



NETWORK *Notification*

Notice Date: December 29, 2022
To: Indiana Medicaid Dental Providers
From: CareSource
Subject: Dental Provider Resources
Effective Date: January 1, 2023

Summary

Thank you for your continued participation serving Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW) CareSource members. 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 logging into your SKYGEN provider portal account and accessing Insurer Documents.

Impact

Revision Effective Date: Jan. 1, 2023 – As an update to our [previous network notification](#) posted on June 7, 2021, new American Dental Association (ADA) changes effective Jan. 1, 2023 have been noted and any previous revisions prior to 2023. 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.

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 IHCP manual 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 45 days from the publication date of this notice. We have outlined any significant changes in the table grid below.

Questions?

For questions, please contact Provider Services at **1-844-607-2831**. You can also reach us by [email](#) or by contacting one of our [Health Partner Engagement Representatives](#) Monday through Friday from 8 a.m. to 6 p.m. Eastern Time (ET). If you have a question about quality measures or HEDIS, you can contact a [Community Health Liaison](#) in your region.

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	MCE 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 codes with apicoectomies D3410, D3421, D3425, D3426 (Changed to post service review 1/1/2023) • PA for indirect denture/partial relines, and repairs ≥ Age 21 (Some services changed post service review 1/1/2023) 	M	MCE 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	MCE 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	MCE Policy Revision and Clarification
01/01/2021	Appendix	Ortho Scoring Tool Changed to HDL Index	M	MCE Policy
01/01/2021	Appendix	Sedation Scoring Tool Added	M	N/A
01/01/2022	Section 5.1	Zelis Electronic Options	A	MCE Policy Revision
01/01/2022	Section 7.4.2	Update to Services Requiring Prior Authorization and post service/prepayment review	M	N/A
01/01/2022	Section 7.5.4	Updated Enhanced benefit limits and frequencies including Root canals Age ≥ Age 21 only two per lifetime; HIP Plus no root canal coverage	M	MCE Enhanced Benefit Policy

11/27/2022	IHCP Bulletin	Codes that require a tooth number and any other modifiers updated by IHCP	M	IHCP Clarification
01/01/2023	Section 4.4	Dental Home Introduction Information Section 4.4 You can also find info in the Provider Dental Home Introduction here and the video posted here .	A	MCE New Program
01/01/2023	Section 7.2	Enhanced Benefits have been modified. Value - Added benefits Section 7.2 of Provider Manual. Please note several enhanced benefits for HIP Plus and HIP Basic have been decreased. See manual for complete benefit details.	M	MCE Enhanced Benefit Policy
01/01/2021	Section 7	Prior Authorization List and Services that will require Post Service /Prepayment Review updated. See section 7.4.2 and the benefit grid.	M	MCE Policy Revision

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Issue Date: 12/29/2022

OMPP Approved: 12/8/2022