



# NETWORK *Notification*

**Notice Date:** January 1, 2025  
**To:** Georgia Medicaid Dental Providers  
**From:** CareSource  
**Subject:** Updated Provider Resources – Policy Clarifications and Revisions  
**Effective Date:** October 18, 2024

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## Summary

Thank you for your continued participation with CareSource serving Georgia Families<sup>®</sup> Medicaid and PeachCare For Kids<sup>®</sup>, Planning For Healthy Babies<sup>®</sup> and Georgia Pathways to Coverage<sup>™</sup> programs.

Updated 2025 provider resources including the provider policy manual, quick reference guides and other tools will be available soon by logging into your [Skygen provider web portal account](#) and accessing the “Insurer Documents” tab. You can additionally locate your contracted fee schedule on the SKYGEN portal.

Many other resources are also available at [CareSource.com](#). Please access the [Updates and Announcements page](#) regularly to review policy changes and important information, including new value-based programs and provider resources.

## Impact

CareSource implements code maintenance on January 1 each year. This includes revisions from the American Dental Association (ADA), who is the exclusive copyright owner of the Code on Dental Procedures and Nomenclature (CDT) and the ADA code. The Georgia Department of Community Health (DCH) performed a comprehensive update of the Part II Policies and Procedures for Dental Services Manual published in October of 2024, which includes updated adult benefits, policy clarification and updates, structural and/or grammatical changes. Additional minor DCH clarifications may be published with the January 1, 2025 edition.

The changes support clarity and ensure policies present a more consistent voice for the Care Management Organizations and applicable vendors as indicated. Policy language clarification supports administrative processes and procedures, as well as clinical rationale and dental benefits. There are some benefit changes that include limits/frequency, prior authorization or post review requirements, benefit additions and deletions applicable to certain benefit or enhanced benefit categories.

We are continually working to advance administrative simplification and the provider experience with new and modified administrative policies aligned with state policies to improve claims submissions with attachments.

## Importance

Your awareness and utilization of the policies and procedures will help ensure timely claims processing and payments, as well as timely access to care for patients. The Compendium serves as the most updated resource of coverage in 2024 – 2025. We will continue to honor any policies in the previous provider manual for a period of up to 30 days upon publication of this notice.

## Questions?

Please contact your dedicated provider representative by calling Provider Services at **1-855-202-1058**. You may also contact your representative at [GAProviderRelations@CareSource.com](mailto:GAProviderRelations@CareSource.com).

If you have any other questions related to policy methodology or these revisions, feel free to email us at [GADentalInquiries@CareSource.com](mailto:GADentalInquiries@CareSource.com).

