



  
*CareSource*<sup>®</sup>

# **WORKING** *Hand in Hand*

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FROM THE DENTAL DIRECTOR'S CORNER

Information for CareSource dental health partners



As we approach one year since CareSource launched in Georgia, we want to thank you for your support and partnership in serving your patients, while providing necessary dental care to our members. CareSource, as the plan administrator, partnered with SKYGEN/Scion Dental for dental health partner contracting. We are excited about the continued growth as we actively engage our health partners to build and retain strong relationships.

I joined CareSource in July of 2017. I come from a background that encompasses many leadership roles and over 25 years of private practice experience as a Medicaid provider where I personally witnessed the obstacles Medicaid patients and providers face in the field of dentistry. It has been my mission to promote health equity and access to care, and to provide vocal merit that oral health continue to be viewed as a critical component of overall health and well-being. CareSource envelopes this mission, and therefore, was a natural fit. We will continue to promote quality of care for our members while decreasing administrative burden for our health partners. We also look forward to introducing our new Provider Performance-Based Incentive Program, rewarding quality performance while improving health outcomes.

CareSource will keep you informed through various methods of communications and updates. You can find many on the Scion Dental Provider Portal under the Documents tab. I encourage you to stay up to date with our members' covered benefits as well as CareSource's administrative processes, as 2018 has brought new code changes and an updated health partner manual. We will continue to work diligently to clear a path through any claim processing obstacles you may encounter. We look forward to working hand in hand to provide exceptional oral health outcomes for our Georgia members.



Sincerely,

*Judy Greenlea Taylor, DDS, MPH*

**Judy Greenlea Taylor, DDS, MPH**  
Georgia Dental Director

# ALL ABOUT CODES

## COVERED BENEFITS

CareSource's covered benefits for Georgia Families®, PeachCare for Kids® and Planning for Healthy Babies® are listed in the Dental Health Partner Manual or the Quick Reference Compendium.

In addition to offering robust benefits for children, CareSource also expanded many benefits to adults. To ensure coverage, benefit frequencies, limitations and correct coding practices, please review the covered benefits grid and clinical criteria when submitting codes.



## KNOWING THE RIGHT CODES (AMERICAN DENTAL ASSOCIATION) – D7240, D7250

D7240 Complete Bony Impaction and D7250 Surgical removal of residual roots (cutting procedure) are two commonly misused codes in extraction claims. Remember to select the code that most accurately describes the procedure. “Residual roots” do not represent a current extraction of a tooth, but of root remnants remaining as the result of an incomplete prior extraction. Peer reviewers who are licensed Georgia dentists conduct prior authorization and clinical utilization reviews. Please review the code you submit based upon clinical criteria and CDT nomenclature. Clinical guidelines are in the Health Partner Manual.

Claim denials and lower benefit payments could result if proper procedure codes are not used.

## CONFIGURATION REALIGNMENT – D0120, D0220-D0330

A configuration edit in the Scion claim system led to some claim processing inaccuracies of claims billed with the code D0120 Periodic Exam at six month recall interval. The edit has been adjusted and all applicable claims have been reprocessed.

Radiographs (D0220 to D0330) have been reconfigured as far as grouping, but daily and yearly frequencies and limitations remain. Applicable claims are being reprocessed. Additionally, as aligned with the state plan, there is a \$100 yearly reimbursement limit per member for X-rays. This limit will be implemented effective Aug. 1, 2018.

## PRIOR AUTHORIZATION CHANGES – D8660, D8670, D9230

To improve administrative processes, we have updated prior authorization requirements on the following:

- **D8660 Pre-Orthodontic Work-Up** – No longer requires a prior authorization.
- **D8670 will not require prior authorization** if D8080 has been prior authorized for the same member.
- **D9230 Nitrous Oxide** – We have increased the prior authorization age to 13 years and older. The same benefits and limitations apply.



## NEW DENTAL CURRENT DENTAL TERMINOLOGY (CDT) CODES FOR 2018

In 2018, the American Dental Association announced numerous code changes, including some additions and deletions. CareSource has incorporated the following changes, effective Jan. 1, 2018:

<b>D5511</b>	<b>Repair broken complete denture base, mandibular</b>	Same benefits and limitations as deleted code D5510.
<b>D5512</b>	<b>Repair broken complete denture base, maxillary</b>	Same benefits and limitations as deleted code D5510.
<b>D9222</b>	<b>Deep sedation/general anesthesia – first 15 minutes</b>	Same policy and limitations as D9223. D9222 will represent first 15 minutes and D9223 each additional 15 minutes.
<b>D9239</b>	<b>Intravenous moderate (conscious) sedation/analgesia – first 15 minutes</b>	Same policy and limitations as D9243. D9239 will represent first 15 minutes and D9243 each additional 15 minutes.
<b>D9995</b>	<p><b>Teledentistry – synchronous; real-time encounter</b></p> <p>Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.</p>	<p>CareSource's reimbursement is payable to the billing entity on the claim submission, who may be a natural person (e.g., dentist) or a legal person (e.g., dental practice).</p> <p>Limit one per member per six months. Prior authorization is required for additional units.</p>
<b>D9996</b>	<p><b>Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review</b></p> <p>Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.</p>	<p>To be used by CareSource-approved public health, community health, federally qualified health center providers/facilities and approved non-public health practitioners/entities.</p>

# EPSDT AND NON-COVERED SERVICES

## OVERVIEW

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit includes a comprehensive array of preventive, diagnostic and treatment services for Medicaid-eligible infants, children and adolescents under age 21, as specified in Section 1905(r) of the Social Security Act (the Act). The EPSDT benefit is also available to PeachCare for Kids® members up to 19 years of age. The scope of EPSDT benefits is any Medicaid-covered service listed in Section 1905(a) of the Act if that treatment or service is determined to be medically necessary to correct or ameliorate defects and physical and mental illnesses or conditions, whether or not the service is covered under the state Medicaid or CareSource plan.

