DENTAL
GEORGIA MEDICAID

At CareSource®, our goal is to help you improve and maintain the oral health of our members. This guide for our Dental Health Partners, shares general information and requirements on key administrative processes and includes an overview of covered services and authorizations. This document does not replace the detailed information and complete guidelines in the CareSource Dental Provider Handbook.

Quick Reference Guide 2021

Covered Dental Services

GEORGIA FAMILIES®
MEDICAID AND PEACHCARE FOR KIDS®

Both adults and children who are enrolled in Georgia Medicaid or PeachCare for Kids® are eligible for dental services.

- Dental exams
- Dental cleanings
- Minor and limited major restorative services
- Extractions & Oral Surgery
- Limited Root Canal /Pulpal Therapy
- Limited Periodontal Services
- Dentures and Partials
- Orthodontia for Kids (Comprehensive & Limited)

**Georgia Families® Medicaid (RSM) for Pregnant Women benefits provides some additional services.*
**Annual limitations applicable to value-add expanded benefits.*

PLANNING FOR HEALTHY BABIES®

Dental services are covered only for members enrolled in the Interpregnancy Care Component of Planning for Healthy Babies ® (P4HB). Members enrolled in the Resource Mother only Component of P4HB should check their Medicaid benefits for dental services.

- Dental exams
- Dental cleanings
- Minor Restorative services
- Limited Periodontal Services
- Palliative Emergency Services

**Dental Benefits are subject to exclusions, frequency/age limits.*

Dental Services That Require Prior Authorization*

- Root canal therapy (excluding pulpotomy and debridement services)
- All periodontal services
- Complete dentures
- Partial dentures
- Fixed prosthodontic services
- Removal of impacted tooth – completely bony
- Surgical removal of residual tooth roots
- Alveoplasty
- Surgical access of an unerupted tooth
- Removal of lateral exocytosis (maxilla or mandible)
- Partial ostectomy/sequestrectomy for removal of non-vital bone
- Closed reduction of dislocation
- Frenulectomy (frenectomy or frenotomy) – separate procedure
- Excision of hyperplasic tissue (per arch)
- Orthodontia services
- Hospital/ASC calls
- General Anesthesia/Deep Sedation
- Adjunctive or Miscellaneous Services by Report

**Some dental services may require prior authorization for specific age group categories, and some may require post review. The provider manual should be consulted specific prior authorization requirements.*

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Contracting and Credentialing	Before contracting with CareSource, first time dental Medicaid providers must be credentialed by the Georgia Department of Community Health (DCH). Providers can easily do so online using the DCH Enrollment Wizard. Once issued a Medicaid provider number, providers can contract with CareSource directly starting July 1, 2020 at www.caresource.com/ga/providers/education/become-caresource-provider/medicaid/. If you have any questions related to the contracting process or need assistance, you can contact your dedicated Dental Health Partner/Provider Contracting Manager for your region or Provider Services at **1-800-202-1058**. If you would like to contact Provider Relations for any questions not answered on our website or policy manuals, contact the Georgia Provider Relations team in writing at GADENTALINQUIRIES@CareSource.com.
Provider Portal	CareSource offers a Dental Provider Web Portal through our partnership with Skygen USA (formerly Scion Dental). The provider web portal accessible directly at: https://pwp.sciondental.com/PWP/Landing. Providers can streamline patient management with the Portal by: • Submitting electronic claims and authorizations • Receiving remittance advice reports • Viewing fee schedules • Verifying patient eligibility • Viewing patient service history • Viewing Provider dental home member panels • Viewing and downloading provider guidelines manual and resources • Viewing Quality Metric reports For Skygen provider portal questions please contact the web portal team at: ProviderPortal@scion.com or call 1-855-434-9239. You may also visit the CareSource website provider page for newsletters and other resources and use the CareSource Provider Portal at https://providerportal.caresource.com/GA You must register to use the CareSource Provider Portal. For questions on the CareSource portal, contact CareSource Provider Services Department at 1-866-286-9949.
Dental Claims	**Online:** Submit claims at https://pwp.sciondental.com/PWP/Landing **Paper:** CareSource Attn: Claims Department P.O. Box 803 Dayton, OH 45401 The CareSource Payor ID is GACS1. This ID should be used for all clearinghouse dental claims. For dental claims questions, please contact one of our CareSource team members at 1-855-202-1058, follow the prompt to “healthcare provider” “claims” and when prompted state “dental claims”
Prior Authorization	**Online:** Submit authorization requests: https://pwp.sciondental.com/PWP/Landing **Paper:** CareSource GA: Authorization P.O. Box 474 Milwaukee, WI 53201 For dental authorization questions, please contact one of our CareSource PA team members at 1-855-202-1058, follow the prompt to “authorizations” and then press prompt for “dental authorizations.”.
Coordination of Benefits (COB)	If the patient has other insurance coverage, all claims must be filed with the primary payer first prior to filing claims for reimbursement for services rendered to CareSource member. **Online:** Submit COB claims at https://pwp.sciondental.com/PWP/Landing **Paper:** CareSource ATTN: Claims Dept. P.O. Box 803 Dayton, OH 45401 CareSource must receive the claim within 90 calendar days of the date of the primary payer’s remittance advice, but not more than 12 months from the date of service or discharge.

