



NETWORK *Notification*

Notice Date: June 9, 2021
To: Indiana Medicaid Dental Providers
From: CareSource
Subject: Updated Dental Provider Resources

Summary

Thank you for your continued participation with CareSource's Indiana programs serving Indiana Healthy Indiana Plans (HIP) and Hoosier Healthwise (HHW) programs. 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 Indiana. 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) will be available soon by accessing **CareSource.com** > Providers > Tools & Resources > [Provider Manual](#). Our COVID-19 resources are also still available at CareSource.com as we navigate these times together.

Impact

Revision Effective Date: Jan. 1, 2021 – New American Dental Association (ADA) changes effective Jan. 1, 2021 have been noted. 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 Indiana Health Coverage Programs (IHCP) manual and industry guidelines. **Effective immediately, these 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 45 days from the publication date of this notice.

Questions?

Please contact your dedicated provider relations representative or call Provider Services at **1-844-607-2831**. You can also contact the CareSource dental director with any questions related to clinical policy methodology or the current revisions at: 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, Legislation, contract, 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
01/01/2021	Section 7.5.4	Any new codes added since last manual edition, including new services covered by IHCP for 2021 D1355, D3471, D3472, D3473, D3501, D3502, D3503	A	IHCP Policy
01/01/2021	Section 7. Value-Added- services	CareSource's Value – Added Expanded Benefit is defined with services.	M	CMO Policy Revision
01/01/2021	Section 7	Non-Covered Services and EPSDT Review Process defined	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 IAC rules and CareSource Patient safety: policies: <ul style="list-style-type: none"> • PA for Anesthesia D9222, D9223 (all) and Moderate Sedation D9239, D9243 for Members ≥ Age 21. Supporting Documentation Required • PA for new codes D3471 - D3503 codeset with apicoectomies D3410, D3421, D3425, D3426 • PA for indirect denture/partial relines, and repairs ≥ Age 21 	M	CMO Policy Revision
01/01/2021	Section 7	Clinical Guidelines and Rationale more clearly outlined and defined for each service category including: <ul style="list-style-type: none"> • Anesthesia Policy Clearly Defined • Orthodontic Policy Clearly Defined 	ADM	CMO Policy Revision and Clarification
01/01/2021	Section 7.5.10	Guidance on submitting Requests for Hospital/ASC Place of Service (includes requirement of submitting a descriptor code)	AM	CMO Policy Revision and Clarification
01/01/2021	Appendix	Ortho Scoring Tool Changed to HDL Index	M	CMO Policy
01/01/2021	Appendix	Sedation Scoring Tool Added	M	N/A

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OMPP Approved: 6/7/21