



NETWORK *Notification*

Notice Date: March 1, 2024
To: Indiana Medicaid Providers
From: CareSource
Subject: Dental Claims Processing Error
Effective Date: March 1, 2024

Summary

A fee schedule error was identified by our dental vendor, SkyGen. Approximately 180 current dental terminology (CDT) codes were associated with incorrect pricing. The claims processing system was updated with the correct pricing on Feb. 16, 2024, and providers should see adjusted claims on remittance advices (RA) beginning March 1, 2024.

Importance

The impact of service of claims occurred from Jan. 1, 2024, through Feb. 16, 2024. The system correction of the fee schedule was updated on Feb. 16, 2024. Claims will be reprocessed from March 1, 2024, through March 31, 2024.

Questions?

Please contact CareSource Health Partner Services at **1-844-607-2831** with any questions.

IN-MED-P-2707259

Issue Date: 3/6/2024

OMPP Approved: 3/5/2024