## DENTAL SERVICES

EPSDT dental services include emergency, preventive and therapeutic services for dental disease, provided at intervals that meet reasonable standards of dental practice and at intervals necessary to determine the existence of a suspected illness or condition. Dental health partners are encouraged to:

- Use the periodicity chart by the American Academy of Pediatrics (AAP).
- Conduct a Caries Risk Assessment.
- Educate parents/caregivers on early intervention, as the services should be provided at as early an age as necessary to provide relief of pain and infections, restoration of teeth and maintenance of dental health.





CareSource's covered dental benefits consist of Georgia's approved services as well as additional CareSource plan benefits and increased service frequencies. In accordance with state and federal regulations, health partners should obtain a prior authorization for all medically necessary EPSDT services for children under the age of 21, if the services are not listed under CareSource's covered benefits. Health partners should submit a prior authorization request to CareSource, including:

- Indication of EPSDT
- Documentation of medical necessity

## SUBMITTING THE EPSDT SERVICE REQUEST

Health partners requesting a **prior authorization** or billing for EPSDT services not listed in covered benefits should select the EPSDT box in section 1 of the ADA claim form or box 24H on the CMS-1500 claim form. Prior authorization requests that are submitted correctly will be clinically reviewed for medical necessity. Approved services will be reimbursed based on a determined rate and contracted fee schedule upon successful claims adjudication. Medicaid's payment must be accepted as payment in full.

# TOP HEALTH PARTNER QUESTIONS FROM 2017 TO 2018



## 1. HOW DO I CONTRACT WITH CARESOURCE, DETERMINE MY EFFECTIVE DATE OR CHANGE MY PARTICIPATION STATUS?

You must first be credentialed through the state Credentialing Verification Organization (CVO) and obtain a Medicaid Provider ID. Visit the Georgia Medicaid Management Information System (GAMMIS) website ([www.mmis.georgia.gov](http://www.mmis.georgia.gov)) to get started.

After credentialing, you can contract with CareSource currently through

our delegated partner SKYGEN/Scion Dental, using the SKYGEN/Scion online portal or by contacting Scion's Network Development team directly at 1-800-508-6965. Contact Scion if you have any contracting questions or need to add or change plan participation information.

CareSource soon will contract directly with our dental health partners to streamline more effective, efficient contract management processes. This direct contracting will help facilitate improved health partner experience, enhanced health partner benefits and forecasting of resource needs.

In compliance with state regulations, the contract effective date is established once all contract information is received. The contract (superimposed with the statutes, rules and regulations) is the foundation to set forth the various rights and responsibilities of all parties. The parties agree to certain processes (i.e., prior authorization, verification of eligibility, etc.) and a reimbursement methodology at a contracted rate. Therefore, if a member requires emergency or urgent care or accesses care from a **CVO-credentialed** Medicaid health partner **prior** to the CareSource/SCION **contract effective date**, health partner is considered out-of-network and services rendered will require prior authorization (post-review for emergency services), and reimbursement will be at a non-par rate. A health partner can terminate a contract at any time by written notice at least sixty (60) days in advance of termination.



## 2. WHERE CAN I FIND THE HEALTH PARTNER MANUAL AND RESOURCES?

Any proprietary CareSource or Scion resources (including the Dental Health Partner Manual, Compendium, Scoring Tools, etc.) are located on the Scion Provider Web portal. They are located under the Documents tab and can be accessed after logging in to your account. Your contracted fee schedule and remits are located on your main dashboard. A CareSource dental web page launches soon, so check **CareSource.com** regularly for new resources.

## 3. HOW CAN I DECREASE CLAIM OR AUTHORIZATION DENIALS?

Claim and authorization requests can receive denials for several reasons. Here are some tips to avoid denials:

- Make sure that the treating health partner is contracted under each unique facility location.
- Check the member's eligibility on the date of service and keep a record of the verification.
- Follow the guidelines found in the Health Partner Manual, including required documentation, covered benefits, frequencies and limitations and clinical criteria for CDT code submission.
- If you feel a claim or authorization has processed in error, contact a CareSource Claims or Prior Authorization Specialist or file a claims appeal. If a denial occurs with the clinical review of an authorization, you may request a peer-to-peer review with the Dental Director.

## 4. WHO DO I CONTACT IF I HAVE ADDITIONAL QUESTIONS?

Any contracting, plan participation or provider web portal questions for our Medicaid plan products should be directed to SKYGEN/Scion Dental.

Any plan administration, claims, authorization, benefits, policies or member questions should be directed to CareSource.