



ONLINE PROVIDER PORTAL USER GUIDE

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Making members shine, one smile at a time™

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GETTING STARTED

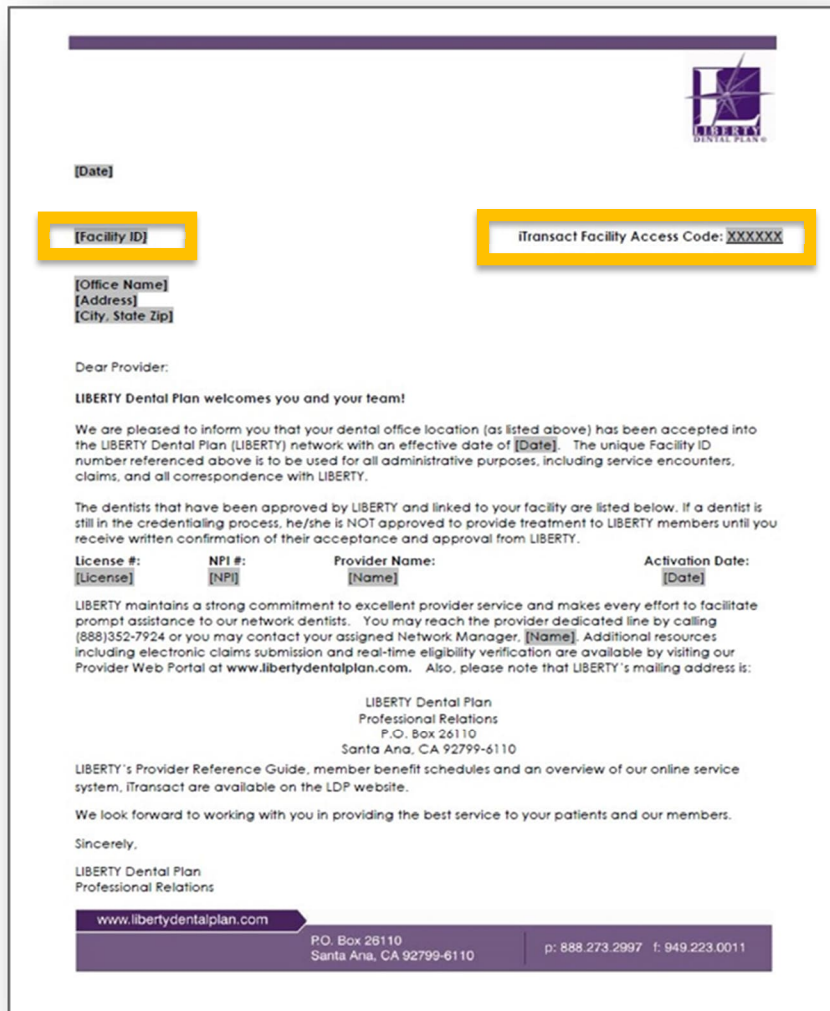
LIBERTY Dental Plan ("LIBERTY") offers 24/7 real-time access to information and tools through our secure Online Provider Portal.

SYSTEM REQUIREMENTS

- Internet Connection compatible with Microsoft Edge, Google Chrome, and Mozilla Firefox
- Adobe Acrobat Reader

OFFICE NUMBER AND ACCESS CODE

All contracted network dental offices are issued a unique Office Number and Access Code. These numbers can be found in your LIBERTY Welcome Letter and are required to register your office on LIBERTY's Online Provider Portal. If you are unable to locate your Office Number and/or Access Code, please contact our Professional Relations Department at (888) 352-7924 for assistance.



The image shows a template for a welcome letter from Liberty Dental Plan. The letter is addressed to a provider and includes the following elements:

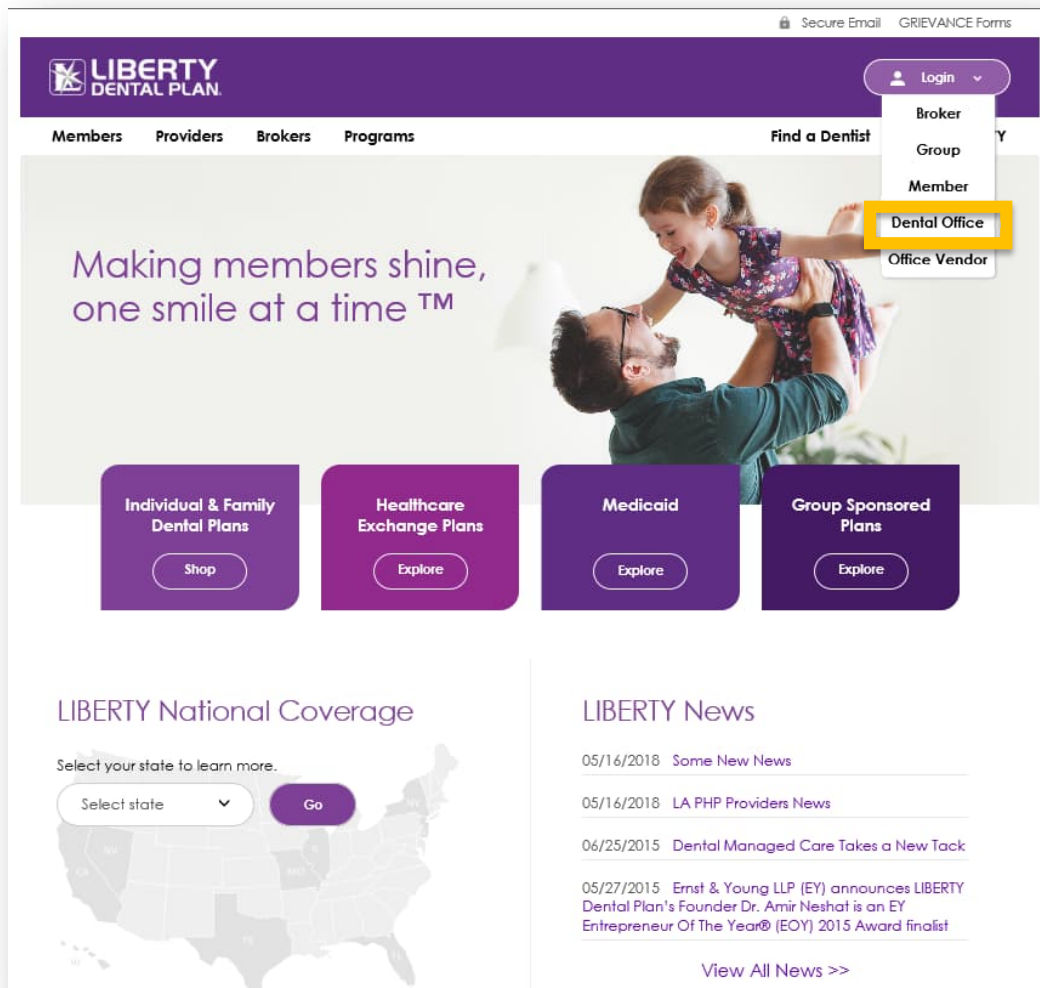
- Header:** Liberty Dental Plan logo and a placeholder for the date [Date].
- Facility Information:** A placeholder for the Facility ID [Facility ID] and the iTransact Facility Access Code: XXXXXX.
- Office Information:** Placeholders for Office Name [Office Name], Address [Address], and City, State Zip [City, State Zip].
- Salutation:** "Dear Provider:"
- Welcome Message:** "LIBERTY Dental Plan welcomes you and your team!"
- Notification:** A paragraph stating that the dental office location has been accepted into the LIBERTY network with an effective date of [Date].
- Approval Notice:** A paragraph stating that dentists approved by LIBERTY are listed below, and those still in the credentialing process are not approved for treatment.
- Table:** A table with four columns: License #, NPI #, Provider Name, and Activation Date. Each column has a placeholder below it: [License], [NPI], [Name], and [Date].
- Commitment:** A paragraph stating Liberty's commitment to excellent provider service and providing contact information for the Network Manager.
- Mailing Address:** Liberty Dental Plan, Professional Relations, P.O. Box 26110, Santa Ana, CA 92799-6110.
- Additional Resources:** A paragraph mentioning the Provider Reference Guide and iTransact system.
- Closing:** "We look forward to working with you in providing the best service to your patients and our members." and "Sincerely,"
- Signature:** Liberty Dental Plan, Professional Relations.
- Footer:** www.libertydentalplan.com, P.O. Box 26110, Santa Ana, CA 92799-6110, p: 888.273.2997 f: 949.223.0011.

NEW OFFICE REGISTRATION

REGISTER A NEW OFFICE

A designated Office Administrator should be the user to set up the office master primary web account on behalf of all providers/staff. The Office Administrator will be responsible for adding, editing, and terminating additional users within the office.

1. To register a new office, enter the following website address into your browser:
www.libertydentalplan.com
2. Click on Login → Dental Office



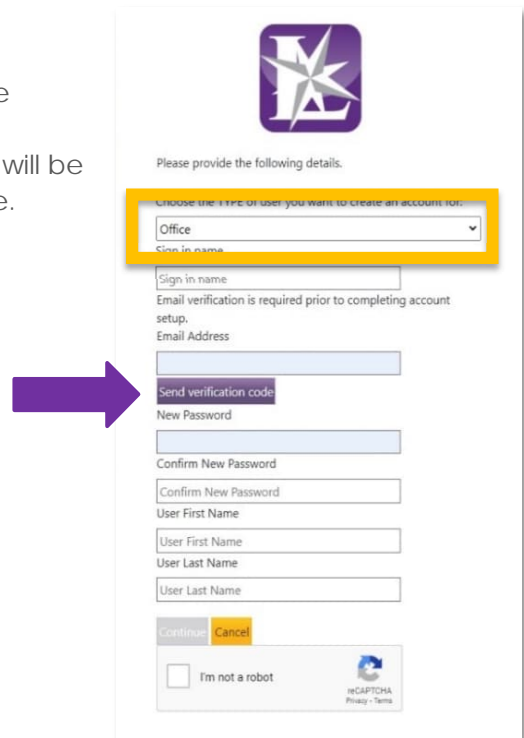
On the following screen, click the Sign In button. There is no need to enter any other information.



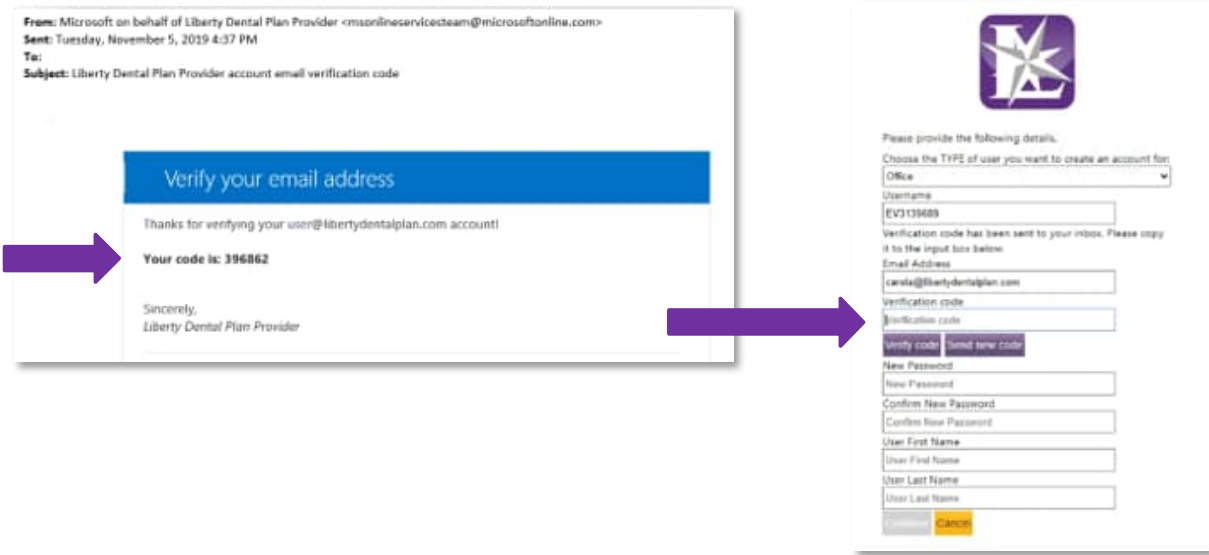
When the next screen appears select Office from Choose the Type of user you want.

Create Sign In Name – Username may contain any combination of letters, numbers, and special characters except for the following: @, (,)

1. Enter Email Address – enter the address the account communications and important information should be sent to.
2. Click Send verification Code. A Microsoft Access Key will be generated and sent to the email address listed above.



3. Enter the code in the Verification Code field and select, Verify Code.



4. When the following screen appears, enter the Access Code located on your welcome letter in the Access Key field. The Office Number is also located on the welcome letter. Enter the office phone number and select Continue.

Please provide the following details.

Access Code

Office Number

Office Phone Number

Create a New Password

Enter a User First and Last Name

Select I'm not a robot

Click Continue

Note: Passwords must be a minimum of 8 characters in length and contain at least 3 of the following: 1 uppercase letter, 1 lower case letter, 1 number and 1 special character. (!@#\$\$%&*)

NOTE: Each user must always sign in with the email address they use to set up their personal access account. This email address may be different than the email address used to set up the office master primary web account.

MY PREFERENCES

After initial set-up, the user will be directed to the My Preferences tab.

1. Select your office's various Preferences.

1. Select Provider:

	NPI	Provider #	Provider Name
Selected ✓	-	0	ALL
Select			

2. Select Provider Type: Dental

3. Show EOP after submitting a claim: Yes No

4. Show details after submitting a referral: Yes No

5. Default to Assignment of Benefits: Yes No

6. How many items to display per page: 5

7. How many days back for claims lookup: Last Week

8. Default to Place of Service on Claim Submission Page (HCFA claims only): 11-Office

9. Submit a claim default options: Service Date(s)

10. Default Billing currency: US Dollars

11. How many checks to display per page: 5

12. How many days back for checks lookup: Last Week

Save

Note: The Evidence of Payment (EOP) is sent to providers and the Evidence of Benefits (EOB) is sent to members.

The Place of Service on Claim Submission page default is set to 11-Office. Another Place of Service can be selected as a default from the drop-down menu.

