Online Provider Portal User Guide

LIBERTY DENTAL PLAN

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Getting Started

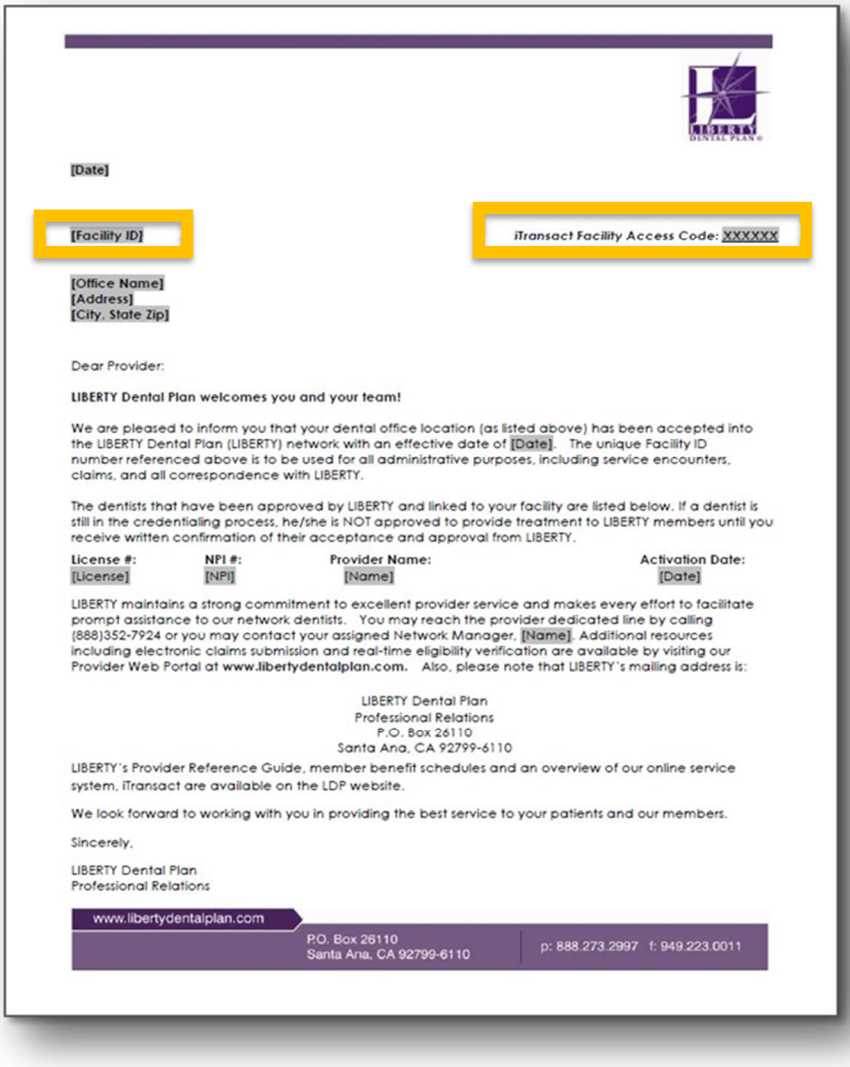
Liberty Dental Plan ("Liberty") offers 24/7 real-time access to information and tools through our secure Online Provider Portal.

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.



[Date]

[Facility ID]

iTransact Facility Access Code: XXXXXX

[Office Name]
[Address]
[City, State Zip]

Dear Provider:

LIBERTY Dental Plan welcomes you and your team!

We are pleased to inform you that your dental office location (as listed above) has been accepted into the LIBERTY Dental Plan (LIBERTY) network with an effective date of [Date]. The unique Facility ID number referenced above is to be used for all administrative purposes, including service encounters, claims, and all correspondence with LIBERTY.

The dentists that have been approved by LIBERTY and linked to your facility are listed below. If a dentist is still in the credentialing process, he/she is NOT approved to provide treatment to LIBERTY members until you receive written confirmation of their acceptance and approval from LIBERTY.

License #:	NPI #:	Provider Name:	Activation Date:
[License]	[NPI]	[Name]	[Date]

LIBERTY maintains a strong commitment to excellent provider service and makes every effort to facilitate prompt assistance to our network dentists. You may reach the provider dedicated line by calling (888)352-7924 or you may contact your assigned Network Manager, [Name]. Additional resources including electronic claims submission and real-time eligibility verification are available by visiting our Provider Web Portal at **www.libertydentalplan.com.** Also, please note that LIBERTY's mailing address is:

LIBERTY Dental Plan
Professional Relations
P.O. Box 26110
Santa Ana, CA 92799-6110

LIBERTY's Provider Reference Guide, member benefit schedules and an overview of our online service system, iTransact are available on the LDP website.

