CareSource | NETWORK Notification

Notice Date: ~~October 1, 2025~~ November 1, 2025
To: Georgia Medicaid Providers
From: CareSource
Subject: 2025 Skygen Dental Criteria Policy – GA MCD – ~~New~~ REVISION

This notification is an update to a network notification that was posted on October 1, 2025. Updates on this notification are outlined in red font. Please note: The previously posted network notification was removed due to errors. The Clinical Criteria outlined in the table below was corrected with accurate information.

Summary
CareSource has partnered with Skygen to cover Dental Services for our CareSource members.

Our goal is to keep you informed with timely information about our Dental updates and changes. As changes occur and as needs arise, we issue network notifications to our providers.

This notification is intended to provide you notification of changes to the policies listed below. The policies appear in https://www.dentalhub.com/ upon their effective dates.

Policies

Policy Name	Plans	Effective Date
D2740 Crown - Porcelain/Ceramic	Georgia Medicaid	November 1, 2025
D2928 Prefabricated porcelain/ceramic crown – permanent tooth	Georgia Medicaid	November 1, 2025
D2931 Prefabricated Stainless Steel Crown - Permanent Tooth	Georgia Medicaid	November 1, 2025
D2932 Prefabricated Resin Crown	Georgia Medicaid	November 1, 2025
D3310 Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	Georgia Medicaid	November 1, 2025
D3320 Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	Georgia Medicaid	November 1, 2025
D3330 Endodontic Therapy, Molar tooth (Excluding Final Restoration)	Georgia Medicaid	November 1, 2025
D3410 Apicoectomy - Anterior	Georgia Medicaid	November 1, 2025
D3426 Apicoectomy - Each Additional Root)	Georgia Medicaid	November 1, 2025

D4210 Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	Georgia Medicaid	November 1, 2025
D4240 Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	Georgia Medicaid	November 1, 2025
D4241 Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	Georgia Medicaid	November 1, 2025
D4260 Osseous Surgery (Including Flap And Closure) - Four Or More Teeth	Georgia Medicaid	November 1, 2025
D4270 Pedicle Soft Tissue Graft Procedure	Georgia Medicaid	November 1, 2025
D4341 Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	Georgia Medicaid	November 1, 2025
D4342 Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	Georgia Medicaid	November 1, 2025
D4910 Periodontal Maintenance	Georgia Medicaid	November 1, 2025
D5110 Complete Denture - Maxillary	Georgia Medicaid	November 1, 2025
D5120 Complete Denture - Mandibular	Georgia Medicaid	November 1, 2025
D5130 Immediate Denture - Maxillary	Georgia Medicaid	November 1, 2025
D5140 Immediate Denture - Mandibular	Georgia Medicaid	November 1, 2025
D5211 Maxillary Partial Denture - Resin Base	Georgia Medicaid	November 1, 2025
D5212 Mandibular Partial Denture - Resin Base	Georgia Medicaid	November 1, 2025
D6240 Pontic - Porcelain Fused To High Noble Metal	Georgia Medicaid	November 1, 2025
D6750 Retainer Crown - Porcelain Fused To High Noble Metal	Georgia Medicaid	November 1, 2025
D7210 Extraction, Erupted Tooth	Georgia Medicaid	November 1, 2025
D7220 Removal Of Impacted Tooth - Soft Tissue	Georgia Medicaid	November 1, 2025
D7230 Removal Of Impacted Tooth - Partially Bony	Georgia Medicaid	November 1, 2025
D7240 Removal Of Impacted Tooth - Completely Bony	Georgia Medicaid	November 1, 2025
D7250 Removal Of Residual Tooth (Cutting Procedure)	Georgia Medicaid	November 1, 2025
D7280 Exposure of an Unerupted Tooth	Georgia Medicaid	November 1, 2025
D7284 excisional biopsy of minor salivary glands	Georgia Medicaid	November 1, 2025
D7310 Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	Georgia Medicaid	November 1, 2025

