>narratives as separate attachments, etc.</u>, submitted within thirty (30) calendar days from date of service. The claim will be pended generating a post treatment review. Retrospective/post treatment reviews are completed within the regulatory time frame (30 calendar days). Codes requiring pre- or post-review and required documentation are listed in compendium grid.			
01/01/2024	2024 Compendium 2024 ORM	2024 Primary Benefit Changes			
		6 Subcode Changes			
		D2335	No longer requires incisal edge per ADA 2024 nomenclature		
		D2932	Anterior teeth only teeth 6-11, 22-26; C-H, M-R		
		D2954	Removed primary teeth as not applicable		
		D7260	Implement ADA subcode (quadrant) for benefit management		
		D7450	Implement ADA subcode (arch) for benefit management		
		D7451	Implement ADA subcode (arch) for benefit management		
		2 Period Type Changes			
		D7270	Per lifetime per tooth		
		D9920	Annual Limit only (See below post review requirement) (Aligned with DCH policy)		
		11 Authorization Requirement Changes			
		D3220	Change to post-review <u>greater than 8</u> (consistent with crowns)		
		D7510	Changed to no authorization required but Narrative Operative report required with claims submission subject to post payment review		
		D7520			
		D7540			
		D7912			
		D9239	Changed to no authorization required		
		D9223	Changed from pre-authorization to post-review		
		D9230	Changed from age 14 to age 15 for post-review		
		D9243	Changed to post-review (meaning pended claim versus retrospective authorization submission process) greater than 5 units per dos		
		D9610	Changed to post-review allowed		
		D9920	Changed to greater than 2 units per DOS requires post-review		

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DCH Approved: 11/20/2023