We look forward to working with you in providing the best service to your patients and our members.

Sincerely,

LIBERTY Dental Plan
Professional Relations

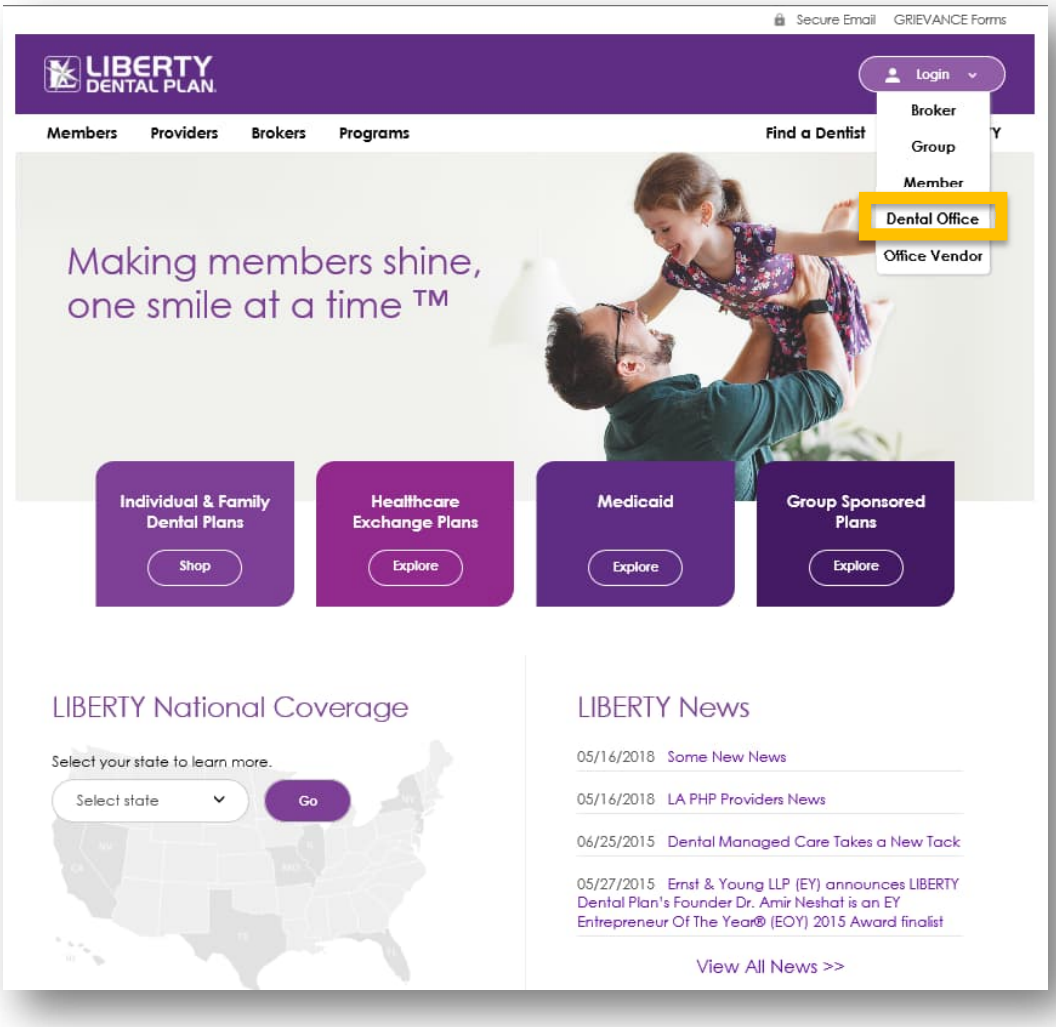
www.libertydentalplan.com
P.O. Box 26110
Santa Ana, CA 92799-6110
p: 888.273.2997 f: 949.223.0011