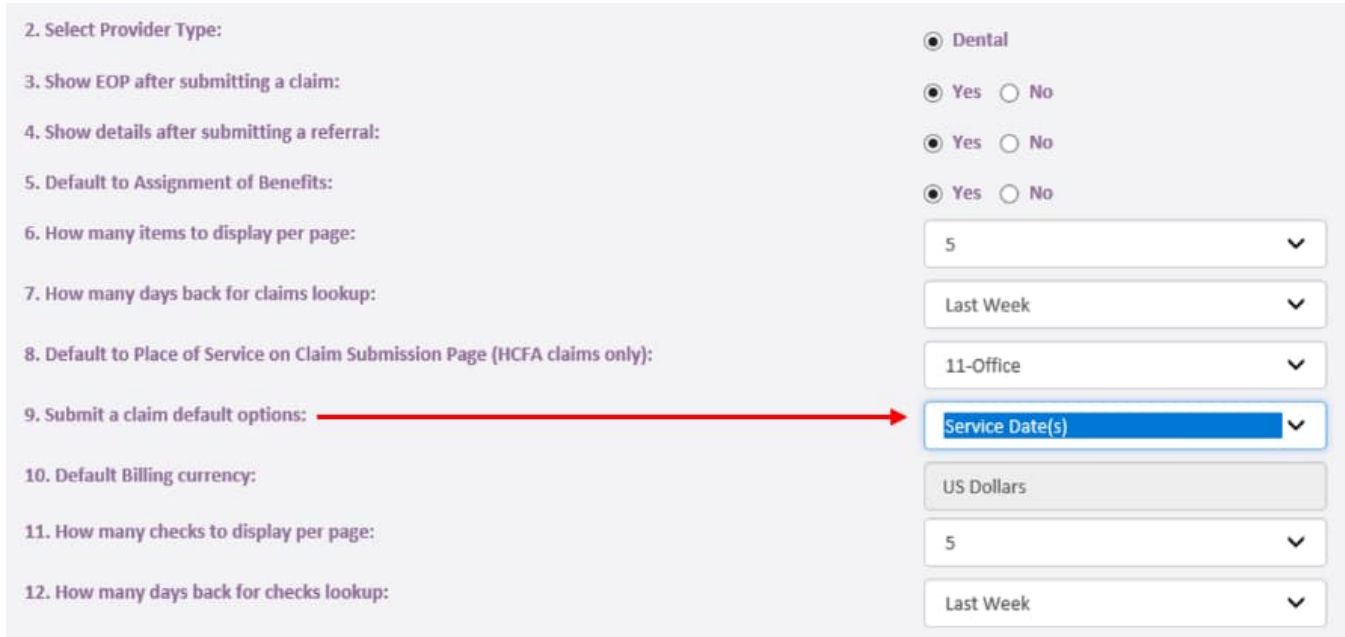
8. Default to Place of Service:

- 11-Office
- 03-School
- 02-Telehealth
- 15-Mobile Unit
- 12-Home
- 13-Assisted Living Facility
- 04-Homeless Shelter
- 05-Indian Health Service-Free Standing Facility
- 06-Indian Health Service Provider-Based Facility
- 07-Tribal 638 Free Standing Facility
- 08-Tribal 638 Provider Based Facility
- 23-Emergency Room - Hospital
- 24-Ambulatory Surgical Center
- 31-Skilled Nursing Facility
- 34-Hospice
- 49-Independent Clinic
- 50-Federally Qualified Health Center (FQHC)
- 53-Community Mental Health Center
- 71-Public Health Clinic
- 72-Rural Health Clinic
- 73-Unassigned
- 01-Pharmacy
- 16-Temporary Lodging
- 19-Off Campus-Outpatient Hospital
- 20-Urgent Care Facility
- 22-On Campus-Outpatient Hospital
- 25-Birthing Center
- 26-Military Treatment Facility

The Submit a claim default is set to Service Date(s). The date of service you enter for the first service line will automatically populate when you click in the Service Date box for any additional service lines entered when submitting a claim. (The steps on how to submit a claim, pre-estimate and referral will be explained in further detail; see pages 21-24)

- 2. Click Save

Once your preferences have been saved, you will remain on the Preferences screen where you can select from the available drop-down features.



2. Select Provider Type: Dental

3. Show EOP after submitting a claim: Yes No

4. Show details after submitting a referral: Yes No

5. Default to Assignment of Benefits: Yes No

6. How many items to display per page: 5

7. How many days back for claims lookup: Last Week

8. Default to Place of Service on Claim Submission Page (HCFA claims only): 11-Office

9. Submit a claim default options: **Service Date(s)**

10. Default Billing currency: US Dollars

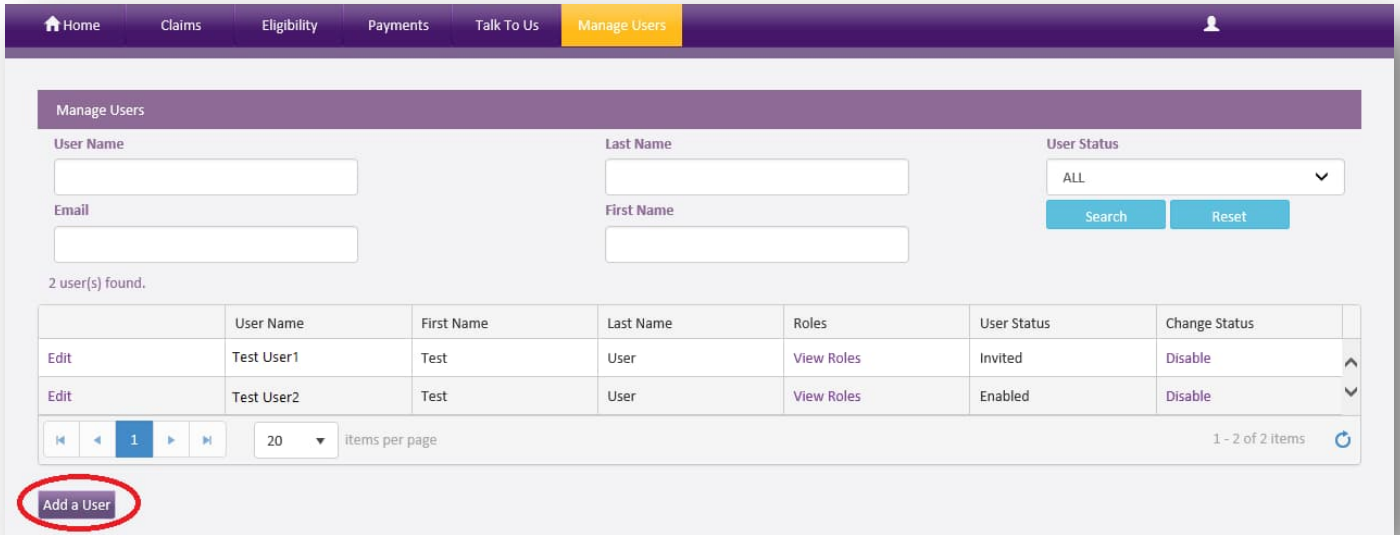
11. How many checks to display per page: 5

12. How many days back for checks lookup: Last Week

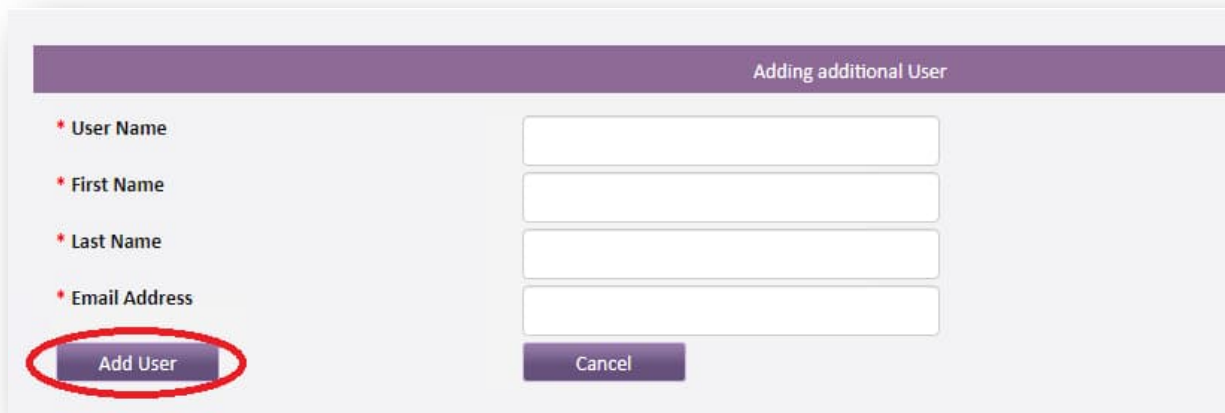
ADD A NEW USER

The Administrator can add additional users by:

Select Manage Users from the drop-down menu on the top of the screen.

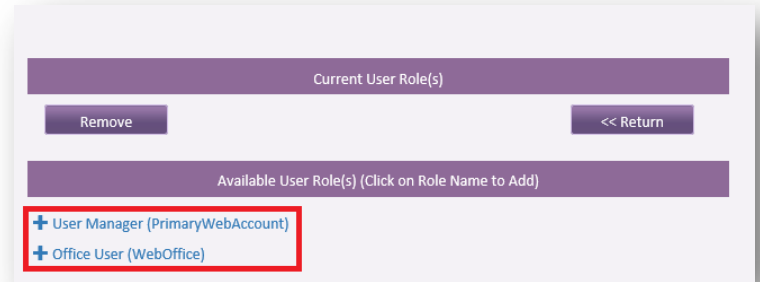


2. Click Add a User
3. Input a Username (must be unique to the user), First Name, Last Name and Email Address. All fields marked with an asterisk (*) are required.
4. Click Add User



SET NEW USER ROLES

1. We recommend that you click on Office User (WebOffice) to grant the user access to view/submit claims and check eligibility. Once you click on each role in Available User Role(s) (Click on Role Name to Add), the roles will move up to Current User Role(s)



2. Click Return

Note: The user must have a role mapped to be able to use the portal

Roles:

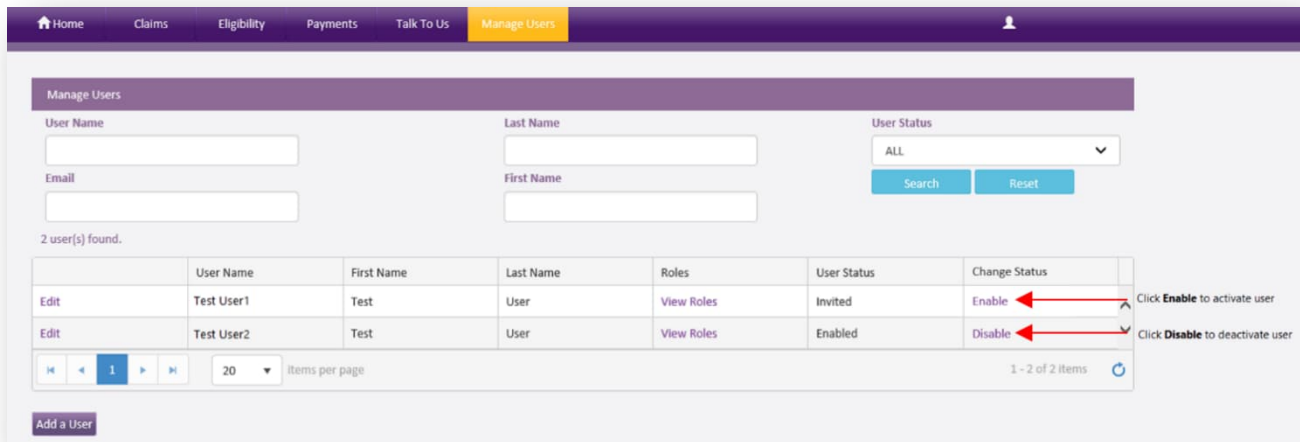
- User Manager (PrimaryWebAccount) – Allows the user to manage and add additional user accounts for the entire office. This includes resetting passwords, updating user information (First name, Last Name, Email Address), as well as disabling users in the event they should no longer have access to the account.
- Office User (WebOffice) – Allows access to all functionality on the portal, except limits access to “Manage Users” tab. The user would only have access to their account and no access to any other user accounts for that office.

ENABLE AND DISABLE USERS

Once a new user is set up, the Office Administrator can enable or disable their account.

Click on the Manage Users on the top of the screen.

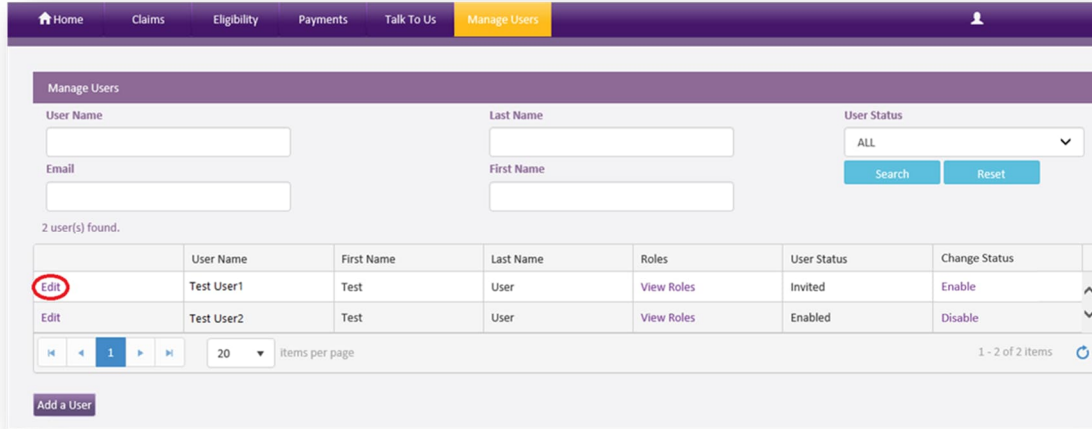
- If the User Status is Active, the account is Enabled. To disable the account, click Disable under Change Status.
- If the User Status is Disabled, the account is not active. To reinstate the account, click Enable under Change Status.