## HISTORY/REVISION INFORMATION

Revision Effective Date	Section/Page	Revision Description	Revision Type	Citation																																				
			A = Added D = Deleted M = Modified	(Revision due to Regulation, Legislation, contract, etc.)																																				
07/01/2024	DCH Part II Policies and Procedures	See the DCH Part II Policies and Procedures Manual for adult benefits added <a href="https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx">https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx</a> Click on the <b>Dental Services</b> Link for most current publication	M	Legislative																																				
10/01/2024	DCH Part II Policies and Procedures	See the DCH Part II Policies and Procedures Manual for updated policy clarification throughout (all ages) <a href="https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx">https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx</a> Click on the <b>Dental Services</b> Link for most current publication	M	DCH Policy Change																																				
10/01/2024	DCH Part II Policies and Procedures	Pregnant Women Dental benefits are now extended to 12 months post-partum.	M	DCH Policy Change																																				
07/01/2024	Coverage Compendium Tables	<p><b>Value-Added Services (VAS)</b> As a reminder CareSource uniquely offers enhanced benefits for children and adults. Most of the adult enhanced benefits were converted to standard benefit with the implementation of DCH expanded adult coverage. The codes remaining are listed below. Members are eligible to receive up to \$700 per year in value-added services.</p> <p>Diagnostic and Preventive value-added services are not subject to this limitation, nor our enhanced orthodontic benefit program. Value-added services are monitored for health outcome goals and subject to change. It is important to review the value-added benefits routinely.</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>GF Adult VAS</th> <th>GF Child VAS</th> <th>P4HB VAS</th> </tr> </thead> <tbody> <tr><td>D0180</td><td>D1320</td><td>D1208</td></tr> <tr><td>D1320</td><td>D1321</td><td>D1320</td></tr> <tr><td>D1321</td><td>D1556</td><td>D1321</td></tr> <tr><td>D4342*</td><td>D1557</td><td>D2940</td></tr> <tr><td>D4910</td><td>D1558</td><td>D4341</td></tr> <tr><td></td><td>D2740</td><td>D4910</td></tr> <tr><td></td><td>D3330</td><td></td></tr> <tr><td></td><td>D4910</td><td></td></tr> <tr><td></td><td>D8020</td><td></td></tr> <tr><td></td><td>D8030</td><td></td></tr> <tr><td></td><td>D8670*</td><td></td></tr> </tbody> </table> <p>*D4342 only with approved D4341 quadrants, *D8670 Extra units</p>	GF Adult VAS	GF Child VAS	P4HB VAS	D0180	D1320	D1208	D1320	D1321	D1320	D1321	D1556	D1321	D4342*	D1557	D2940	D4910	D1558	D4341		D2740	D4910		D3330			D4910			D8020			D8030			D8670*		A/D	CareSource Policy Change
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07/01/2023	Coverage Compendium Tables	<p><b>Key Benefit Changes as aligned with DCH</b></p> <table border="1" style="width: 100%;"> <tbody> <tr><td>D0150</td><td>1 per 36 months</td></tr> <tr><td>D0180</td><td>1 per 3 calendar years per payee</td></tr> <tr><td>D0210/D0330</td><td>1 per 3 calendar years</td></tr> <tr><td>D0240</td><td>2 per calendar year</td></tr> <tr><td>D1110</td><td>Age 13 and older</td></tr> <tr><td>D1206/D1208</td><td>2 per 12 months</td></tr> <tr><td>D1354/D1355</td><td>No pre-/retro-review</td></tr> <tr><td>D1510, D1516, D1517, D1526, D1527</td><td>Changed from 1 per 24 months to per lifetime</td></tr> <tr><td>D2928, D2931, D2932</td><td>Post-treatment/pre-payment review only required for these prefabricated crowns and no longer for D2930/D2934 (<i>Note all crowns can be subject to post payment review when indicated</i>)</td></tr> </tbody> </table>	D0150	1 per 36 months	D0180	1 per 3 calendar years per payee	D0210/D0330	1 per 3 calendar years	D0240	2 per calendar year	D1110	Age 13 and older	D1206/D1208	2 per 12 months	D1354/D1355	No pre-/retro-review	D1510, D1516, D1517, D1526, D1527	Changed from 1 per 24 months to per lifetime	D2928, D2931, D2932	Post-treatment/pre-payment review only required for these prefabricated crowns and no longer for D2930/D2934 ( <i>Note all crowns can be subject to post payment review when indicated</i> )	M	CareSource Policy Alignment with new DCH updates																		
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	D2940	1 per tooth per 12 months		
	D2951	1 per tooth per 12 months		
	D3220	Post-treatment/pre-payment review no longer required ( <i>Note all pulpotomies and debridement can be subject to post payment review when indicated</i> )		
	D4210, D4240, D4241, D4260, D4270, D4341	1 unit per 12 months		
	D4342	D4342 is payable only for GF Pregnant Women under standard benefit. CareSource offers D4342 as value-added services for all other adults only in cases where in same authorization submission 2 or more quadrants have been approved for D4341 and 1 to 2 quadrants have only 1 – 3 teeth present.		
	D4910	Once per 4 months in combination with D1110, D1120 cannot exceed four times per 12 month(s)		
	D5511, D5512, D5640, D5650, D5660, D5750, D5751	Denture and partial repairs 2 per 12 months. Relines 2 per 12 months		
	D7210	PA required per DCH for all units, post-review allowed in unplanned surgical extractions (CareSource retaining greater than 4 units require PA) (all units subject to post-payment review, when indicated)		
	D7220, D7230	PA required		
	D7260, D7270, D7286, D7450, D7451, D7550, D7610, D7620, D7630, D7640, D7820	No pre- or post-review required (Note can be subject to post payment review when indicated)		
	D7971	PA required		
	D9110	2 units per year limit removed		
	D9223/D9243	7 units allowed per date of service without pre- or post-review (Note subject to post-payment review when indicated documentation should be provided timely upon request).		
	D9230	Age 13 and older post review		
	D9248	1 unit per date of service. Not reimbursable on same date of service as D9230, D9222, D9223, D9239, D9243, D9920		
	D9630	Post-review all units per DCH (CareSource retaining second unit only subject to post-review)		

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DCH Approved: 12/20/2024