



PROVIDER ALERT!

February 15, 2018

RE: NV Medicaid – Submitting ICD-10 Codes

Dear Provider:

To expedite the processing of your claims, please be sure to include at least one ICD-10 code when submitting your claims. This is a requirement by the Division of Health Care Financing and Policy (DHCFP) and LIBERTY must comply. If you need assistance in identifying the appropriate ICD-10 codes, you can reference the following guide:

- CDT 2018 Coding Companion (Help Guide for the Dental Team)

Below is a sample of how you can code ICD-10 on a claim form (in addition to ICD-10 code, you need to also **include a pointer** for each of the procedure codes on the claim; please reference the circled areas):

RECORD OF SERVICES PROVIDED																						
	24. Procedure Date (MM/DD/CCYY)		25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag Pointer	29b. Qty.	30. Description			31. Fee									
1	10/01/2015						D0120	A	1				\$28.00									
2	10/01/2015						D1110	A	1				\$55.00									
3	10/01/2015				30	O	D2140	B	1				\$105.00									
4	10/01/2015				11		D7140	C	1				\$72.00									
5																						
6																						
7																						
8																						
9																						
10																						
33. Missing Teeth Information (Place an "X" on each missing tooth.)							34. Diagnosis Code List Qualifier A B (ICD-9 = B; ICD-10 = AB)			31a. Other Fee(s)												
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s)	A	Z01.21	C	K03.81		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A")	B	K02.62	D		32. Total Fee	\$260.00
35. Remarks																						

If you are submitting claims through a clearinghouse (Emdeon, Tesia or DentalXchange), you should have access to enter ICD-10 codes. If you are submitting claims via LIBERTY's web portal, you can enter ICD-10 codes and pointers in the Remarks section until further notice.

Please refer to our **updated** benefit schedules at www.libertydentalplan.com/NVMedicaid. We would also like to remind you to reference the benefit schedules to identify which code(s) require prior-authorizations as well as narrative and x-rays to include along with claim submissions. Please note that prior-authorization codes 01 and 02 have the following meaning:

- 01 – Prior authorization is required **before** completing treatment
- 02 – Prior authorization is required **before** completing treatment; procedure is a covered benefit if adjacent to or an abutment tooth for partials



To verify real-time eligibility for members who are assigned to your office, please log on to LIBERTY's secure Provider Portal at www.libertydentalplan.com/NVMedicaid. You must select My Members in order to verify that the members are assigned to your office. You can reference the Online Provider Portal User Guide for more information.

LIBERTY appreciates your participation, partnership and our mutual goal to provide your patients and our members the highest quality oral health care.

Sincerely,

LIBERTY Dental Plan
Professional Relations Department