EDIT USER INFORMATION

The Office Administrator can edit a user's information:

1. Click on the Manage Users on the top of the screen.



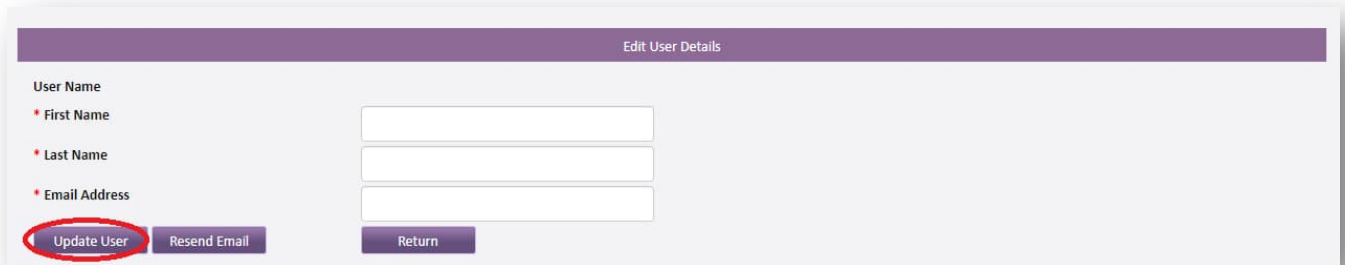
The screenshot shows the 'Manage Users' page with search filters for User Name, Last Name, Email, and First Name, along with a User Status dropdown. Below the filters, a table lists two users: 'Test User1' and 'Test User2'. The 'Edit' link for 'Test User1' is circled in red.

	User Name	First Name	Last Name	Roles	User Status	Change Status
Edit	Test User1	Test	User	View Roles	Invited	Enable
Edit	Test User2	Test	User	View Roles	Enabled	Disable

2. Click Edit for the user you would like to edit
3. Update user information

Note: All user information with an asterisk (*) can be edited.

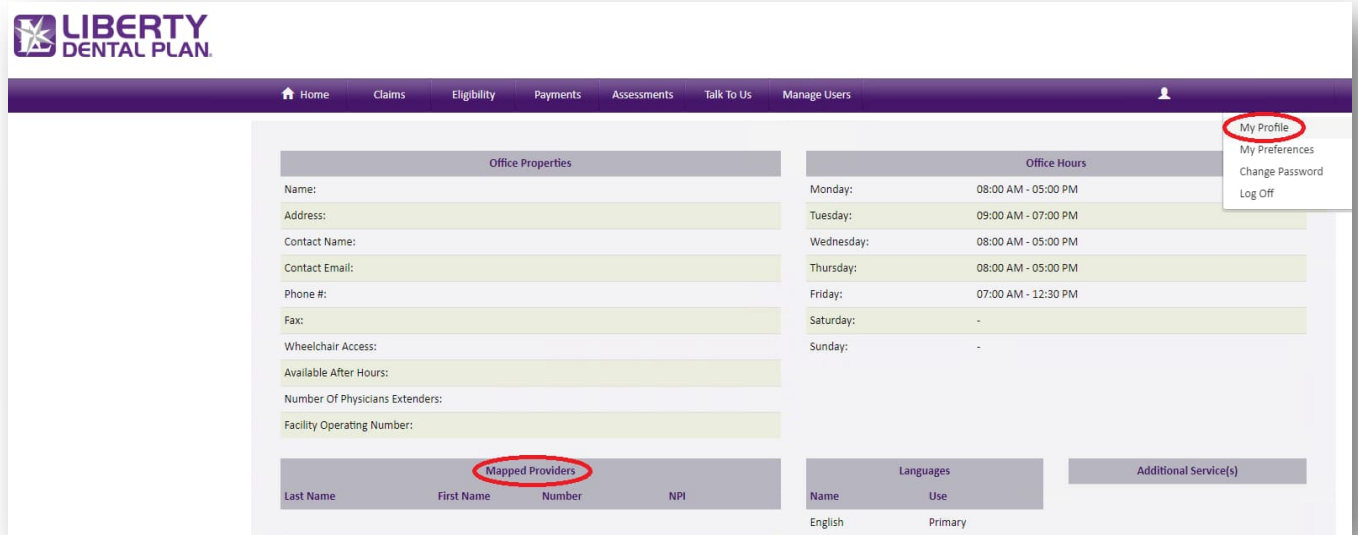
4. Click Update User



The screenshot shows the 'Edit User Details' form with fields for User Name, First Name, Last Name, and Email Address. The 'Update User' button is circled in red.

MY PROFILE

You can view your office’s current business information by clicking on the My Profile on the top right side of the screen. This information can only be updated by contacting your Provider Relations Network Manager.



MAPPED PROVIDERS

You can view a list of all the providers linked to your office in our system on the Mapped Providers section of the screen. Please contact your Provider Relations Network Manager to add, terminate or request the status of a provider.

NEW FEATURE
Providers with an “Active Contract” within the office will display. If a provider has termed, the provider will display for 6 months and then drop from the Mapped Providers screen.

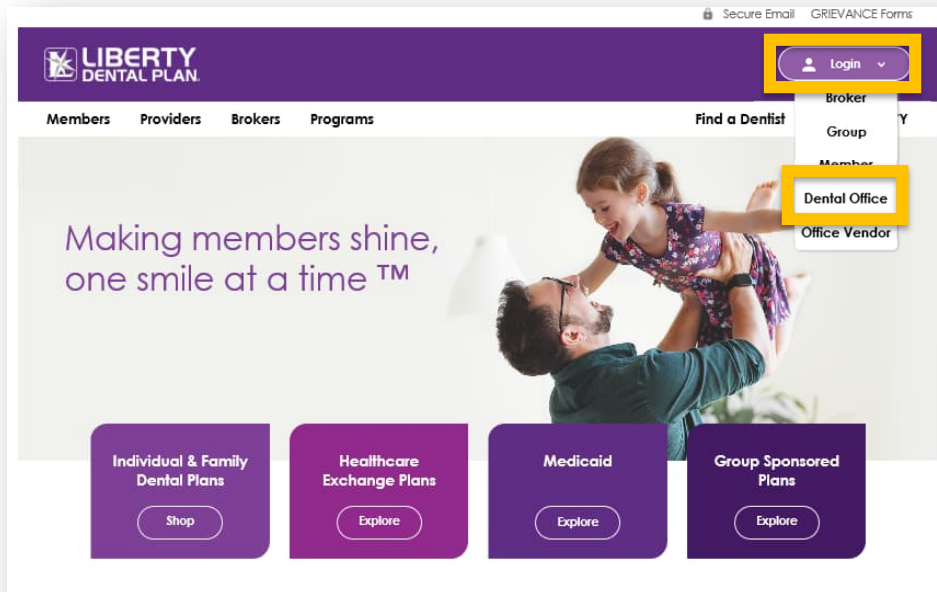
ACCESSING YOUR USER ACCOUNT

LOG IN

Users must access their individual accounts with the email address, username, and personal password they created their account with. This may be separate and outside of their master primary web account's email, username, and password.

Please visit www.libertydentalplan.com.

1. Click on LOGIN



On the next screen:

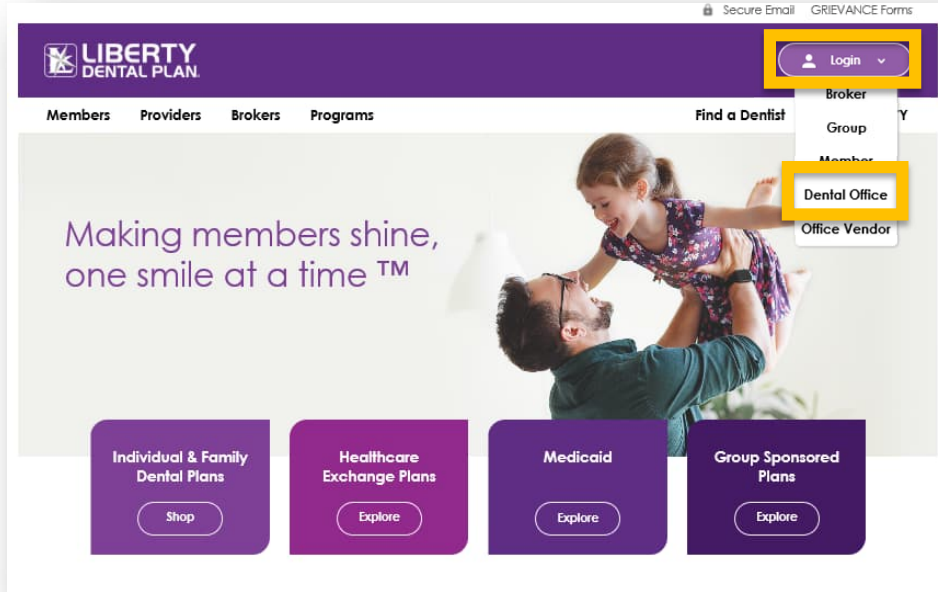
1. Type in Username and Password
2. Check I'm not a robot box to open the reCAPTCHA window
3. Follow the instructions and select the appropriate images in the reCAPTCHA window
4. Click Verify in the reCAPTCHA window
5. Ensure you see a green check mark next to I'm not a robot
6. Click Sign In



PASSWORD RESET

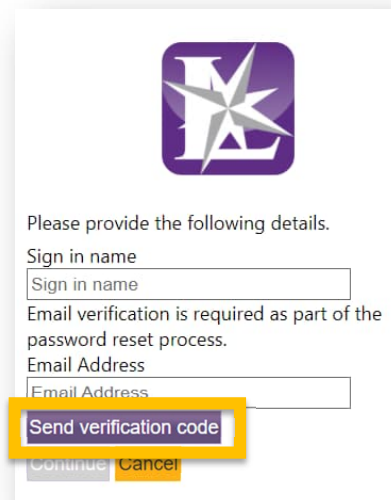
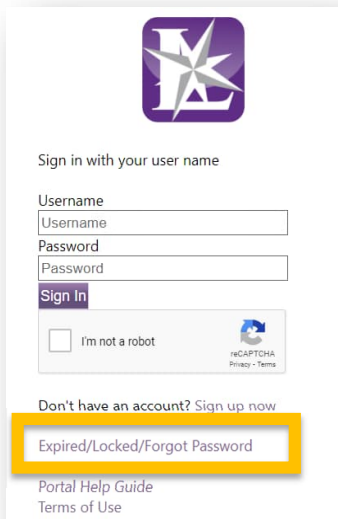
Please visit www.libertydentalplan.com.

1. Click on LOGIN



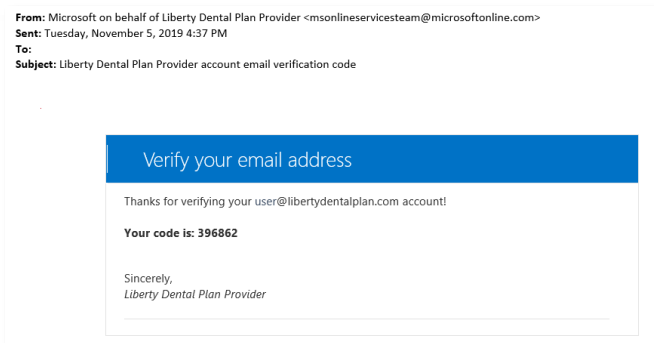
On the next screen:

2. Click Expired/Locked/Forgot Password
3. Type Username and Email Address associated to user account and click Send verification code

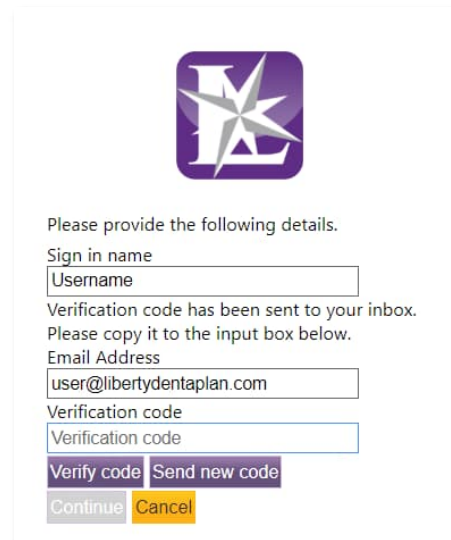


Password Reset *continued*

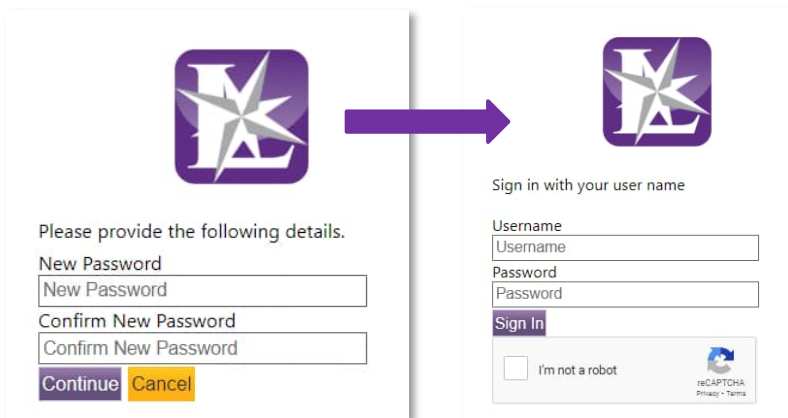
- The following message will appear on your screen directing you to your email address to reset your account.



