



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY

Nevada Medicaid
4070 Silver Sage Dr
Carson City, NV 89701
NVHA.NV.GOV



Stacie Weeks,
Director
Ann Jensen,
Administrator

Nevada Medicaid – Provider's Dental FAQs

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

A: Dental services for all Medicaid recipients enrolling in a medical MCO within the service area of Urban Clark and Urban Washoe Counties will also be covered by our Dental Benefits Administrator (DBA), LIBERTY Dental Plan of Nevada, Inc., (LIBERTY). Dental services for recipients not enrolled in an MCO or living outside of the service area, and those eligible for orthodontia, will be provided through the Nevada Medicaid Fee-for-Service (FFS) program.

See LIBERTY's FAQs at <https://client.libertydentalplan.com/NVMedicaid/Provider/FAQ> for more information.

Q: What dental services are covered?

A: As a required component of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Nevada Medicaid provides dental services for most Medicaid-eligible individuals age of 20 years of age or younger. For Medicaid-eligible adults age 21 years and older, dental services are an optional service as identified in Medicaid Services Manual Chapter (MSM) 1000 – Dental.

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.

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. Please contact LIBERTY at (888) 700-0643 or www.libertydentalplan.com/NVMedicaid for more information.

Q: How will dental providers submit Prior Authorizations (PAs) for dental services?

A: Prior Authorization requests must be submitted electronically through the Nevada Medicaid 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:
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Q: Is a PA a guarantee for reimbursement?

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

Q: How do dental providers receive training on items such as prior authorization process or claims submittal?

A: For provider training, please contact the Provider Training Unit:
<https://www.medicaid.nv.gov/providers/training/training.aspx>

If you are having difficulty registering for a training, please contact the Provider Services Field Representative Team at: NevadaProviderTraining@gainwelltechnologies.com.

Q: Where should PAs and claims for an Ambulatory Surgical Centers and hospitals 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 <https://dhcfp.nv.gov/Members/BLU/MCOMain/>.

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.

Q: What if Orthodontia services are needed outside of the covered benefit for children?

A: For conditions not listed in MSM Chapter 1000, providers may request orthodontic treatment under EPSDT "Healthy Kids Exception" by demonstrating Medical Need. Make sure to follow the instructions of EPSDT requests as they require you to document additional information.

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.