



# NETWORK *Notification*

**Notice Date:** July 22, 2021  
**To:** CareSource MyCare Dental Providers  
**From:** CareSource  
**Subject:** Updated Dental Provider Resources

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## Summary

Thank you for your continued participation with CareSource's Ohio MyCare programs serving MyCare (Medicaid-Medicare Plan) and MyCare (Medicaid Only Plan) Our CareSource Health Partner teams and Dental Directors are excited to continue to work with you to bring great oral health and overall health outcomes to Ohio. 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 manual, the quick reference guide, and the benefits compendium> as well as information on some exciting new oral health programs will be available soon by accessing **CareSource.com** > Providers > Tools & Resources > [Provider Manual](#). Our COVID-19 and resources are also still available at **CareSource.com** > [COVID-19 Provider Resource Center](#) as we navigate these times together.

## Impact

**Revision Effective Date: January 1, 2021** – New American Dental Association (ADA) changes effective Jan. 1, 2021 have been noted. **Some state benefits effective 04/01/2021.** Additionally, all revisions include language clarification, structural and/or grammatical changes. The structure, policy clarifications and guidelines support clarity and ensure revised policy and procedures present a consistent voice. Policy language clarification supports administrative processes and procedures as well as clinical rationale and dental benefits. We have outlined any 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. The revisions align with the current iterations of the [Ohio Administrative Code](#), CMS guidelines for [Medicare](#) (opt- in) programs and industry guidelines **effective immediately and should be implemented by providers upon receipt of this communication**, however claims submitted based on CareSource previously published guidelines will be honored for a period up to 30 days from the publication date of this notice.

## Questions?

Please contact your dedicated provider relations representative or call Provider Services at **1-800-488-0134** or [ProviderRelations@caresource.com](mailto:ProviderRelations@caresource.com).

## HISTORY/REVISION INFORMATION

Revision Date	Section/Page	Revision Description	Revision Type	Citation																																																												
			A = Added D = Deleted M = Modified	(Revision due to Regulation, Contract, Legislation, etc.)																																																												
01/01/2021	Edition 2 Provider Manual- All	Formatting, language clarification, structural and/or grammatical changes	M	N/A																																																												
01/01/2021	Edition 2 Provider Manual- All	All CDT code terminations, modifications, and additions by the American Dental Association in 2018*, 2019*, 2020*	ADM	ADA Policy																																																												
07/01/2021	Edition 2 Covered Benefits Section	What is covered for MyCare Medicaid- Medicare Dual Members and MyCare Medicaid Only Members  MyCare Dual (opt in ) Members  Including corrected benefit of MyCare Dual OPT IN Member - receive one additional cleaning and oral evaluation per year, MyCare Opt Out Members Age 21 and older only receive one cleaning and evaluation per 365 days ( except Adult pregnant women and several special groups such as foster children and employed individuals with disabilities regardless of their age).	ADM	OAC, CMS and MCO policy																																																												
01/01/2021 04/01/2021 *	Section 7	Any new codes added since last manual edition, including new services covered by Ohio Medicaid 2021: Including: D0367*, D0604 , D0605, D1321, D2920*, D2928, D2940*, D2941*, D7311*, D8999^ (D9995)  Any CareSource Value- add extra benefits identified	A	OAC Policy																																																												
01/01/2021	Section 7	Changes in OAC policy including: D1351 dental sealant changed to 1 per 5 years per first or second molar per provider per patient.  Relines 1 per 36 months (3 years) six months after post-delivery care	A	OAC Policy																																																												
01/01/2021	Section 7	Non-Covered Services and EPSDT Review Process	A	N/A																																																												
01/01/2021	Section 7	Prior Authorization List and Post Review Procedures clarified and some modifications Primary PA updates implemented aligning with OAC rules and CareSource Patient safety: policies. <b>Some codes may be unit, tooth, or age specific for PAs:</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>D0340</td><td>D3351</td><td>D5130</td><td>D5932</td><td>D7283</td></tr> <tr><td>D0350</td><td>D3352</td><td>D5140</td><td>D5934</td><td>D7471</td></tr> <tr><td>D2740</td><td>D3353</td><td>D5211</td><td>D5935</td><td>D7472</td></tr> <tr><td>D2751</td><td>D3410</td><td>D5212</td><td>D5955</td><td>D7473</td></tr> <tr><td>D2752</td><td>D3421</td><td>D5213</td><td>D5999</td><td>D7899</td></tr> <tr><td>D2929</td><td>D3425</td><td>D5214</td><td>D7220</td><td>D7970</td></tr> <tr><td>D2930</td><td>D4210</td><td>D5221</td><td>D7230</td><td>D8080</td></tr> <tr><td>D2934</td><td>D4211</td><td>D5222</td><td>D7240</td><td>D8220</td></tr> <tr><td>D2952</td><td>D4341</td><td>D5913</td><td>D7241</td><td>D8999</td></tr> <tr><td>D3310</td><td>D4342</td><td>D5915</td><td>D7250</td><td>D9222</td></tr> <tr><td>D3320</td><td>D5110</td><td>D5916</td><td>D7260</td><td>D9223</td></tr> <tr><td>D3330</td><td>D5120</td><td>D5931</td><td>D7280</td><td>D9999</td></tr> </table>	D0340	D3351	D5130	D5932	D7283	D0350	D3352	D5140	D5934	D7471	D2740	D3353	D5211	D5935	D7472	D2751	D3410	D5212	D5955	D7473	D2752	D3421	D5213	D5999	D7899	D2929	D3425	D5214	D7220	D7970	D2930	D4210	D5221	D7230	D8080	D2934	D4211	D5222	D7240	D8220	D2952	D4341	D5913	D7241	D8999	D3310	D4342	D5915	D7250	D9222	D3320	D5110	D5916	D7260	D9223	D3330	D5120	D5931	D7280	D9999	M	MCO Policy Revision
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01/01/2021	Section 7	Detailed clinical policies for all service categories. Clinical Guidelines and Rationale more clearly outlined and defined for each service category including: <ul style="list-style-type: none"><li>• Anesthesia Policy Clearly Defined</li><li>• Orthodontic Policy Clearly Defined</li><li>• Teledentistry Policy Clearly Defined</li></ul>	ADM	MCO Policy Revision and Clarification																																																												
01/01/2021	Section 7.5.10	Guidance on submitting Requests for Hospital/ASC Place of Service (includes identifying Outpatient PA submission)	AM	MCO Policy																																																												
01/01/2021	Appendix	Ortho Scoring Tool Changed to HDL Index	M	MCO Policy																																																												
01/01/2021	Appendix	Sedation Scoring Tool Added	M	MCO Policy																																																												