- Enter the code from the email in the Verification code
- Click Continue



On the next screen:



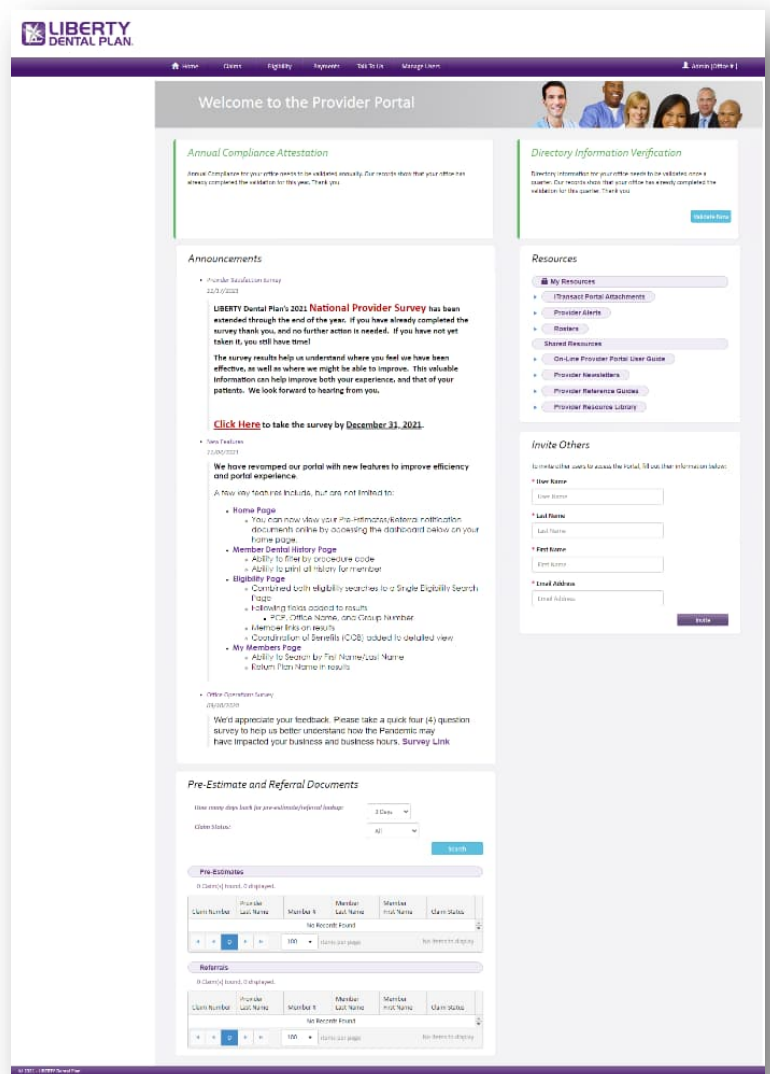
Note: Passwords must be a minimum of 8 characters in length and contain at least 3 of the following: 1 uppercase letter, 1 lower case letter, 1 number and 1 special character. (!@#\$\$%&*)

- Type in New Password and Confirm Password
- Click Continue
- Type in Username and Password
- Check I'm not a robot box to open the reCAPTCHA window
- Follow the instructions and select the appropriate images in the reCAPTCHA window
- Click Verify in the reCAPTCHA window
- Ensure you see a green check mark next to I'm not a robot
- Click Sign In

HOME PAGE FEATURES

On the Provider Portal landing page, you have quick access to the following features:

- Navigation buttons: located horizontally on the top of page. Hover over each selection to view options
- Annual Compliance Attestation: immediately access links to attest or take needed training courses
- Directory Information Verification: validate your office’s directory information quarterly
- Announcements: view global LIBERTY announcements
- Resources: new categories for ease of access
 - My Resources: Fee Schedules, Contracts, Documents, Communications
 - Shared Resources: Guides, Documents, reference materials
- Pre-Estimate and Referral Documents: notification of UM documents fulfilled
- Invite Others: administrator access to setup new user(s)

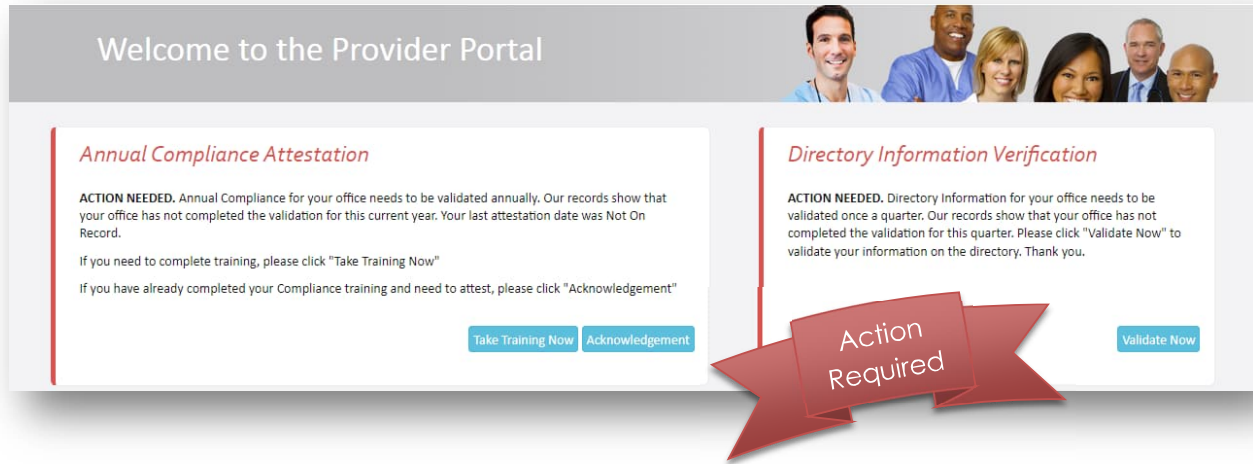


DIRECTORY INFORMATION VERIFICATION (DIV) AND ANNUAL COMPLIANCE ATTESTATION

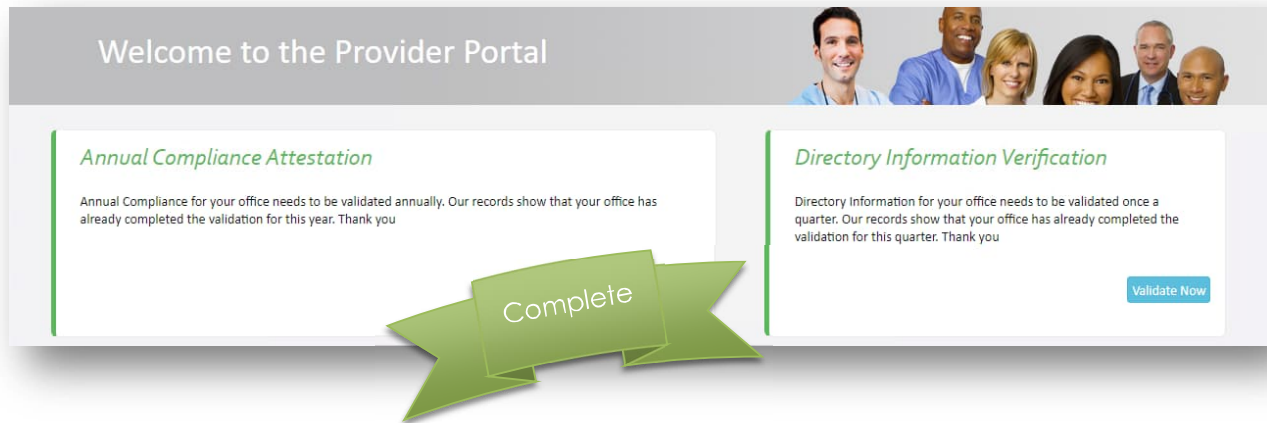
Self-service online tools to validate your office's directory information or acknowledge and attest your annual compliance training has been added to the home page. Offices no longer need to log in separately or look for your access code. Clicking the links will take the user directly to where they need to go and complete the needed action.

NEW FEATURE

When it is time for your office to take action, reminders at the top of the landing page will turn red and links will become available to directly access the needed webpage(s).

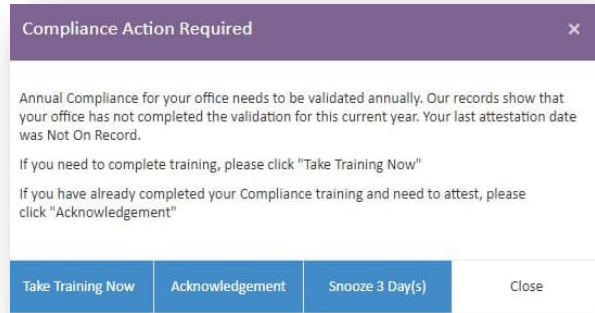
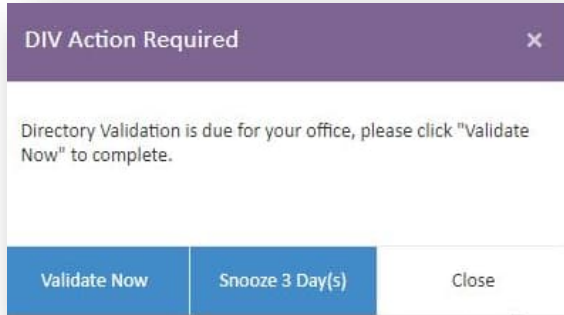


Once the Compliance Attestation or Directory Information action needed has been resolved, the red bar on the left of the reminder will change to green and action buttons will be removed from the Annual Compliance Attestation.



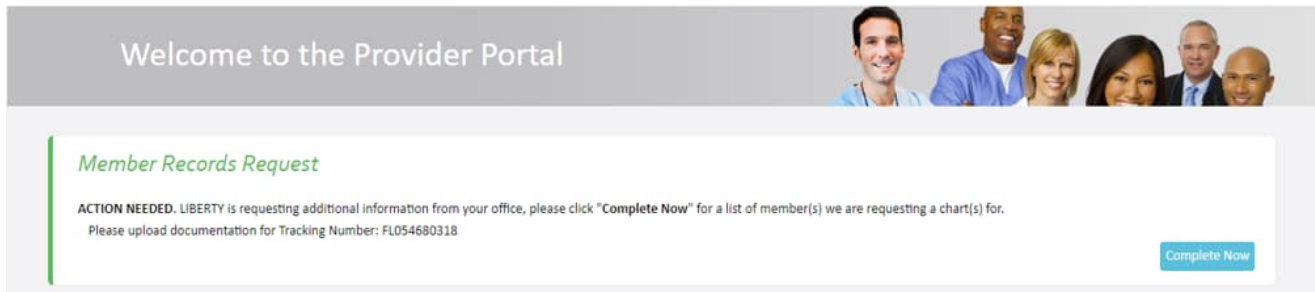
DIV and Annual Compliance Attestation *continued*

The following pop-up reminder(s) will appear if an office needs to complete their DIV or Annual Compliance Attestation. The user can take action, snooze for 3 days, or close the pop-up.

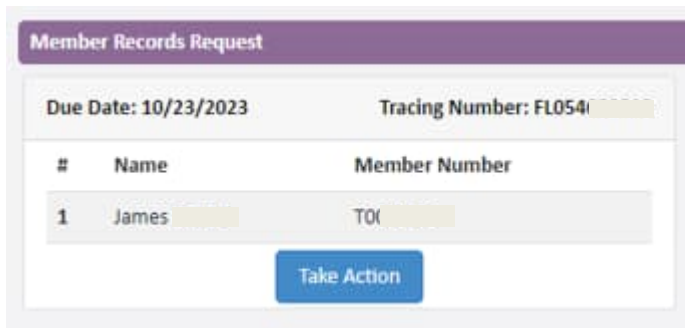


MEMBERS RECORD REQUEST

Occasionally requests for member records will be made. A notification banner located at the top of the screen alerts of the need to take action. Click on the Complete Now button.



The member's name and identification number will appear on the next screen with a Take Action button. Clicking will open a field for uploading the requested member records. Submit Records will securely and confidentially send the documents to LIBERTY.



Member Records Request - Due Date: 10/23/2023

Total File size allowed is 25MB. Individual File size allowed is 8 MB.

* Please Note - Only alphanumeric file names are allowed. No special characters permitted.

#	Name	Member Number	Files
1	James	TOI	Select files...

Submit Records Cancel

PRE-ESTIMATE AND REFERRAL DOCUMENTS

Providers have ease-of-access to their fulfillment documents for pre-estimates and referrals via the home page. Users can select look back of 3, 7, 30 days along with claims status.

Pre-Estimate and Referral Documents

How many days back for pre-estimate/referral lookup: 3 Days

Claim Status: All

Search

Pre-Estimates

0 Claim(s) found, 0 displayed.

Claim Number	Provider Last Name	Member #	Member Last Name	Member First Name	Claim Status
No Records Found					

5 items per page No items to display

Referrals

0 Claim(s) found, 0 displayed.

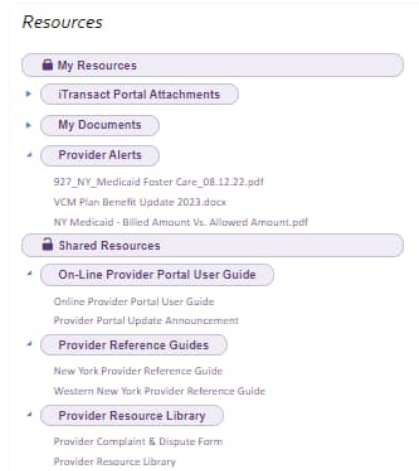
Claim Number	Provider Last Name	Member #	Member Last Name	Member First Name	Claim Status
No Records Found					

5 items per page No items to display

MY RESOURCES

Unique documents specific to your office are located here.

1. Click HOME on the top fo the screen to view available documents.
 - a. iTransact Portal Attachments – *Fee Schedules, Contracts, and other LIBERTY proprietary documents
 - b. My Documents – Office proprietary documents
 - c. Provider Alerts – Important LIBERTY communications and updates
 - d. Rosters – Assigned membership rosters appear if applicable



***FEE SCHEDULES** – Fee schedules have unusual naming conventions. When searching iTransact Portal Attachments search using any of the following Network Types, Key Words, Specialty Codes, or Plan Names (listed below):

- Network Types (EPO, EOP, PPO, DHMO, CAP, Medicaid, Medicare, or Exchange)
- Key Words (Fee, Exception, Group Name, etc.)
- Specialty Code (Endo, Hygienist, Oral, Ortho, Pedo, or Perio)
- Plan Name, (GMC, PHP, MGM, SMMC, Healthy Kids, etc.)

SHARED RESOURCES

Forms and Provider Reference Guides

Forms and Provider Reference Guides can be downloaded from the Provider Portal/LIBERTY website.

1. Click on the **Shared Resources** section of the screen to view and download thefollowing:
 - a. Provider Reference Guides
 - b. Preventative and Periodontal Guidelines
 - c. Provider Newsletters
 - d. Online Provider Portal User Guide
2. Click on **Resource Library – Forms and other tools** which will launch a new webbrowser. Click on the link provided at the bottom of the web page to launch the **Provider Resource Library**.

PROVIDER RESOURCE LIBRARY

Reference guides, forms, and various tools may be found in this section.

1. Select the state from the Please select your state drop-down menu
2. Click Continue
3. Click on the form(s) needed to view and/or print

MEMBER ELIGIBILITY AND BENEFITS

CHECK MEMBER ELIGIBILITY

Access the Eligibility tab at the top of the screen. Click on Eligibility



Enter Partial Last Name, Partial First Name and DOB, or Member # (with or without the suffix, -01)

We recommend using Last Name, First Name and DOB for best results.

Up to 10 additional rows may be added for multiple members.

Click Search

Information provided below will be cross-checked with member eligibility records for all programs.
 You can search by **Member Number** or a combination of **Last Name, First Name and Date of Birth**.
 Service Date is always required.

