



Nevada Medicaid - Provider's Dental FAQs

1. Q: Do the Managed Care Organizations (MCO) offer dental services?

A: Beginning January 1, 2018, dental services for all Medicaid recipients enrolled in a medical managed care organization (MCO) will be administered by our new dental benefit administrator (DBA), LIBERTY Dental Plan of Nevada, Inc., (LIBERTY). Dental services for recipients not enrolled in an MCO, and those eligible for orthodontia will continue to be provided through the Nevada Medicaid Fee-for-Service (FFS) program. Go to LIBERTY's FAQs at <https://client.libertydentalplan.com/NVMedicaid/Provider/FAQ> for more information.

2. Q: Before July 1, 2017, I was a dental managed care provider. Should I submit a new provider enrollment application?

A: All dental providers must be enrolled with the Nevada Medicaid FFS program, and those serving MCO recipients must also be credentialed with LIBERTY. To check your current Medicaid enrollment status, go to: <https://www.medicaid.nv.gov/providers/enroll.aspx>. To join the LIBERTY network, go to www.libertydentalplan.com/NVMedicaid.

3. Q: Will the type of eligible dental services change?

A: Eligible dental services are defined in the [Medicaid Services Manual Chapter 1000](#). For FFS coverage and limitations, please also see:

https://www.medicaid.nv.gov/Downloads/provider/NV_BillingGuidelines_PT22-attachmentA.pdf.

For DBA coverage and limitations, please see: www.libertydentalplan.com/NVMedicaid.

4. Q: Will the recipient have access to the same dentist in FFS that they had in managed care?

A: If the provider is enrolled in Medicaid and the LIBERTY network, there will be no impact to the recipient. With LIBERTY, eligible MCO recipients will be able to select from a provider network that includes all general and specialty managed care dentists. There may be cases where the MCO recipient could see a provider enrolled only in Medicaid FFS. Please contact LIBERTY at (888) 700-0643 or www.libertydentalplan.com/NVMedicaid for more information.

5. Q: What change does this create for the dental provider?

A: Prior to July 1, 2017, dental services for MCO recipients were covered by the medical MCOs. From July 1, 2017 to January 1, 2018, dental services for all Medicaid recipients have been provided under the FFS delivery model. Effective January 1, 2018, there will be two dental service delivery models, DBA or FFS. The dental service delivery model is determined by the recipient eligibility, area of residence, and in some cases, the type of service. LIBERTY will maintain a network of dental providers and will manage all



covered dental services for eligible recipients in the MCO covered areas of urban Clark and urban Washoe counties. Dental providers delivering services outside of the MCO coverage areas, or providing approved services not covered by LIBERTY such as orthodontia, will operate in the FFS delivery model. Please carefully review all questions in this document for details regarding enrollment, claims submission, and prior authorizations (PAs).

6. Q: How will dental providers submit PAs for dental services?

A: FFS dental PAs can be submitted through the Nevada Medicaid online Provider Portal. If you have an ID, you can access the Provider Portal at <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx> . For more information or to register, please visit <https://www.medicaid.nv.gov>.

LIBERTY dental PAs can be submitted electronically, online or by mail. Visit www.libertydentalplan.com/NVMedicaid for more information.

For information on how claims and PAs will be handled during the DBA transition and going forward, see Nevada Medicaid Web Announcement 1486 at https://www.medicaid.nv.gov/Downloads/provider/web_announcement_1486_20171221.pdf .

7. Q: Is a PA a guarantee for reimbursement?

A: No, a PA does not guarantee reimbursement for dental services.

8. Q: Where should outstanding claims be sent?

A: Submit all dental claims for dates of service **before January 1, 2018** through the FFS claims process. For more billing and electronic claims submission information, select the 'Providers' tab at <https://www.medicaid.nv.gov>.

Submit claims for dates of service **on or after January 1, 2018**, for recipients enrolled in an MCO, through LIBERTY's claims process. LIBERTY claims can be submitted electronically, online or by mail. For more information call (888) 700-0643 or visit www.libertydentalplan.com/NVMedicaid.

9. Q: Will dental providers receive training on the prior authorization process or claims submittal forms?

A: Yes, submit a FFS training request at NevadaProviderTraining@dxc.com. DBA training can be scheduled at www.libertydentalplan.com/NVMedicaid.

10. Q: Where should PAs and claims for an Ambulatory Surgical Center and hospital be sent?

A: PAs and claims for Ambulatory Surgical Centers and hospitals must be sent to the recipient's medical service delivery model for review, approval and payment. For recipients in the FFS delivery model, PAs and claims must be submitted through the FFS PA and claims process. For recipients enrolled in an MCO,



PAs and claims must be submitted through the recipient's MCO PA and claims process. For MCO contact information, go to <http://dhcfp.nv.gov/Members/BLU/MCOMain/>.

11. Q: Where should PAs for Orthodontia services be sent for review and approval?

A: In all areas of Nevada, orthodontia is provided through the FFS delivery model and requires a dentist's referral. PAs, claims and forms required for orthodontia must be submitted to Nevada Medicaid, not the DBA. Submit orthodontia PAs and forms through the Provider Portal at <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx> . Please visit <https://www.medicaid.nv.gov> for more information.

12. Q: What is the appeal process for a denied claim?

A: Appeals for denied claims are handled differently depending on the service delivery model. For FFS appeals, refer to [FA-90 Formal Claim Appeal Request](#) . For LIBERTY appeals, contact (888) 700-0643 or visit www.libertydentalplan.com/NVMedicaid.

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