



Network Notification

Date: July 18, 2014

Number: OH-P-2014-17

To: Ohio Providers

From: CareSource

Subject: Coordination of Dental/Orthodontics Benefits

It is the policy of CareSource to verify other insurance coverage prior to processing claims. A Provider has 365 days from the date of service to submit a claim or 90 days from the primary insurance processing date shown on the EOB (Explanation of Benefits), if after the timely filing period.

- The Provider is required to submit documentation showing that the primary insurer has considered payment for services.
 - CareSource will deny claims for dental/orthodontics visits if there is no documentation showing that the primary insurer has processed the claim.
 - The Provider must submit a completed ADA claim form for services and/or the primary insurer's Explanation of Payment (EOP), Explanation of Benefits (EOB), Benefit Payment Schedule or Notice of Coverage, verifying the primary carrier's payment for services.
 - Provider will be responsible for submitting claims that include valid CDT codes with supporting diagnosis codes.
 - Claims must include total amount billed, total amount paid by primary carrier, and the unpaid balance.
 - Claims must have a valid provider signature.
 - CareSource will verify if dental/orthodontic visits are covered under the primary carrier's benefit plan.
 - CareSource will process claims that have the required documents outlined above for payment consideration to the member's benefit limits.