D7311 Alveoloplasty In Conjunction With Extractions - One To Three Teeth	Georgia Medicaid	November 1, 2025
D7320 Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	Georgia Medicaid	November 1, 2025
D7321 Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth	Georgia Medicaid	November 1, 2025
D7471 Removal Of Lateral Exostosis (Maxilla Or Mandible)	Georgia Medicaid	November 1, 2025
D7961 buccal / labial frenectomy (frenulectomy)	Georgia Medicaid	November 1, 2025
D7962 lingual frenectomy (frenulectomy)	Georgia Medicaid	November 1, 2025
D7970 Excision Of Hyperplastic Tissue - Per Arch	Georgia Medicaid	November 1, 2025
D7971 Excision Of Pericoronal Gingiva	Georgia Medicaid	November 1, 2025
D7997 Appliance Removal (Not By Dentist Who Placed Appliance)	Georgia Medicaid	November 1, 2025
D8020 Limited Orthodontic Treatment Of The Transitional Dentition	Georgia Medicaid	November 1, 2025
D8030 Limited Orthodontic Treatment Of The Adolescent Dentition	Georgia Medicaid	November 1, 2025
D8080 Comprehensive Orthodontic Treatment Of The Adolescent Dentition	Georgia Medicaid	November 1, 2025
D8670 Periodic Orthodontic Treatment Visit	Georgia Medicaid	November 1, 2025
D9222 Administration of deep sedation/general anesthesia - first 15 min increment	Georgia Medicaid	November 1, 2025
D9223 Administration of deep sedation/general anesthesia – each subsequent 15 min increment	Georgia Medicaid	November 1, 2025
D9230 Administration of nitrous oxide	Georgia Medicaid	November 1, 2025
D9239 Administration of intravenous moderate (conscious) sedation/analgesia- first 15 min increment	Georgia Medicaid	November 1, 2025
D9243 Administration of intravenous moderate (conscious) sedation/analgesia- each subsequent 15 min increment	Georgia Medicaid	November 1, 2025
D9248 Non-intravenous conscious sedation	Georgia Medicaid	November 1, 2025
D9420 Hospital Or Ambulatory Surgical Center Call	Georgia Medicaid	November 1, 2025

D9610 Therapeutic Parenteral Drug, Single Administration	Georgia Medicaid	November 1, 2025
D9630 Drugs or Medicaments - dispensed for home use	Georgia Medicaid	November 1, 2025
D9920 Behavior Management, By Report	Georgia Medicaid	November 1, 2025
~~Crowns/onlays/coping - D2740~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Prefabricated porcelain/ceramic crown on a permanent tooth - D2928~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Prefabricated stainless steel crown - D2931~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Prefabricated resin crown - D2932~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Root canal treatment – D3310, D3320, D3330~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Apicoectomy / periradicular surgery / retrograde filling / root amputation - D3410~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Apicoectomy / periradicular surgery / retrograde filling / root amputation - D3426~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Gingivectomy or gingivoplasty - D4210~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Gingival flap procedure - D4240~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Gingival flap procedure - D4241~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Osseous surgery - D4260~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Pedicle soft tissue graft procedure - D4270~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Scaling and root planing - D4341, D4342~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Periodontal maintenance - D4910~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Full dentures - D5110, D5120~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Immediate dentures - D5130, D5140~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Partial dentures - D5211, D5212~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Adjustment of a complete denture for the maxillary (upper) arch - D5410~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Adjusting a complete lower denture (mandibular) - D5411~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Adjustment to a maxillary (upper) partial denture - D5421~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Adjustment of a lower (mandibular) partial denture - D5422~~	~~Georgia Medicaid~~	~~November 1, 2025~~
~~Porcelain fused to high noble metal pontic - D5410~~	~~Georgia Medicaid~~	~~November 1, 2025~~

Fabrication and placement of a retainer crown made from porcelain fused to high noble metal - D5411	Georgia Medicaid	November 1, 2025
Surgical removal of an erupted tooth - D5421	Georgia Medicaid	November 1, 2025
Removal of impacted tooth - soft tissue - D5422	Georgia Medicaid	November 1, 2025
Removal of Impacted Tooth - Partially Bony - D6240	Georgia Medicaid	November 1, 2025
Removal of a completely bony impacted tooth - D6750	Georgia Medicaid	November 1, 2025
Surgical removal of residual tooth roots - D7210	Georgia Medicaid	November 1, 2025
Surgical access of an unerupted tooth - D7220	Georgia Medicaid	November 1, 2025
Biopsy / exfoliative cytological sample collection - D7230	Georgia Medicaid	November 1, 2025
Alveoloplasty with extractions - D7240	Georgia Medicaid	November 1, 2025
Alveoloplasty with extractions - D7250	Georgia Medicaid	November 1, 2025
Alveoloplasty without extractions - D7280	Georgia Medicaid	November 1, 2025
Alveoloplasty without extractions - D7284	Georgia Medicaid	November 1, 2025
Excision of bone t - D7310	Georgia Medicaid	November 1, 2025
Frenulectomy - D7311	Georgia Medicaid	November 1, 2025
Frenulectomy - D7320	Georgia Medicaid	November 1, 2025
Excision of hyperplastic tissue - D7321	Georgia Medicaid	November 1, 2025
Surgical removal of inflamed or overgrown tissue (operculum) covering a partially erupted tooth. - D7471	Georgia Medicaid	November 1, 2025
Removal of an appliance (such as an archbar or other stabilization device) by a dentist who did not originally place it - D7961	Georgia Medicaid	November 1, 2025
Limited orthodontic treatment of the transitional dentition - D7962	Georgia Medicaid	November 1, 2025
Limited orthodontic treatment of the adolescent dentition - D7970	Georgia Medicaid	November 1, 2025
Comprehensive orthodontic treatment (HLD Score) - D7971	Georgia Medicaid	November 1, 2025
Periodic orthodontic treatment visit - D7997	Georgia Medicaid	November 1, 2025