Eligibility Verification Search						
	Line	Member Number	Member Last Name	Member First Name	Member Date of Birth	Date of Service
<input type="button" value="X Remove"/>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yyyy <input type="button" value="📅"/>	12/03/2021 <input type="button" value="📅"/>
<input type="button" value="X Remove"/>	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yyyy <input type="button" value="📅"/>	12/03/2021 <input type="button" value="📅"/>
<input type="button" value="X Remove"/>	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yyyy <input type="button" value="📅"/>	12/03/2021 <input type="button" value="📅"/>
<input type="button" value="X Remove"/>	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yyyy <input type="button" value="📅"/>	12/03/2021 <input type="button" value="📅"/>
<input type="button" value="X Remove"/>	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yyyy <input type="button" value="📅"/>	12/03/2021 <input type="button" value="📅"/>
<input type="button" value="X Remove"/>	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yyyy <input type="button" value="📅"/>	12/03/2021 <input type="button" value="📅"/>

Number of Search Row(s)

Check Member Eligibility *continued*

To check a member’s eligibility status, click on [Check Eligibility](#)

Note: This enables your office to verify what plan the Member is linked to and what the contract the provider is linked to

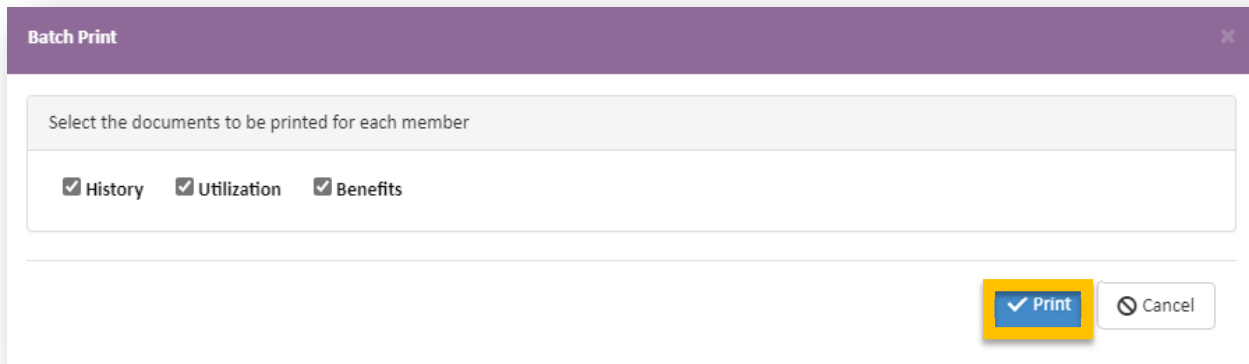
To view a member’s benefit utilization, click on [Utilization](#)

To view a member’s history, click on [History](#)

Note: The history page will display all history LIBERTY has on file for the selected member

To view a Summary of Benefits, click on [Benefits](#)

To file a claim, click on [Add Claim](#) To print, select one or more members, or click on [Select All](#) Select or deselect the documents to be printed, click on [Print](#)



CHECK PROVIDER ELGIBILITY

To check a provider’s eligibility status, click on [Check Provider Eligibility](#). This enables your office to verify what contract the provider is linked to for that unique member.



Select the provider from the drop-down menu and click on Check Eligibility. The member’s plan name and Coordination of Benefit’s (COB) precedence’s are listed.

Test Member	
Member Number	
Date of Birth	06/
PCP	
PCP Office	
Effective Date	01/01/2021
Expiration Date	12/31/9999
Status	Eligible
Group/Plan Name	Basic PPO B
Other Health Coverage?	Yes
COB Precedence	Primary
Payer Name	Anthem IN - PPO B
Effective Date	01/01/2021
Expiration Date	12/31/9999
COB Precedence	Secondary
Payer Name	Anthem IN - OSB3
Effective Date	01/01/2021
Expiration Date	12/31/9999

Note
If provider is not contracted for member’s plan, a red banner will display

To print, select one or more members, or click on Select All.

Select/Deselect the documents to be printed, then click Print.

Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status	
1	04/03/2024	615	BA 07/2	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	<input type="checkbox"/> Select All <ul style="list-style-type: none"> Utilization History Benefits Add Claim Assessment Demographics

Page 1 of 1

Modify Search New Search Print All

CHECK MEMBER UTILIZATION

To check a member’s benefit utilization, select Utilization from the member’s profile.

Eligibility Verification Search

Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status	Select All
Q	04/03/2024	619...01	BA... N 07/...	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	<input type="checkbox"/> <ul style="list-style-type: none"> Utilization History Benefits Add Claim Assessment Demographics

Page 1 of 1 1 - 1 of 1 items

Modify Search New Search Print All

LIBERTY recommends that the user refer to the Next Available Date and Units Available when determining member’s utilizations.

Member Utilization View Benefits Add Claim

Member #:	92892445A-01		Last Name:	Member		First Name:			Test	
Service Type	Service Description	Units Available	Next Available Date	Units Used	Unit Value	Unit Type	Period Start Date	Period End Date...		
Removal of Torus Palatinus	1 Removal of Torus Palatinus per lifetime	1.00	12/3/2021	0.00	1.00	Units	1/1/1900	12/31/9999		
Immediate Denture, Maxillary	1 Immediate Maxillary Partial Denture in a lifetime	1.00	12/3/2021	0.00	1.00	Units	1/1/1900	12/31/9999		
Immediate Denture, Mandibular	1 Immediate Mandibular Partial Denture in a lifetime	1.00	12/3/2021	0.00	1.00	Units	1/1/1900	12/31/9999		
Periodontal Maintenance (cleaning) Limitation	1 Periodontal Maintenance every Calendar Quarter	1.00	12/3/2021	0.00	1.00	Units	10/1/2021	12/31/2021		
Prophylaxis (routine cleaning) Limitation	1 Prophylaxis or Scaling w/ Inflammation every 12 months	1.00	12/3/2021	0.00	1.00	Units	12/4/2020	12/3/2021		
Fluoride Treatments	1 Fluoride Treatment per 12 months	N/A*	1/4/2022	1.00	1.00	Units	12/4/2020	12/3/2021		

CHECK MEMBER HISTORY

To check a member’s treatment history, select History for the member’s profile.

Eligibility Verification Search

Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status	Select All
Q	04/03/2024	61...01	BA... N 07/...	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	<input type="checkbox"/> <ul style="list-style-type: none"> Utilization History Benefits Add Claim Assessment Demographics

Page 1 of 1 1 - 1 of 1 items

Modify Search New Search Print All

A member's history can be filtered by procedure code and may be exported to a PDF by clicking on Export to PDF

Member						
Member #:	92892445A-01	Last Name:	Member	First Name:	Test	Export to PDF
Procedure Code	Procedure Name	Tooth	Surface	Procedure Date	Claim Number	Claim Status
D1999	Unspecified preventive procedure, by report			08/16/2021	0033340139	Claim Paying
D1999	Unspecified preventive procedure, by report			08/16/2021	0033165638	Claim Paying
D4910	Periodontal maintenance			08/16/2021	0033165638	Claim Paying
D4910	Periodontal maintenance			08/16/2021	0033340139	Claim Paying
D1999	Unspecified preventive procedure, by report			05/05/2021	0031643110	Claim Paying
D4910	Periodontal maintenance			05/05/2021	0031643110	Claim Paying
D1999	Unspecified preventive procedure, by report			05/05/2021	0031861235	Claim Paying
D4910	Periodontal maintenance			05/05/2021	0031861235	Claim Paying
D1206	Topical application of fluoride varnish			01/04/2021	0030013190	Claim Paying
D1999	Unspecified preventive procedure, by report			01/04/2021	0030013190	Claim Paying

1 - 10 of 119 items

CHECK MEMBER BENEFITS

To check a member's list of benefits, plan limitations, and exclusions, click on Benefits under the member's profile.

Eligibility Verification Search							
Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status	Select All
Q	04/03/2024	615	BA 07/	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	<ul style="list-style-type: none"> Utilization History Benefits Add Claim Assessment Demographics

Page 1 of 1

[Modify Search](#) [New Search](#) [Print All](#)

A member's benefit plan may be viewed and exported to a pdf by clicking on Export to pdf.

Nevada Medicaid - Adult Schedule of Benefits Coverage, Limitations and Prior Authorization Requirements			
Code	Description	Adult Population - Limitations	Pregnancy Population - Limitations
Diagnostic Services			
D0020	Periodic oral evaluation	Not Covered as of 1/1/2023	1 (D0020) every 6 months*
D0040	Limited oral evaluation	2 (D0140) every 6 months*, considered inclusive and is not payable on the same date of service as preventive services	2 (D0140) every 6 months*, considered inclusive and is not payable on the same date of service as preventive services
D0050	Comprehensive oral evaluation	1 (D0150) every 12 months (VA) effective 1/1/2023, 1 (D0150) every 36 months, covered for members with removable prosthodontics or to diagnose the need for removable prosthodontics	1 (D0150) every 12 months*
D0060	Oral evaluation, problem focused	1 of (D0160, D0170) every 6 months*	1 of (D0160, D0170) every 6 months*
D0070	Re-evaluation, limited, problem focused	1 of (D0190, D0191) every 6 months	1 of (D0190, D0191) every 6 months
D0080	Screening of a patient	1 of (D0090, D0091) every 6 months	1 of (D0090, D0091) every 6 months
D0090	Assessment of a patient	1 of (D0090, D0091) every 6 months	1 of (D0090, D0091) every 6 months
D0020	Intraoral, complete series of radiographic images	1 of (D0020, D0070) every 12 months. D0020 may not be billed on the same date of service as D0020. 4 additional of (D0020, D0030) every 12 months - (VAF)	1 of (D0020, D0070) every 12 months. D0020 may not be billed on the same date of service as D0020. 4 additional of (D0020, D0030) every 12 months - (VAF)
D0030	Intraoral, periapical, first radiographic image	12 (D0030) every 12 months. D0030 may not be billed on the same date of service as D0020. No more than 13 units of any combination of D0020 and/or D0030 may be billed within 12 months. 4 additional of (D0020, D0030) every 12 months - (VAF)	12 (D0030) every 12 months. D0030 may not be billed on the same date of service as D0020. No more than 13 units of any combination of D0020 and/or D0030 may be billed within 12 months. 4 additional of (D0020, D0030) every 12 months - (VAF)
D0040	Intraoral, occlusal radiographic image	2 (D0040) every 12 months	2 (D0040) every 12 months
D0070	Bitewing, single radiographic images	1 of (D0070, D0077, D0078) every 6 months	1 of (D0070, D0077, D0078) every 6 months
D0072	Bitewings, two radiographic images	1 additional (D0074) every 12 months - (VAF)	1 additional (D0074) every 12 months - (VAF)
D0073	Bitewings, three radiographic images		
D0074	Bitewings, four radiographic images		
D0077	Vertical bitewings, 2 to 8 radiographic images		
D0022	Tomographic survey	1 (D0022) every 6 months	1 (D0022) every 6 months
D0030	Panoramic radiographic image	1 of (D0030, D0070) every 36 months	1 of (D0030, D0070) every 36 months
		1 (D0030) every 36 months. This procedure is only payable when submitted with	1 (D0030) every 36 months. This procedure is only payable when submitted with

ADD CLAIM

Claims for the member may be submitted by clicking on Add Claim while in the member's profile. You will be redirected to the Add a Claim page where pre-authorizations, referrals, or claims for that member may be submitted.

Eligibility Verification Search							
Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status	Select All
Q	04/03/2024	619 [redacted]	BA [redacted] 07 [redacted]	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	<input type="checkbox"/> Select All <ul style="list-style-type: none"> Utilization History Benefits Add Claim Assessment Demographics

Page 1 of 1

Modify Search New Search Print All

THE FOLLOWING STATEMENT IS APPLICABLE TO APPEALS ONLY, AND NOT FOR INITIAL CLAIM OR PRE-ESTIMATE SUBMISSIONS:
 Expedited/Emergency services are available if the member is experiencing pain, swelling, bleeding, infection or other life threatening conditions that could jeopardize life, limb or bodily function. The plan does not consider denture fabrication or periodontal services as expedited/emergency services. In the event that a member is experiencing a dental emergency and you are submitting an expedited appeal on their behalf, please contact the Quality Management Department at 1-888-703-6999 ext. 5383.

REMINDER: If you bill less than your contracted amount for service, you will be paid the billed amount.

IF YOU HAVE NOT RECEIVED A DENIAL, you may use the form below to submit your claim(s) or pre-estimate to LIBERTY:

[Switch to Referral Claim](#)
 [Switch to Pre-Estimate Claim](#)

Dental Claim

Last claim:

Last claim submitted: Claim # 0 [redacted] [View EOP](#)

Provider:

Select a Provider ***Only Active providers are shown

Vendor:

Please select a provider first

Patient: [Change](#)

Member #: 6192 [redacted] Policy #: 565 [redacted] Last Name: AJ [redacted] First Name: BJ [redacted] DOB: 07/ [redacted]

Group: NVMC Expansions Adult Female 35+ Eff. Date: 05/23/2019 Exp. Date: 12/31/9999

In-office Details:

Patient Acct # Referral #: Authorization #:

Billed Currency:

Special Programs:

EPSDT By checking EPSDT, please ensure that proper documentation is submitted. Please include a narrative and/or other evidence that supports your selection of EPSDT Services.

MEMBER ASSESSMENT

If the office participates in a Value Based Program, Caries Risk Assessment documents may be uploaded by clicking on Assessment in the member's profile.

Eligibility Verification Search								
Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status		Select All
Q	04/03/2024	619-1	BA 07/27/1966	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	<ul style="list-style-type: none"> Utilization History Benefits Add Claim Assessment Demographics 	<input type="checkbox"/>

Page 1 of 1

1 - 1 of 1 items

Modify Search New Search Print All

Submit New Form

Complete the information below and click **Continue** to begin a Risk Assessment or Form.
Value Based Providers will have their Claim auto-submitted upon completion of the Assessment.

Assessment Information

1) Select Provider and Vendor for this assessment:

Providers (only active shown) Vendor

2) Select the date of assessment:

Member

3) Enter the Member # or Lastname, Firstname and Birthdate to search for the Member:

Member # or Last Name First Name mm/dd/yyyy

4) Select the active Member record with the applicable coverage date range for this Assessment:

	Member #	Last Name	First Name	DOB	Plan Name	Group Name	Effective Date	Expiration Date
Select	61-1	AA	B	07/27/1966	NV Medicaid - Adult	NVMC Expansions Adult Female 35+	5/23/2019	12/31/9999

MEMBER DEMOGRAPHICS

A member's address may easily be accessed by selecting Demographics from the member's profile.