New Office Registration

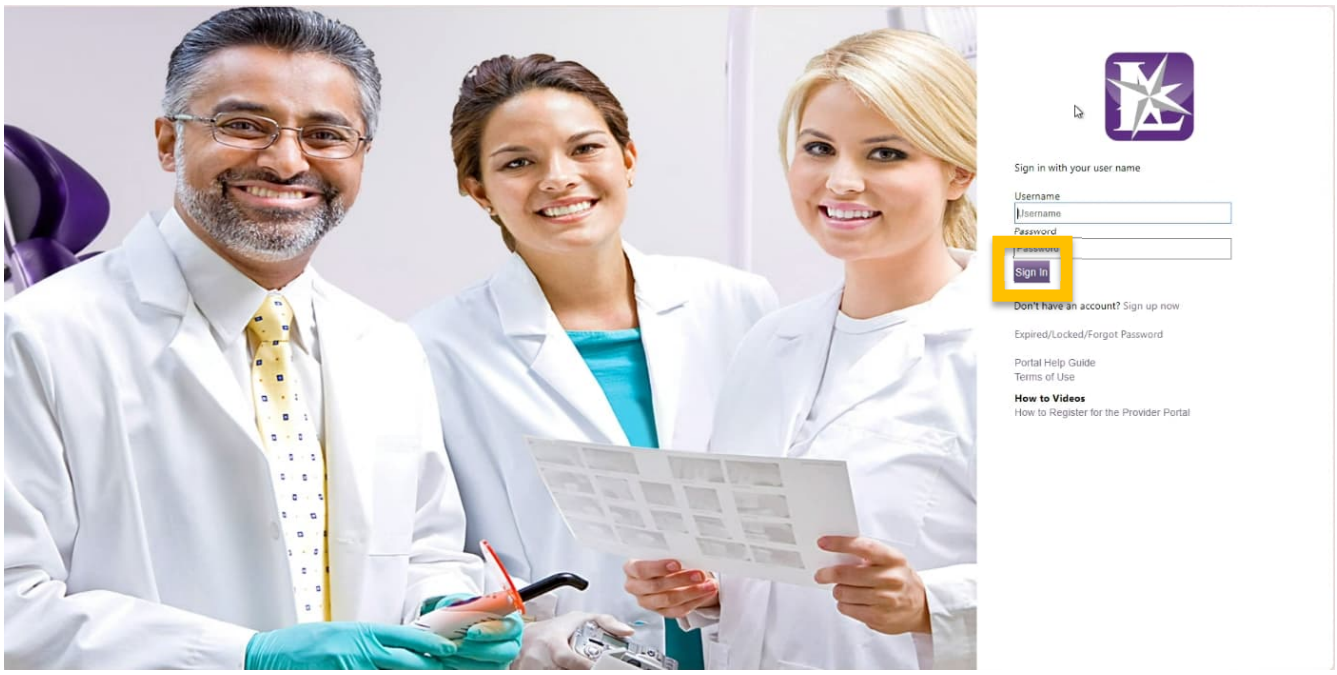
REGISTER A NEW OFFICE

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.



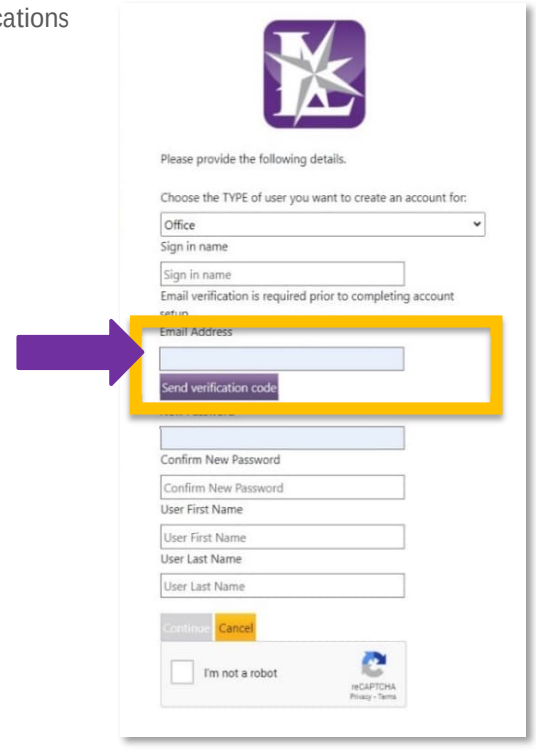
On the following screen, click the Sign In button. There is no need to enter any other information.



