



March 20, 2023

Nevada Medicaid Web Announcement 3034

Attention Provider Type 22 (Dental):

Certain Dental Benefits Available for Individuals Ages 21 and Older on the Intellectual and Developmental Disabilities Waiver

Effective January 1, 2023, individuals ages 21 and older on the Nevada Medicaid Intellectual or Developmental Disabilities (IDD) Waiver are now eligible for certain expanded dental benefits. The expanded dental benefits include **restorations, root canals and preventative care**, and would be in addition to the current emergency extractions and palliative care services.

Please note the expanded dental services for the IDD Waiver recipients have a maximum limit of \$2,500 per calendar year. No prior authorization is required unless service limitations are exceeded. The [Medicaid Services Manual \(MSM\) Chapter 2100](#) will be updated to reflect this change.

Claim Submission

Claims with dates of service on or after January 1, 2023, for the expanded IDD dental services must be billed to Medicaid Fee For Service (FFS) regardless of enrollment with the Managed Care Dental Benefits Administrator. Do not bill these claims to Liberty Dental Plan of Nevada.

Claims for the IDD dental services are currently suspending with error code 853 (HCPCS - Annual Update - Suspend Claims) until the applicable rates and policy are updated in the Medicaid Management Information System (MMIS). A web announcement will be posted to notify providers when the suspended claims are released.

Recipient Eligibility

Prior to rendering these expanded dental services, providers are reminded to confirm a recipient is on the IDD Waiver through the Electronic Verification System (EVS)/Provider Web Portal at:

<https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>.

A recipient must have both “Medicaid Fee For Service” and “Intellectual Disabilities WAIVER” listed in the Coverage section as shown below to be eligible for IDD dental services.

Eligibility Verification Request ?

* Indicates a required field.
Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please verify response below as not all information is currently used during search.

Recipient ID Last Name First Name
 SSN Birth Date
 *Effective From 02/01/2023 Effective To 02/28/2023

Service Type Code Search

Service Type Code

Eligibility Verification Information for TEST RECIPIENT from 02/01/2023 to 02/28/2023

Recipient ID	Birth Date		01/01/2000	
Coverage	Effective Date	End Date	Primary Care Provider	Date of Decision
Intellectual Disabilities WAIVER	02/01/2023	02/28/2023	0000000000	03/07/2023
Medicaid Fee For Service	02/01/2023	02/28/2023	0000000000	03/19/2020
Non Emergency Transportation	02/01/2023	02/28/2023	MEDICAL TRANSPORTATION MANAGEMENT INC (1134260078)	
Other Insurance Detail Information				