Eligibility Verification Search								
Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status		Select All
Q	04/03/2024	619 [redacted] 1	BA [redacted] 07/27/1966	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	<ul style="list-style-type: none"> • Utilization • History • Benefits • Add Claim • Assessment • Demographics 	<input type="checkbox"/>

Page 1 of 1

Modify Search New Search Print All

Member Demographics - Dental, James (T0002-01) ✕

Member Information

Address	1234 Main Street
City	SYRACUSE
State	NY
ZIP	13207

Close

MEMBER ROSTERS

CAPITATION PLANS/DENTAL HOME ASSIGNMENT

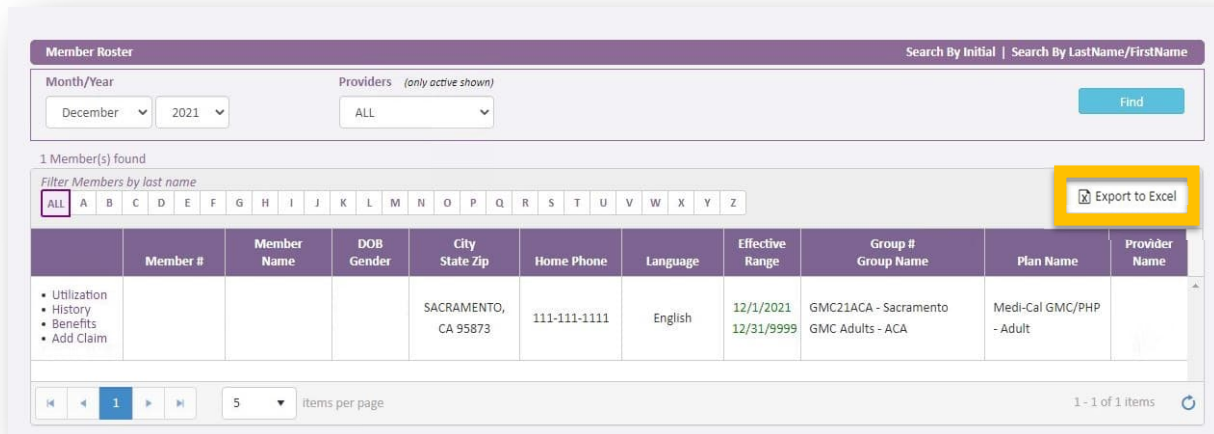
Offices that participate in a capitation program or with a program that requires Dental Home assignment may view their rosters by clicking on Eligibility located on top of the screen, then select My Members. The My Members screen allows the user to view all members assigned to the office.



To sort membership assigned to an office by month, use the drop-down menus to select Month/Year and select All. Click Find.

To sort membership assigned to a specific provider, go to Providers and use the drop-down menu to select individual provider. Click Find.

To search for specific member search by last name/first name.



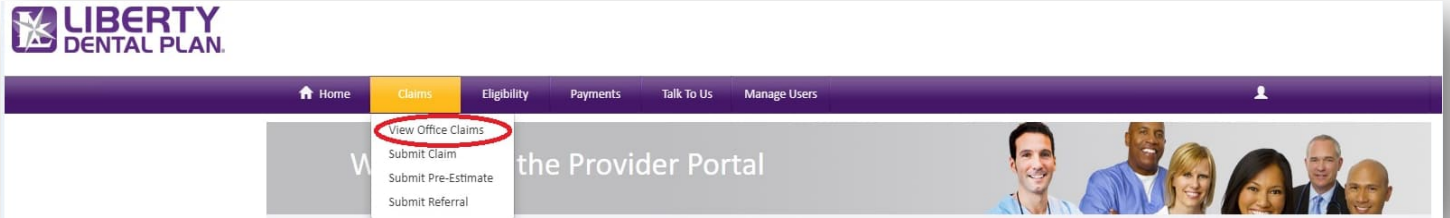
A roster may be exported to a spreadsheet via the Export to Excel feature. Within the Member Roster, LIBERTY has added Home Phone and Language.

Note
Home Phone will display if the Member's plan is a Medicaid plan and/or if LIBERTY has a Home Phone on file for the Member.

SUBMIT A CLAIM OR A PRE-ESTIMATE

VIEW OFFICE CLAIMS

To view claims for an office, select View Office Claims from the Claims tab at the top of the screen



Complete the data fields in the various search boxes then click, Search

- a. Claim Type – choose Claims, Pre-Estimate, or Referral
- b. Claim Status – choose from All claims, Claims completed, Claims Denied, or Pending Claims
- c. Date Criteria – enter Date Received or Service Date
- d. Date Range – enter the range of dates to be searched
- e. Member – enter the member’s Last name or member number
- f. Provider – select the name of the treating provider

Search By Date
Search by Claim Number

Claim Type:

Date Criteria:

Member:

Provider:

Claim Status:

Date From:

Date To:

0 Claim(s) found, 0 displayed.

Claim Number	View EOP	Provider Las...	Provider #	Member #	Member Las...	Member Fir...	Patient Acct #	Ext. CLM #	Claim Status	Service Date...	Service Date...	Bi
No Records Found												

5 items per page

No items to display

CLAIM STATUS	EXPLANATIONS
Completed	Claim is complete and one or more items have been approved
Denied	Claim is complete and all items have been denied
Pending	Claim is not complete.Claim is being reviewed and may not reflect the benefit determination

SUBMIT A CLAIM, PRE-ESTIMATE OR REFERRAL

Click on Claims located on top of the screen

1. Click on Submit Dental Claim or Submit Pre-Estimate
2. **Last Claim:** View last claim submitted for a treating provider
3. **Provider:** Choose treating provider from Select a Provider drop-down menu (only Active providers are shown).
4. **Vendor:** Choose office/location from Vendor drop-down menu for (Dental Claim) or (Pre-Estimate Claim) submission (only Active vendors are shown)
5. **Patient:** Input patient information i.e. Partial Last Name, Partial First Name and DOB or Member # (with or without the suffix, -01) (*We recommend using Last Name, First Name and DOB for best results*)
6. **In-Office Details:** Enter the data if available to include Patient Account #, Referral #, and Authorization #
7. **Diagnosis Codes:** Add appropriate Diagnosis codes and Diagnosis Pointers (Diagnosis Pointers must be letters A-D)

The screenshot shows the 'Submit Claim' form in the Liberty Dental Plan portal. At the top, there are navigation tabs: Home, Claims (highlighted), Eligibility, Payments, Talk To Us, Manage Users, and Un-impersonate. A dropdown menu is open under 'Claims', showing options: View Office Claims, Submit Claim (circled in red), Submit Pre-Estimate, and Submit Referral. Below this, there is a disclaimer: 'THE FOLLOWING INFORMATION IS FOR INFORMATIONAL PURPOSES ONLY, AND NOT FOR INITIAL CLAIM OR PRE-ESTIMATE SUBMISSIONS: Expedited/Emergency services are available if the member is experiencing pain, swelling, infection, or periodontal services as expedited/emergency services. In the event that a member is experiencing a dental emergency and you are submitting an appeal on their behalf, please contact the Quality Management Department at 1-888-703-6999 ext. 5383. IF YOU HAVE NOT RECEIVED A DENIAL, you may use the form below to submit your claim(s) or pre-estimate to LIBERTY:'. There are two buttons: 'Switch to Referral Claim' and 'Switch to Pre-Estimate Claim'. The form is divided into several sections: 'Dental Claim' with a 'Last claim:' section showing 'Last claim submitted: Claim # 0025458475 View EOP'; 'Provider:' with a 'Select a Provider' dropdown (note: '***Only Active providers are shown'); 'Vendor:' with a 'Please select a provider first' dropdown; 'Patient: (Please select a Patient)' with fields for Member #, DOB (mm/dd/yyyy), Last Name, and First Name, and a 'Find' button; 'In-office Details:' with fields for Patient Acct #, Referral #, and Authorization #; 'Diagnosis Codes' with fields A, B, C, and D; 'Apply default values to lines' with 'Service Date From' (12/17/2019) and 'POS' (11-Office) dropdown, and 'Apply' and 'Clear' buttons. Below this is a table with columns: Line, Service Date From, Procedure Code, Diag Ptr, Tooth, Quadrant, Surface, POS, Units, Amount, and Additional Information. The table contains five rows, each with an 'X Remove' button in the first column. A green arrow points to the '+ Add Service Lines' button below the table. At the bottom, there is a 'Total Charge' of \$0.00. The form ends with 'Additional Information' and two 'I AGREE' checkboxes, one for the patient/authorized person and one for the insured/authorized person. A red circle highlights the 'Submit Claim' button at the bottom right.

Submit up to 30 service lines at a time by completing the fields in each row. To add additional lines, click Add service line(s).

SUBMIT A REFERRAL

1. Click on Submit Referral from the drop-down menu
 - a. Select the Provider referring the patient from the drop-down menu
 - b. For emergency referrals, check the Emergency Referral box
 - c. Select the appropriate option from the Specialty Category drop-down menu (Defaulted to Specialist)
 - d. Select the appropriate option from the Specialty Subcategory drop-down menu
 - e. Input patient information i.e. Partial Last Name, Partial First Name and DOB or Member # (with or without the suffix, -01)
(We recommend using Partial Last Name, Partial First Name and DOB for best results)
 - f. Submit up to 30 service lines at a time by completing the fields in each row. To add additional lines, click Add service line(s).

THE FOLLOWING STATEMENT IS APPLICABLE TO APPEALS ONLY, AND NOT FOR INITIAL CLAIM OR PRE-ESTIMATE SUBMISSIONS:

Expedited/Emergency services are available if the member is experiencing pain, swelling, bleeding, infection or other-life threatening conditions that could jeopardize life, limb or bodily function. The plan does not consider denture fabrication or periodontal services as expedited/emergency services. In the event that a member is experiencing a dental emergency and you are submitting an expedited appeal on their behalf, please contact the Quality Management Department at 1-888-703-6999 ext. 5383.

IF YOU HAVE NOT RECEIVED A DENIAL, you may use the form below to submit your claim(s) or pre-estimate to LIBERTY:

Referral

Last claim:

Last claim submitted: Claim # 0025108934 [View EOP](#)

Provider:

***Only Active providers are shown

Emergency Referral

Specialty Category:

Specialty Subcategory:

- Orthodontics
- Periodontics
- Oral Surgery
- Endodontics
- Pediatric Dentistry

Patient: (Please select a Patient)

Member #: DOB:

Last Name: First Name:

In-office Details:

Patient Acct #: Referral #: Authorization #:

Billed Currency:

Diagnosis Codes

A. B. C. D.

Apply default values to lines

POS:

	Line	Procedure Code	Diag Ptr	Tooth	Quadrant	Surface	POS	Units	Additional Information
<input type="button" value="X Remove"/>	1						11-Office	1	
<input type="button" value="X Remove"/>	2						11-Office	1	

INITIAL SUBMISSION WITH ADDITIONAL INFORMATION

When **initially** submitting documentation for the processing of a claim, pre-estimate, or a referral, additional documentation may be included. To attach chart notes, x-rays, or other important information, do the following.

1. Check the Additional Information box towards the bottom of the Submit a Claims screen.
 - a. Enter any comments in the Remarks box.
 - b. **Add File** – this feature can be used to attach digital x-rays or other information pertaining to the claim.
2. Check both I Agree boxes.
3. Click Submit Claim.

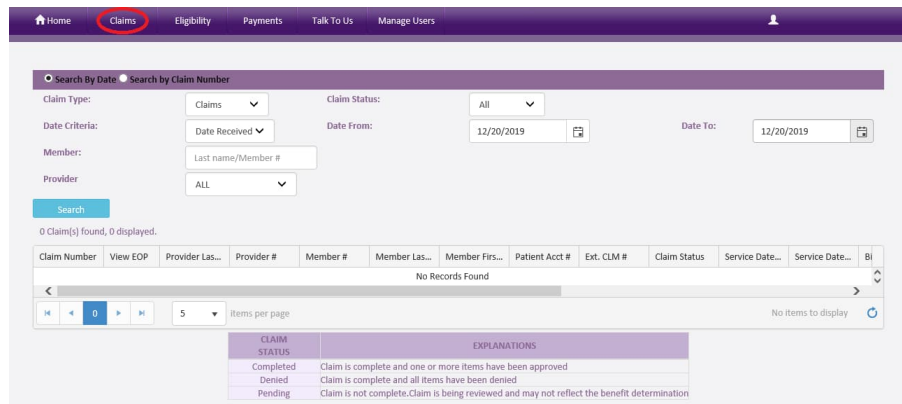
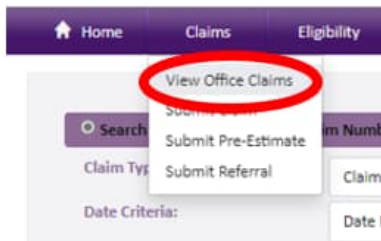
Note
There is an 8MB limit per attachment and up to 25MB in total. Multiple Attachments can be uploaded at once.



RESUBMIT/CORRECT A PREVIOUSLY SUBMITTED CLAIM, PRE-ESTIMATE OR REFERRAL

When a claim, pre-estimate, or referral that has previously been submitted requires additional documentation to complete the adjudication process, attach those documents as follows.

1. To resubmit/correct a claim, pre-estimate, or referral, click on **View Office Claims**
2. Click on **Search by Date** or **Search by Claim Number** radio buttons to find the claim, pre-estimate or referral that needs to be resubmitted/corrected
3. Once the claim is found, click on the number under the Claim # column of the claim that needs to be resubmitted/corrected



4. After the Explanation of Payment is displayed, click on **Resubmit Claim**
5. When **Resubmit Claim** is selected, the information from the claim, pre-estimate, or referral will populate on the Submit Claim screen

6. Check the **Additional Information** box towards the bottom of the **Submit Claims** screen
 - Enter any comments in the **Remarks** box
 - **Add File** – this feature can be used to attach digital x-rays or other information pertaining to the claim.
7. Check both **I Agree** boxes
8. Click **Submit Claim**

Search By Date Search By Claim Number

Claim Type: Claim Status:

Date Criteria: Date From: Date To:

Member:

Provider:

59 Claim(s) found, 59 displayed.

Claim Number	View EOP	Provider Las...	Provider #	Member #	Member Las...	Member Firs...	Patient Acct #	Ext. CLM #	Claim Status	Service Date...	Service Date...	Bi
002	View								Completed	11/13/2019	11/13/2019	U
00:	View								Completed	11/13/2019	11/13/2019	U
00:	View								Completed	11/13/2019	11/13/2019	U
00:	View								Completed	11/14/2019	11/14/2019	U
00:	View								Completed	11/14/2019	11/14/2019	U

1 - 5 of 59 items

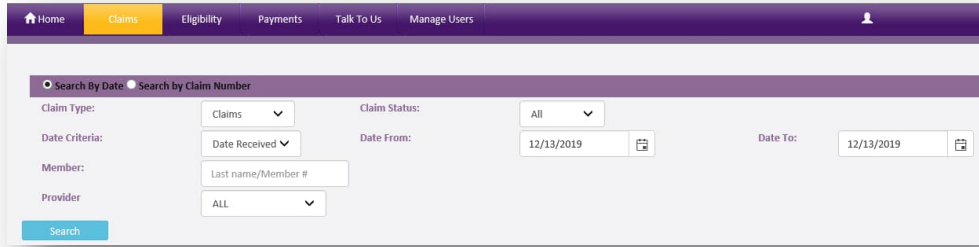
CLAIM STATUS	EXPLANATIONS
Completed	Claim is complete and one or more items have been approved
Denied	Claim is complete and all items have been denied
Pending	Claim is not complete.Claim is being reviewed and may not reflect the benefit determination

Note
 There is an 8MB limit per attachment and up to 25MB in total.
 Multiple Attachments can be uploaded at once.

