



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

Helping people. It's who we are and what we do.



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

A: Dental services for all Medicaid recipients enrolling in a medical MCO will be administered by our Dental Benefits 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. See LIBERTY's FAQs at <https://client.libertydentalplan.com/NVMedicaid/Provider/FAQ> for more information.

2. What dental services are covered?

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

A: Covered dental services are defined in [Medicaid Services Manual Chapter 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.

3. 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.

4. 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 www.libertydentalplan.com/NVMedicaid for more information.

5. Is a PA a guarantee for reimbursement?

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

6. Where should outstanding claims be sent?

A: Submit all dental claims for FFS 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 recipients enrolled in an MCO, through LIBERTY's claims process. LIBERTY claims can be submitted electronically, online or by email. For more information call (888) 700-0643 or visit www.libertydentalplan.com/NVMedicaid.

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

A: Yes, to register, select the [Provider Training Registration Website](#) , select the workshop of your choice, complete the required information and submit. If you have difficulty registering, please send an email to the Provider Services Field Representative Team at NevadaProviderTraining@gainwelltechnologies.com. Please include your name, contract information, and the workshop you are attempting to register to attend.

8. 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://dhcftp.nv.gov/Members/BLU/MCOMain/>.

9. 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.

10. What if Orthodontia services are needed outside of the covered benefit?

A: For conditions not listed in [Medicaid Services Manual Chapter 1000](#) , providers may request orthodontic treatment under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) "Healthy Kids Exception" by demonstrating Medical Need.

11. 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.