



**NEW JERSEY Medicaid Program  
LIBERTY Dental Plan  
Provider Frequently Asked Questions - FAQs**

***Q: When did Medicaid transition in my area to the new LIBERTY Dental Plan?***

A: LIBERTY began administering the New Jersey Medicaid program effective January 1, 2016.

***Q: Where do I submit Medicaid claims for Medicaid members after January 1, 2016?***

A: All Medicaid member claims with dates of service on or after January 1, 2016 must be submitted to LIBERTY Dental Plan through our secure provider portal at [www.libertydentalplan.com](http://www.libertydentalplan.com) or through your EDI clearinghouse. Any claims with dates of service prior to January 1, 2016 must be submitted to the former dental carrier. LIBERTY highly recommends EDI submission of all claims.

Providers are reminded that for EDI submission, the LIBERTY Payor ID is **CX083**.

If you are not able to submit claims electronically, you can send them directly to:

LIBERTY Dental Plan of New Jersey  
PO Box 401086  
Las Vegas, NV 89140

***Q: Will LIBERTY honor services previously approved for New Jersey Medicaid members?***

A: Yes, LIBERTY will honor Pre-Authorizations and issue payment for claims for services previously approved by the state or the previous carrier for up to 90 days after the January 1, 2016 effective date.

***Q: Who is responsible for any New Jersey Medicaid member's unpaid claims for dates of service prior to the January 1, 2016 roll out?***

A: The former dental carriers are responsible to pay claims for any treatment rendered prior to the January 1, 2016 effective date with LIBERTY Dental Plan.

***Q: What happens to approved Pre-Authorizations for New Jersey Medicaid members from the previous dental carrier?***

A: LIBERTY will ensure continuity of care for all New Jersey Medicaid plan members and will honor Pre-Authorizations for services previously approved by the state or the previous carrier for up to 90 days after the January 1, 2016 effective date with LIBERTY Dental Plan.

***Q: How do I submit orthodontic claims for treatment in progress?***

A: Please refer to the Transition of Care form available at: [www.libertydentalplan.com](http://www.libertydentalplan.com). Please log onto LIBERTY's secure provider portal to download the form. You may also request the form by calling LIBERTY's Member Service Department at (888)-700-0643.

***Q: Are referrals for specialty care required?***

A: At this time, LIBERTY allows general dentists to directly refer Medicaid members to contracted specialists for covered services that are beyond the scope of a general dentist. As with all policies, LIBERTY reserves the right to change the "direct referral" policy in the future.

In the event a contracted specialist is not available, a written referral may be submitted to LIBERTY Dental Plan for review. You may also contact LIBERTY's Member Services Department for assistance referring a Medicaid member to a specialist.

Emergency referrals may be called into LIBERTY's Member Services Department.

***Q: When is Pre-Authorization necessary?***

A: Pre-Authorization and post-treatment submission requirements apply to general dentists and specialists for certain covered procedures. Please refer to the Medicaid Child and Adult plan benefits schedule for services that require Pre-Authorization.

***Q: When are post-treatment billing attachments necessary?***

A: Post-treatment review requires the submission of all items listed in the Medicaid Child and Adult plan benefit schedules, including x-rays, narratives and/or other information.

***Q: Is Pre-Authorization required for a general dentist to refer a member for an orthodontic evaluation?***

A: No. "Direct Referral" to a contracted orthodontist by the general dentist is allowed for the orthodontic pre-service evaluation and diagnostic work up visit. The orthodontist must complete the New Jersey Orthodontic Criteria Index Form and submit documentation to LIBERTY Dental Plan to request authorization for treatment. Please log onto LIBERTY's secure provider portal at [www.libertydentalplan.com](http://www.libertydentalplan.com) to download the orthodontic forms and to access the Dental Office Reference Manual for additional information regarding the plan.

In the event there are no contracted orthodontists in the immediate area, a contracted general dentist office may submit a referral directly to LIBERTY Dental Plan.

*Please note that New Jersey Medicaid provides orthodontic treatment coverage only for severe mal-occlusions. For more information, please refer to the Dental Office Reference Manual for NJ to verify which conditions may qualify for orthodontic coverage.*

***Q: Does the member ID card guarantee eligibility?***

A: No. LIBERTY highly recommends that you verify eligibility for each member prior to their appointment. Real time eligibility can be verified by any of the following three methods:

- Visiting the Provider Portal at [www.libertydentalplan.com](http://www.libertydentalplan.com).
- Calling the Member Services Department at (888) 700-0643.
- Calling Eligibility & Benefits Verification at (888) 352-7924 and selecting option 1.

***Q: What procedure code is used for an orthodontic consultation?***

A: Orthodontists must use the pre-service orthodontic visit code, D8660, to report an orthodontic evaluation.

***Q: Who conducts the orthodontic pre-service evaluation?***

A: The orthodontist will conduct the orthodontic pre-service evaluation. General dentists are free to do any pre-assessment they deem appropriate as part of their examination. However, definitive orthodontic treatment evaluations and determinations must be performed by the submitting orthodontist and reviewed by LIBERTY Dental Plan to ensure that all state requirements for orthodontic medical necessity are met.

***Q: What is LIBERTY's Turnaround Time for claims processing and authorizations?***

A: Please see the typical timelines below.

- Standard Pre-Authorizations are typically processed within 5 days of receipt.
- Claims that are received electronically and include all required supporting documentation (i.e., "clean electronic claims") are typically processed within 15 days of receipt.
- Claims that are received on paper and include all required supporting documentation (i.e., "clean paper claims") are typically processed within 20 days of receipt.

***Q: What is the claim filing deadline?***

A: Claims may be submitted for payment up to 180 days following the date of service. However, LIBERTY strongly suggests that you submit claims for completed treatment either daily or shortly after the date of service.

***Q: What if my patient is the beneficiary or member of more than one plan? How is Coordination of Benefits handled for the NJ Medicaid program?***

A: The Dental Office Reference Manual contains detailed information about how Coordination of Benefits occurs when one of the plans is Medicaid. In general, Medicaid is the payer of last resort and is secondary to most other plans.

***Q: How can I sign up for LIBERTY's Provider Portal?***

A: Please visit [www.libertydentalplan.com](http://www.libertydentalplan.com) to register as a new user.

Your office's "Access Code" and "Office Number" will be required to register and were included in your LIBERTY Welcome letter.

Please contact LIBERTY's on-line administrator at (888) 700-0643 or send an e-mail to [support@libertydentalplan.com](mailto:support@libertydentalplan.com) if you are unable to locate your login information.

***Q: How do I obtain LIBERTY's Benefit Plans and/or Fee Schedules?***

A: Benefit Plans and/or Fee Schedules have been mailed to all network general dentists and specialists. You may obtain another copy by contacting LIBERTY's Member Services Department or on-line at LIBERTY's secure provider portal.

[www.libertydentalplan.com](http://www.libertydentalplan.com)