NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY

Nevada Medicaid - Provider's Dental FAQs

1. **Q: Do the Managed Care Organizations (MCO) offer dental services?**
   A: Beginning July 1, 2017, the Nevada Medicaid will offer covered dental services to all managed care recipients through the Nevada Medicaid Fee-for-Service (FFS) program.

2. **Q: I am an existing managed care provider. Should I submit a new provider enrollment application?**
   A: All providers need to be enrolled with the Nevada Medicaid FFS Program. To check your current enrollment status, please go to: https://www.medicaid.nv.gov/providers/enroll.aspx

3. **Q: Will the type of eligible dental services change?**
   A: For coverage, limitations, and prior authorizations (PA), please see: *https://www.medicaid.nv.gov/Downloads/provider/NV_BillingGuidelines_PT22-attachmentA.pdf*.

4. **Q: Will the recipient have access to the same dentist in Fee for Service that they had in Managed Care?**
   A: Yes, all dental providers in managed care are enrolled in the Nevada Medicaid FFS program. Furthermore, patients are now eligible to select from a provider network that includes all general and specialty managed care dentists.

5. **Q: What change does this create for the dental provider?**
   A: The dental provider will provide all dental services through the Nevada Medicaid FFS program.

6. **Q: How will providers submit PAs for dental services?**
   A: All dental PAs will be submitted either by mail or fax to Nevada Medicaid, following all PA policies outlined in the Medicaid Services Manual, Chapter 1000. Instructions for requesting PAs are located on the Nevada Medicaid website www.medicaid.nv.gov in the Provider Type 22 Billing Guide-Dentist. Providers are also referred to the Coverage, Limitations and PA Requirements (Attachment A of the Billing Guidelines for PT22) for PA requirements and frequency limitations.

   Coming soon, providers may submit requests for review through the provider web portal. Check for future web announcements addressing this at www.medicaid.nv.gov.

7. **Q: Is a PA a guarantee for reimbursement?**
   A: No, a PA does not guarantee reimbursement for dental services. Please refer to question 6 for further policy and billing resources.

8. **Q: Where should outstanding claims be sent?**
   A: All claims with dates of service on or before **June 30, 2017**, will be sent to the patient's current MCO (Amerigroup or Health Plan of Nevada). All claims with dates of service on or after **July 1, 2017**, will be submitted through the Nevada Medicaid FFS program. For questions, contact 1-877-638-3472.

9. **Q: How does this change to FFS billing impact Medicaid reimbursement?**
   A: All dental providers will be reimbursed on the Nevada Medicaid FFS Fee Schedule, for specific details on reimbursement by procedure code please see the fee schedule at www.mediaid.nv.gov.

10. **Q. How will the recipient's managed care prior authorization for dental services on or after July 1st be handled?**
    A: Any dental service that requires a PA under FFS for dates of service (DOS) on July 1, 2017 and going forward will need to have a **new** PA submitted and authorized through Nevada Medicaid.

11. **Q: Did Nevada Medicaid notify dental providers of this change?**
    A: Yes, Nevada Medicaid notified all dental providers of the change. If the providers have questions, they may contact the Nevada Medicaid FFS Vendor at:

    - https://www.medicaid.nv.gov/contactinfo.aspx

12. **Q: Will dental providers receive training on the prior authorization process or claims submittal forms?**
    A: Yes, Nevada Medicaid will be holding trainings to assist dental providers with any training or questions. Training can be scheduled at NevadaProviderTraining@dxc.com

13. **Q: Where should prior authorizations for an Ambulatory Surgical Center and hospital be sent?**
    A: Prior authorizations for Ambulatory Surgical Centers and hospitals must be sent to the recipient's current MCO for review and approval.

14. **Q. Where should the Ambulatory Surgical Center and hospital claims be sent for payment processing?**
    A. If the services are approved, the Ambulatory Surgical Center and hospital claims must be sent to the recipient's current MCO for payment processing.

15. **Q. Where should prior authorization for Orthodontia services be sent for review and approval?**

A. In all areas of Nevada, orthodontia is provided through the Medicaid Fee for Service benefit plan and requires a dentist's referral. Prior authorization requests and claims for orthodontia must be submitted to Nevada Medicaid, not the MCO. Please see the ADA Claim Form Instructions, and the Orthodontic Medical Necessity (OMN) Form (FA-25) for specific information required for requesting review for medical necessity and prior authorization for orthodontia. Requests for orthodontia can be mailed to:

Nevada Medicaid
Dental Prior Authorization – Dental Department
P.O. Box 30042
Reno, Nevada 89520-3042
Dental fax: (855) 709-6848

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16. Q: What is the appeal process should a claim for a date of service on or after July 1, 2017 be denied?

A: Please refer to the billing manual that can be found on the Nevada Medicaid website: https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_General.pdf