

LIBERTY Dental Plan

Dental Care Services Information Sheet



1-866-609-0418 Toll Free

www.libertydentalplan.com/NVMedicaid

The Nevada Medicaid Dental Program covers dental services for:

- Children who are newborns through age 20.
- Children who are under age 19 and qualify for Nevada Check Up.
- Pregnant women who are age 21 or older.
- Adults with special needs who are age 21 or older.

Age Group	Dental Benefits	Medicaid Provisions	Value-Added Benefits
<p>Children, newborns through age 20</p> <p>Children, under age 19 and qualify for Nevada Check Up</p>	<p>The Nevada Medicaid Dental Program covers most dental services for children.</p> <p>Some of the covered dental services for children include:</p> <ul style="list-style-type: none"> • Regular checkups • Teeth cleanings • Fluoride treatment • Sealants • X-rays • Fillings • Root canals • Crowns/Dentures • Extractions • Anesthesia • Space maintainers • Emergency dental care 	<p>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.</p> <p>Through the EPSDT benefits, individuals under the age of 21 receive comprehensive dental care such as periodic and routine dental services needed for restoration of teeth, prevention of oral disease and maintenance of dental health. The EPSDT program assures children receive the full range of necessary dental services, including orthodontia when medically necessary and pre-approved by the Nevada Medicaid QIO-like vendor. The EPSDT screening provider may refer children for dental services. However, such a referral is not necessary if the parent otherwise elects to contact a Medicaid dental provider. The local Medicaid District Office can direct the parent/guardian to local dental providers.</p>	<ul style="list-style-type: none"> • Carries Risk Assessment • Additional Fluoride Varnish application at PCP office (D1206) • Screening of a patient (D0190) • Assessment of a patient (D0191)

Age Group	Dental Benefits	Medicaid Provisions	Value-Added Benefits
<p>Pregnant women age 21 or older</p>	<p>Some of the covered dental services for pregnant women include:</p> <ul style="list-style-type: none"> • Regular checkups • Teeth cleanings • Fluoride treatments • X-rays • Fillings • Periodontal maintenance • Periodontal scaling and root planning • Crowns/Dentures • Extractions • Anesthesia 	<p>Nevada Medicaid offers expanded dental services in addition to the adult dental services for Medicaid-eligible pregnant women. These expanded pregnancy-related services require prior authorization.</p> <p>Medical providers or Managed Care Organizations should provide a dental referral when it is discovered that a recipient is pregnant. Dental providers should attach a copy of the referral or provide a statement of pregnancy in the comment section of the ADA claim form to any Prior Authorization (PA) requests for pregnancy-related dental services. Pregnancy-related dental services are discontinued on the date of delivery. Except for services that were authorized but not completed prior to the end of the pregnancy.</p>	<p>Eligible Pregnant Women:</p> <ul style="list-style-type: none"> • Third and Fourth Adult Prophylaxis for Pregnant Women (D1110)
<p>Adults with special needs age 21 or older</p> <p>Adult Benefits - Eligible Medicaid adults 21 and over</p>	<p>Some of the covered dental services for adults include:</p> <ul style="list-style-type: none"> • Oral evaluations for emergency extractions or palliative care • X-rays for emergency extractions or palliative care • Full mouth debridement • Prosthetic care, including fillings and crowns • Extractions • Anesthesia 	<p>For Medicaid-eligible adults age 21 years and older, dental services are an optional service.</p> <p>Dental services for Medicaid-eligible adults who qualify for full Medicaid benefits receive emergency extractions, palliative care and may also be eligible to receive prosthetic care (dentures/partials) under certain guidelines and limitations.</p> <p>Nevada Medicaid authorizes payment for services provided in Intermediate Care Facilities for Individuals with Intellectual Disabilities and nursing facilities to qualified recipients eligible with full Medicaid benefits.</p>	<ul style="list-style-type: none"> • Periodic Oral Evaluation (D0120) • Adult Prophylaxis (D1110) • Dental Bitewing Four Films (D0274) • Intraoral Periapical First Film (D0220), Each additional Film (D0230)
<p>Recipients enrolled in the Nevada Medicaid Dental Program and eligible for services, you may or may not owe any payment.</p> <ul style="list-style-type: none"> • If you see a dentist who is a member of the Nevada Medicaid Dental Program network, you don't have to pay for dental services that are covered by the program. • If you see a dentist who is not part of the Nevada Medicaid Dental Program network, you may have to pay for all the services. <p>Your dentist may need to get approval in advance for some services.</p>			