Claim Appeal	Claim Appeals are administrative appeals of an adverse decision regarding payment for a submitted claim or a denied claim for services rendered to a CareSource member. Examples include medical necessity not established, required authorization or documentation was not submitted or if you have additional, information that you believe may change the payment decision. To submit a Claims Appeal 1. Submit the www.caresource.com/documents/ga-p-0375-clinical-claim-appeal-request-form/ 2. Supporting Documentation 3. Original Remittance Advice **Mail:** CareSource Attn: Health Partner Claims Appeals - Georgia P.O. Box 2008 Dayton, OH 45401-2008: **Fax:** Provider Claims Appeal Coordinator Fax Number: 937-531-2398 Note if Faxed all documentation including Radiographs and photos must be clear and readable. Faxes must be in accordance with confidentiality guidelines and governed by the same authorization requirements as any other release of health care information. Claims Appeals must be received within 30 days from paid date on the provider's Explanation of Benefit (EOB).
Claims Dispute	If a service line on a claim was overpaid or underpaid—For example, if a claim is paid but Provider feels it was not paid at right amount then a claim dispute can be filed. Adjustments to any overpayments will be made on subsequent reimbursements to the Health Partner/Provider or the Provider can issue refund checks to CareSource for any overpayments via the Claim Recovery Refund Check Form www.caresource.com/documents/ga-p-0484-claim-recovery-refund-check-form/ **Mail:** CareSource Attn: Health Partner Claims Disputes - Georgia P.O. Box 2008 Dayton, OH 45401-2008 **Fax:** Provider Claims Disputes Coordinator Fax Number: 937-531-2398 Claims Disputes must be received within 90 days from claim payment
Clinical Appeal	There are multiple ways to respond to an adverse determination of an authorization review request. 1) Before submitting a request for a clinical appeal, the requesting provider may request a peer-to-peer (P2P) conversation with the CareSource Dentist Reveiwer or Dental Director at (1-833-230-2168). This request must be made and occur within 5 business days of the determination. When requested, this conversation occurs within one (1) business day of the request by the ordering provider. 2) A clinical appeal may be submitted on behalf of the member, their authorized representative or the provider can submit a clinical appeal on behalf of the member with written authorization from the member. The clinical appeal must be submitted within 60 days of notice of the original denial. CareSource responds to all appeals in writing as fast the member's health condition requires, but no later than 30 days after receipt of a standard appeal request. CareSource responds to all expedited appeal requests within 72 hours of receipt. **Mail:** CareSource Attn: Dental Health Partner Clinical Appeals – GA P.O. Box 2008 Dayton OH 45402 **Fax:** 937-531-2398

Corrected Claim	In the event of incomplete, incorrect or unclear information was originally submitted; a corrected claim can be submitted. Examples include missing tooth number or surface, the date of service, procedure/ diagnosis code, incorrect unit count, and/or modifier, provider, place of service, wrong provider NPI or facility location. Resubmit the entire claim with updated information as a "Corrected Claim". You do not need to file an appeal. Submitting a Corrected Claim 1. Identify the claim as "corrected" by boldly and clearly marking the claim as "Corrected Claim" across the top of a paper claim form. 2. Identify the original Claim/Encounter Number by writing it in the Remarks section (Box 35) on a paper ADA form. 3. Attach any supporting documentation and send documentation in the same package with the paper claim form. Send paper forms and documents to: CareSource ATTN: Corrected Claims Dept. P.O. Box 803 Dayton, OH 45401-8730 Corrected www.caresource.com/documents/ga-p-0375-clinical-claim-appeal-request-form/ Corrected Claims must be received within 180 days from date of service.
Dental Health Partner/Provider Complaints and Grievances	Health Partners/Providers are permitted to submit a provider complaint to CareSource regarding CareSource's policies, procedures, or any aspect of CareSource's administrative functions. A provider complaint is a written expression by a health partner, which indicates dissatisfaction or dispute with CareSource's policies, procedures, or any aspect of CareSource's administrative functions. Providers have 30 calendar days from the date of the incident to file a complaint: CareSource Health Partner Complaints – Georgia P.O. Box 2008 Dayton OH 45401 Phone: 1-855-202-1058 CareSource will respond to provider complaints within 30 days. A Member has the right also to file a Grievance at any time. Examples include: • Member cannot get a timely appointment with a provider. • Member thinks the provider's office staff did not treat them fairly. • Member is not satisfied with the quality of care they received. These types of grievances do not involve benefits or denial of benefits. CareSource responds to all grievances reported by a member within 90 days of receipt and strives to resolve all grievances within 30 days.
Electronic Funds Transfer	We encourage our dental health partners to enroll in Skygen USA's Electronic Funds Transfer (EFT) to enjoy efficient and reliable claim payments. Visit https://pwp.skygenusasystems.com/PWP/Landing to register and enroll for EFT payments.

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