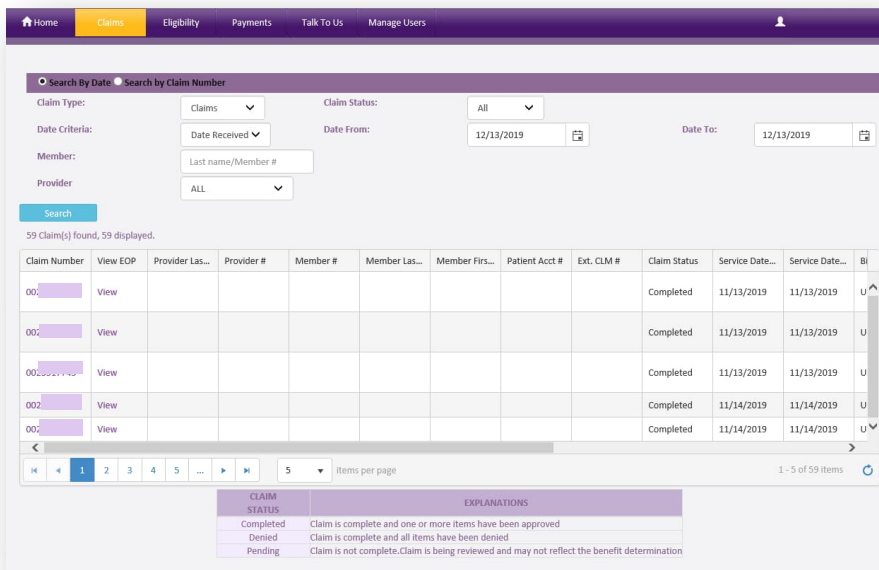
CHECK THE STATUS OF A CLAIM, PRE-ESTIMATE OR REFERRAL

1. To view a Claim, Pre-Estimate or Referral associated with your office, click on **Claims** on the top of the screen
2. Click on **Search by Date** or **Search by Claim Number** radio buttons
3. When searching by date, use the **Claim Type** drop-down menu to select **Claims**, **Pre-Estimate** or **Referral**
4. You can narrow your search results using the **Claim Status** drop-down menu or **Member Last Name** box

5. Click Search



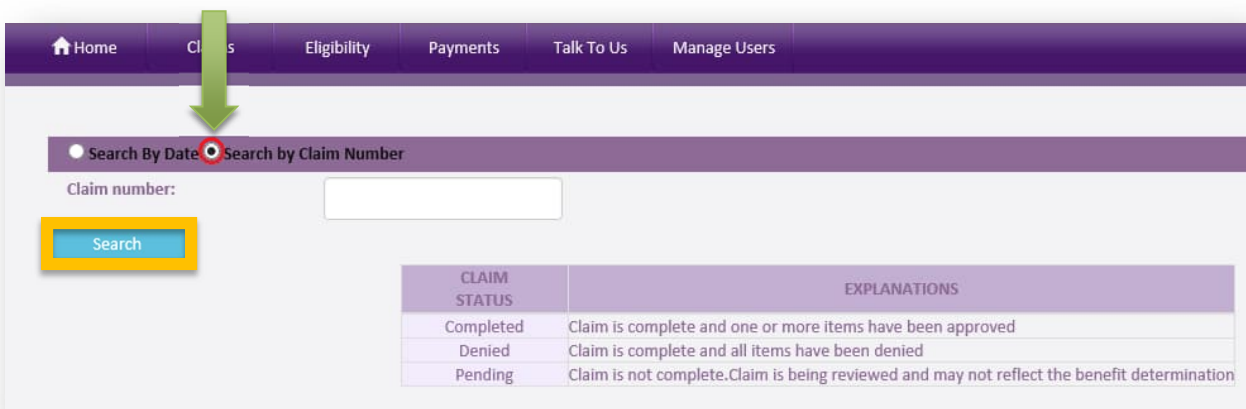
Example of Search Results:



All data fields will remain the same, except when searching for a Referral. The Referring Entity column will display a 'Y' instead of 'N'

SEARCH A CLAIM - BY CLAIM NUMBER

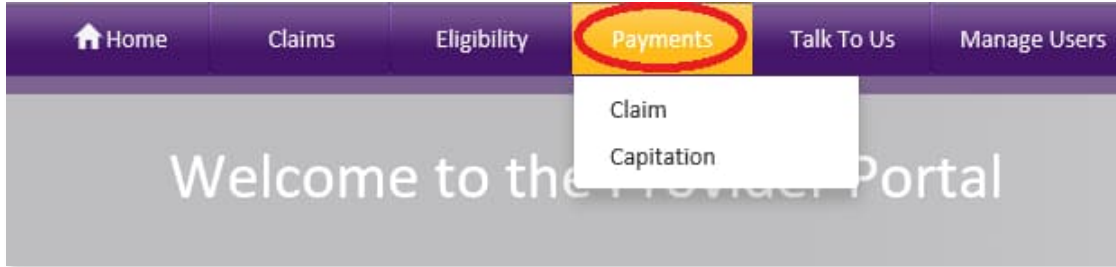
1. Click on the Search by Claim Number radio button
2. Enter the Claim Number in the search field
3. Click Search



PAYMENTS

PAID CHECKS

View checks paid to the vendor, along with the details of the payment



1. Click Payments on the top of the screen to view available (Payments is formerly "My Checks")
2. Select which Payment Type to review the details of the payment
3. Click on Search by Date, or Search by Check Number radio buttons
4. Select Provider and Vendor

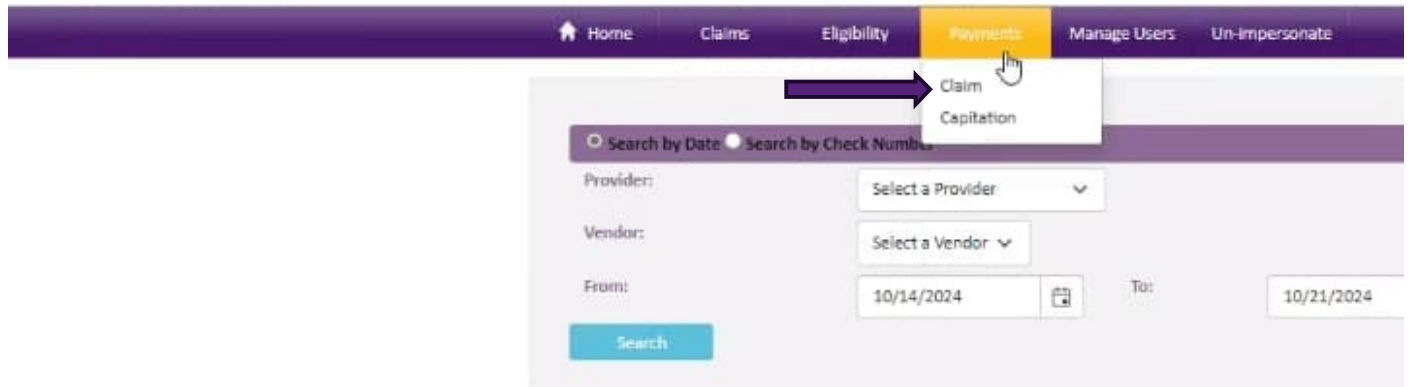
5. Input Date range
6. Click Search

The below image will populate. Cleared Date indicates date the paper check cleared.

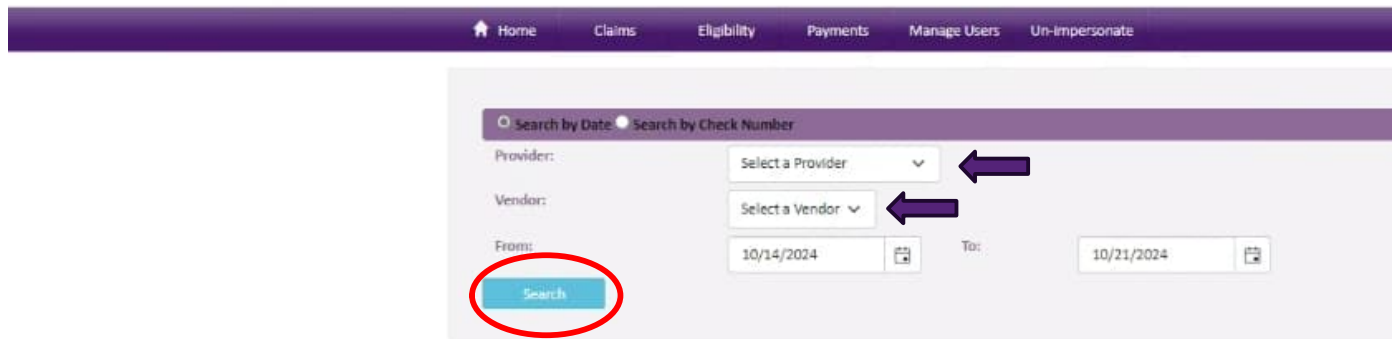
Check #	Amount	Check Date	Method of Payment	Cleared Date	Record ID	Detail PDF
411-XXXXXX	\$36,641.52	04/03/2023	Paper Check		261-XXXXXX	941-XXXXXX
411-XXXXXX	\$1,439.28	04/03/2023	Paper Check		261-XXXXXX	941-XXXXXX
411-XXXXXX	\$914.90	04/03/2023	Paper Check		261-XXXXXX	941-XXXXXX
ZERC-XXXXXX	\$0.00	04/03/2023	Paper Check		260-XXXXXX	941-XXXXXX
EFT-XXXXXX	\$0.00	04/04/2023	EFT		261-XXXXXX	941-XXXXXX

EOB – EXPLANATION OF BENEFITS

View the Explanation of Benefits for each claim paid on a check by line item.



1. Click Payments at the top of the screen
2. Select Claim



3. Select a Provider from the Provider menu
4. Select a Vendor from the Vendor menu
5. Enter Date Range of payments to be viewed
6. Click Search

Home Claims Eligibility Payments Manage Users Un-impersonate

Search by Date Search by Check Number

Provider: Adam Vendor: Advanced From: 10/14/2024 To: 10/21/2024

Search

8 Check(s) found

Check #	Amount	Check Date	Method of Payment	Cleared Date	Record ID	Detail PDF
261	\$356.80	10/19/2024	Paper Check		21	1247
26	\$174.00	10/19/2024	Paper Check		28	1247
267	\$322.00	10/19/2024	Paper Check		38	1247
267	\$535.00	10/19/2024	Paper Check		28	1247
26	\$971.00	10/18/2024	Paper Check		28	1247

1 - 5 of 8 items

7. Click on the Dental PDF for the Check Number of the EOB to be viewed.

LIBERTY Dental Plan
PO Box 26110
Santa Ana, CA 92799

PAYMENT DETAILS

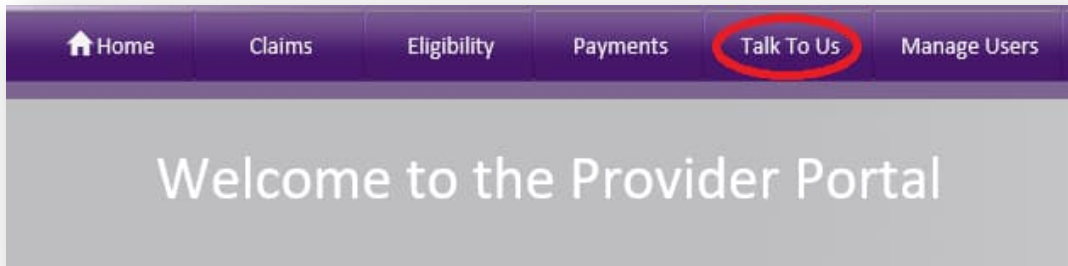
VENDOR NAME: Advanced Check Number: PDF
VENDOR NUMBER: 01 Check Date: 10/19/2024

