

# CareSource Medicare Advantage Plans

## Dental Quick Reference Guide

Dental services are part of the CareSource Medicare Advantage enhanced benefit design. In general, preventive dental services (such as cleaning, routine dental exams and dental x-rays) are not covered by original Medicare.

### ROUTINE DENTAL CARE:

CareSource Medicare Advantage members are covered for preventive dental care including:

- One cleaning every six months
- Dental x-ray(s)
- One oral exam every six months

### COVERED SERVICES:

The services listed below are covered services that do not require a prior authorization with a participating health partner. If multiple services are performed on the same date of service, the member only needs to pay the highest copay amount.

Code	Description	Prior Authorization Required	Copay	
			CareSource Advantage® (HMO) and CareSource Zero Premium™ (HMO)	CareSource Advantage Plus™ (HMO)
<b>D0120</b>	Periodic oral evaluation	No	\$10	\$10
<b>D0150</b>	Comprehensive oral evaluation	No	\$10	\$10
<b>D0180</b>	Comprehensive periodontal evaluation	No	\$10	\$10
<b>D0210</b>	Intraoral – complete film series	No	\$10	\$10
<b>D0220</b>	Intraoral – periapical first film	No	\$10	\$10
<b>D0230</b>	Intraoral – periapical each additional film	No	\$10	\$10
<b>D0240</b>	Intraoral – occlusal film	No	\$10	\$10
<b>D0250</b>	Extraoral – first film	No	\$10	\$10
<b>D0251</b>	Extraoral – posterior	No	\$10	\$10
<b>D0260</b>	Extraoral – each additional tooth	No	\$10	\$10
<b>D0270</b>	Bitewing – single film	No	\$10	\$10
<b>D0272</b>	Bitewings – two films	No	\$10	\$10
<b>D0273</b>	Bitewings – three films	No	\$10	\$10
<b>D0274</b>	Bitewings – four films	No	\$10	\$10
<b>D0277</b>	Vertical bitewings – seven to eight films	No	\$10	\$10
<b>D0330</b>	Panoramic Image	No	\$50	\$30
<b>D1110</b>	Prophylaxis – adult	No	\$10	\$10
<b>D1120</b>	Prophylaxis – child	No	\$10	\$10
<b>D1208</b>	Topical application of fluoride	No	\$10	\$10



# CareSource Medicare Advantage Plans Dental Quick Reference Guide

In accordance with Medicare guidelines, CareSource will pay for dental services that are an integral part either of a covered procedure (e.g., reconstruction of the jaw following accidental injury) or for extractions done in preparation for radiation treatment for neoplastic diseases involving the jaw.

CareSource will also pay for oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement, under certain circumstances. Such examination is covered under Part A if performed by a dentist on the hospital's staff or under Part B if performed by a physician.

For any other services not listed, CareSource requires documentation of these medical conditions to review for medical necessity and prior authorization.

## When submitting written requests for prior authorizations or claims, submit materials to:

### Indiana Health Partners

#### Claims:

CareSource  
Attn: Claims Department  
P.O. Box 3607  
Dayton, OH 45401-3607

#### Prior Authorization:

CareSource  
Attn: Dental Prior Authorization  
P.O. Box 745  
Milwaukee, WI 53201

### Kentucky Health Partners

#### Claims:

Avesis  
Attn: Claims  
P.O. Box 38300  
Phoenix, AZ 85069-8300

#### Prior Authorization:

Avesis  
Attn: UM Requests  
P.O. Box 38300  
Phoenix, AZ 85069-8300

### Ohio Health Partners

#### Claims:

CareSource  
Attn: Claims Department  
P.O. Box 8730  
Dayton, OH 45401-8730

#### Prior Authorization:

CareSource  
Attn: Dental Prior Authorization  
P.O. Box 314  
Milwaukee, WI, 53201