#	Date Of Service	Code	Tooth Surface #	Procedure Description	Submitted Amount	Allowed Amount	Co-Pay Amt	Total *	Plan Paid Amount
OFFICE: Advanced - Address: 31									
Patient: Plan: CHIP Active Group: NY Anthem BCBS									
CLAIM: (Original)									
1	06/17/24	D0150		Comprehensive oral evaluation	80.00	30.00	0.00	0.00	30.00
2	06/17/24	D1120		Prophylaxis, child	120.00	43.00	0.00	0.00	43.00
3	06/17/24	D1208	000	Topical application of fluoride, excluding varnish	65.00	14.00	0.00	0.00	14.00
4	06/17/24	D0272		Bitewings, two radiographic images	44.00	14.00	0.00	0.00	0.00
5	06/17/24	D0220		Intraoral, periapical, first radiographic image	27.00	8.00	0.00	0.00	0.00
6	06/17/24	D1351	3	Sealant, per tooth	65.00	35.00	0.00	0.00	35.00
7	06/17/24	D1351	14	Sealant, per tooth	65.00	35.00	0.00	0.00	35.00
8	06/17/24	D1351	19	Sealant, per tooth	65.00	35.00	0.00	0.00	35.00
9	06/17/24	D1351	30	Sealant, per tooth	65.00	35.00	0.00	0.00	35.00
10	06/17/24	D0330		Panoramic radiographic image	240.00	35.00	0.00	0.00	35.00
11	06/17/24	D0230		Intraoral, periapical, each add 1 radiographic image	13.00	5.00	0.00	0.00	0.00
CLAIM TOTALS:					849.00	289.00	0.00	0.00	262.00
# SERVICE LINE EXPLANATION									
4 Payment for this procedure is denied. A panorex is considered a full mouth x-ray. This additional x-ray is part of a full mouth x-ray. No additional payment is allowed.									
5 Payment for this procedure is denied. A panorex is considered a full mouth x-ray. This additional x-ray is part of a full mouth x-ray. No additional payment is allowed.									
11 Payment for this procedure is denied. A panorex is considered a full mouth x-ray. This additional x-ray is part of a full mouth x-ray. No additional payment is allowed.									
NET PAYMENT FOR PATIENT: 262.00									
Patient: Plan: Child Act Group: NY Anthem BCBS									
CLAIM: (Original)									
1	05/30/24	D0220		Intraoral, periapical, first radiographic image	20.00	6.40	0.00	0.00	6.40
2	05/30/24	D0230	2	Intraoral, periapical, each add 1 radiographic image	6.00	6.00	0.00	0.00	6.00
3	05/30/24	D1120		Prophylaxis, child	120.00	34.40	0.00	0.00	34.40
4	05/30/24	D1206		Topical application of fluoride varnish	65.00	24.00	0.00	0.00	24.00
5	05/30/24	D0150		Comprehensive oral evaluation	70.00	24.00	0.00	0.00	24.00
6	05/30/24	D0230		Intraoral, periapical, each add 1 radiographic image	4.00	4.00	0.00	0.00	0.00
CLAIM TOTALS:					285.00	98.80	0.00	0.00	94.80
# SERVICE LINE EXPLANATION									
6 Based on state rules, this is covered three (3) time every six (6) months unless it qualifies under EPSDT. Pre-authorization is required for all EPSDT payment consideration. Our records do not show an approved pre-authorization for this procedure and no payment will be made. The member must be held harmless and cannot be billed.									
NET PAYMENT FOR PATIENT: 94.80									
Original Claims: 356.80									
Interest: 0.00									
Adjustments: 0.00									
TOTALS PER OFFICE: 356.80									

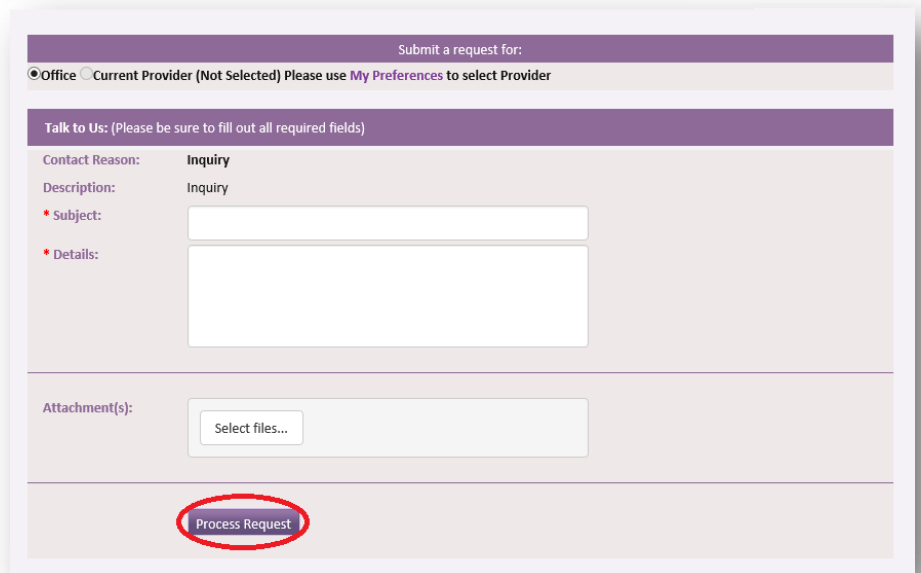
TALK TO US

SUBMITTING A WRITTEN INQUIRY

A LIBERTY Representative can be contacted through the Online Provider Portal by clicking the [Talk To Us](#) on the top of the screen.



2. Enter the Subject
3. Enter the Details
4. Attach any pertinent files by clicking on Select File(s)
5. Click Process Request



Submit a request for:

Office Current Provider (Not Selected) Please use [My Preferences](#) to select Provider

Talk to Us: (Please be sure to fill out all required fields)

Contact Reason: **Inquiry**

Description: Inquiry

* Subject:

* Details:

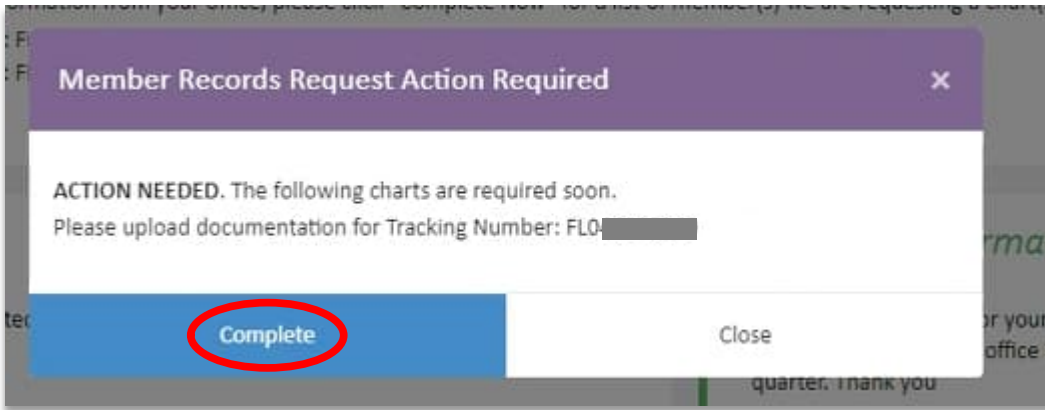
Attachment(s):

MEMBER RECORDS REQUEST

NOTIFICATION

When a request for a member’s chart documents has been submitted to your portal account by LIBERTY, we have made it easy to send what is needed directly to us. A notice will appear on your portal home page advising of the request.

To upload the requested information:
Click Complete.

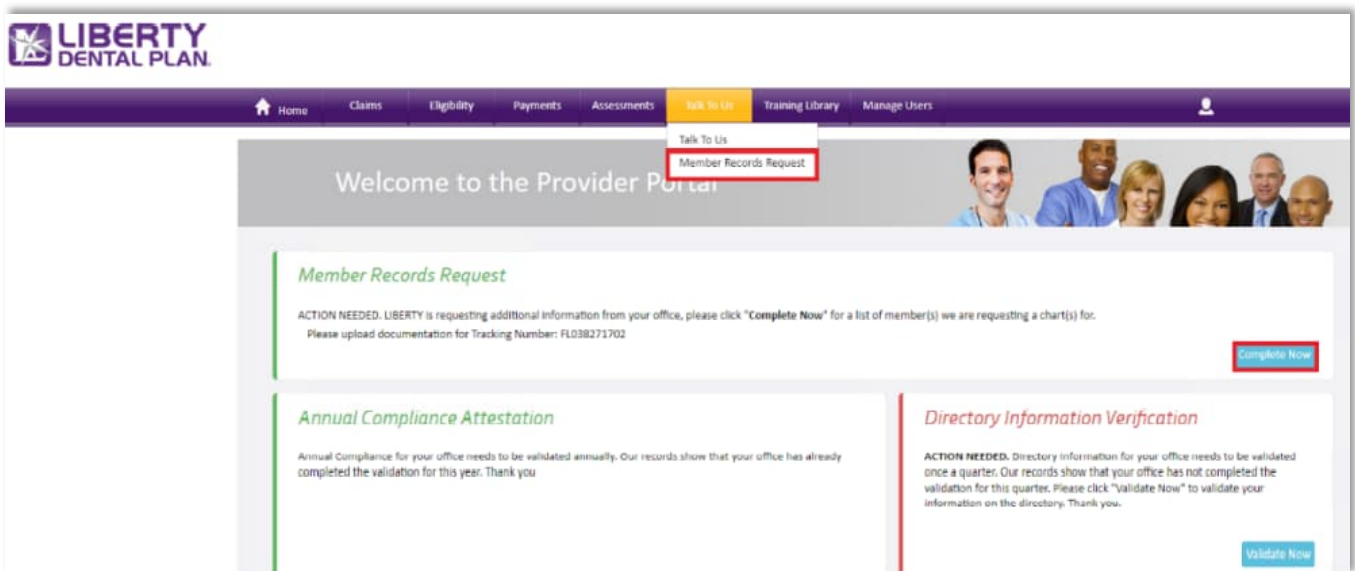


Please Note: If selecting “Complete” from the pop-up notification, the Members Records Request screen will open in a new tab.

You may also navigate to the purple ribbon at the top of your “Home” page:

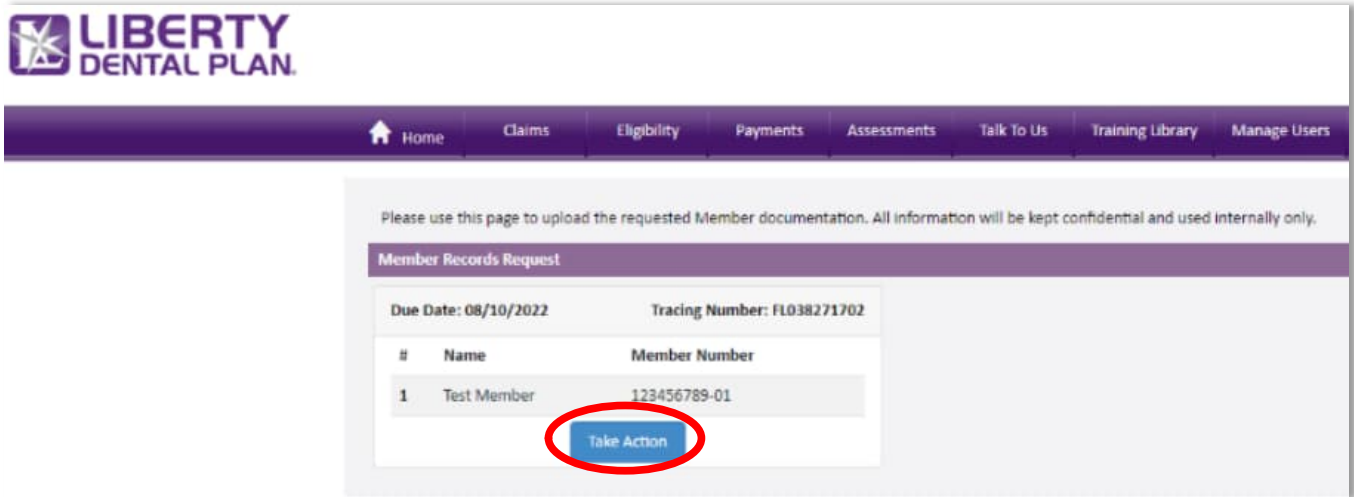
Select Talk to Us tab

Select Member Records Request



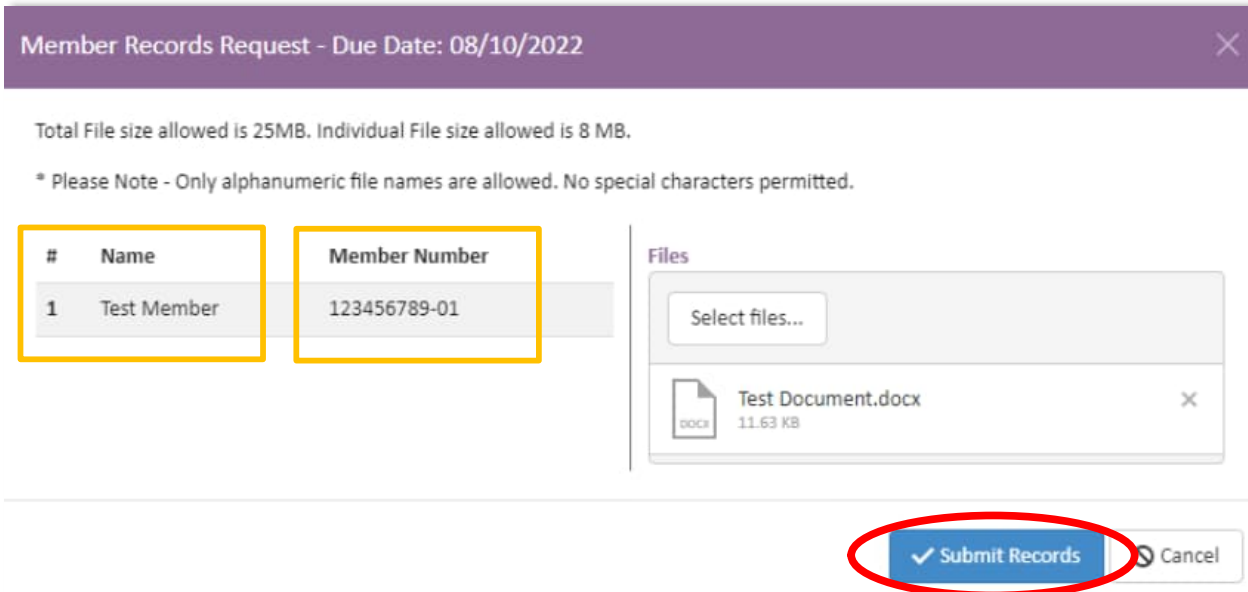
The "Member Records Request" window will appear, as show below.

Click Take Action

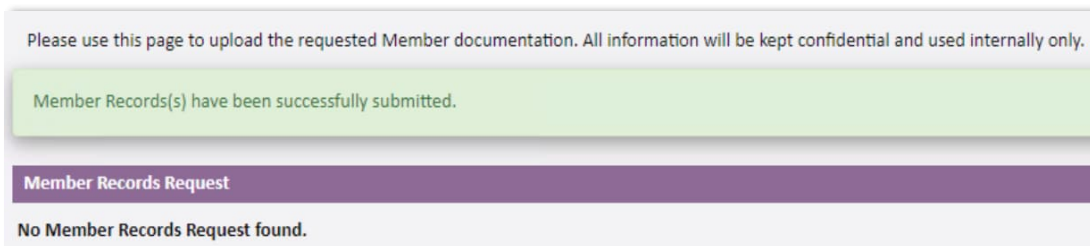


A "Member Records Request" pop-up window appears with the member's name and ID#. Use the Select Files button to upload the requested documents.

Click Submit Records.



Upon successful submission, a confirmation window will appear.



LOGGING OFF

HOW TO LOG OFF OF THE ONLINE PROVIDER PORTAL

1. Click the Log Off on the right side of the screen