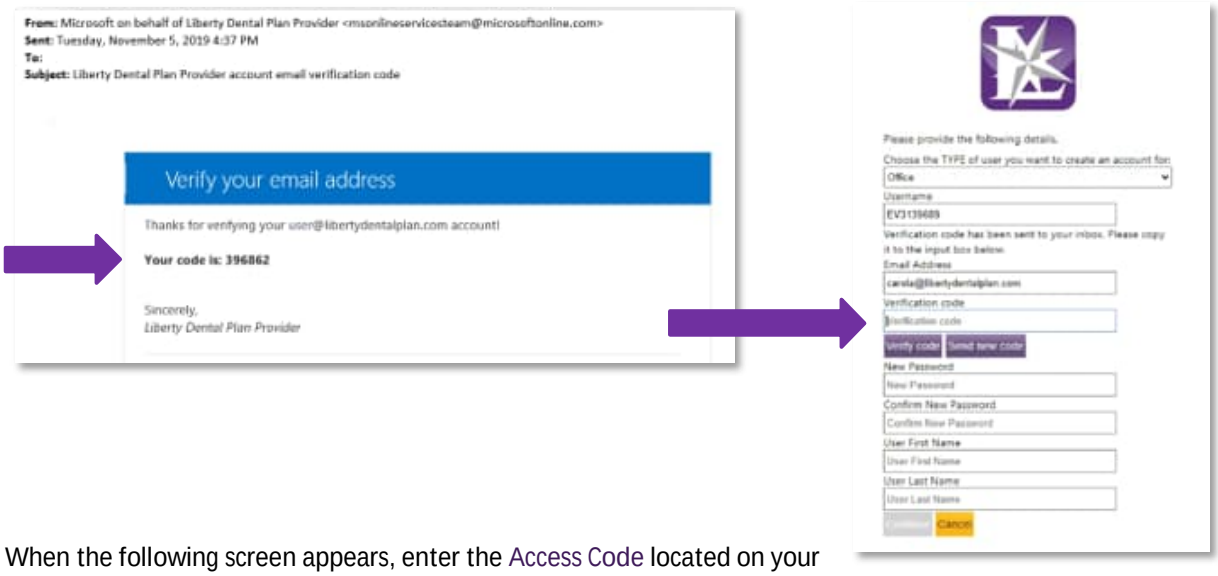
When the next screen appears select Office from Choose the Type of user you want.

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

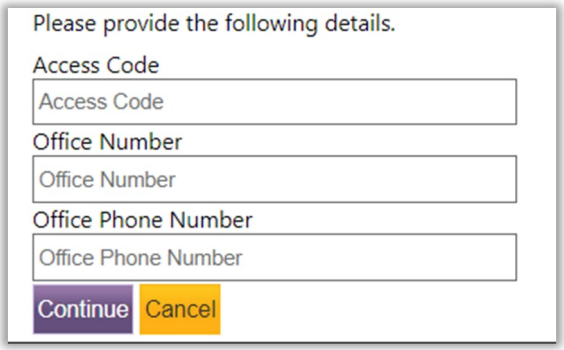
1. Enter Email Address – enter the address the account communications and important information should be sent to.
2. Click Send verification Code. A Microsoft Access Key will be generated and sent to the email address listed above.



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.



Create a New Password

Enter a User First and Last Name

Select I'm not a robot

Click Continue

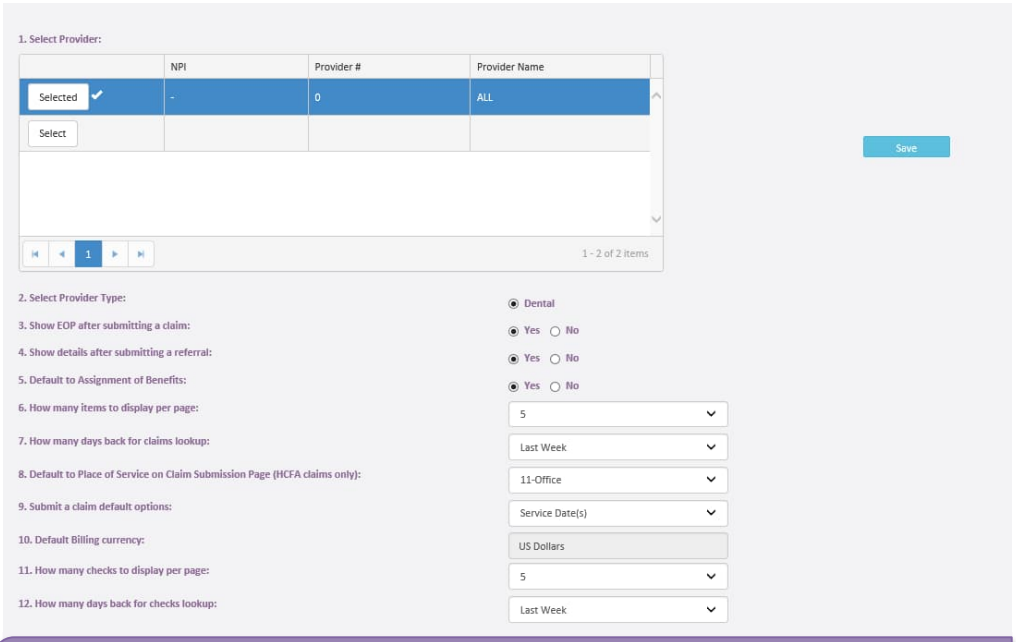
Note: Passwords must be a minimum of 8 characters in length and contain at least 3 of the following: 1 uppercase letter, 1 lower case letter, 1 number and 1 special character. (!@#$%&*)

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

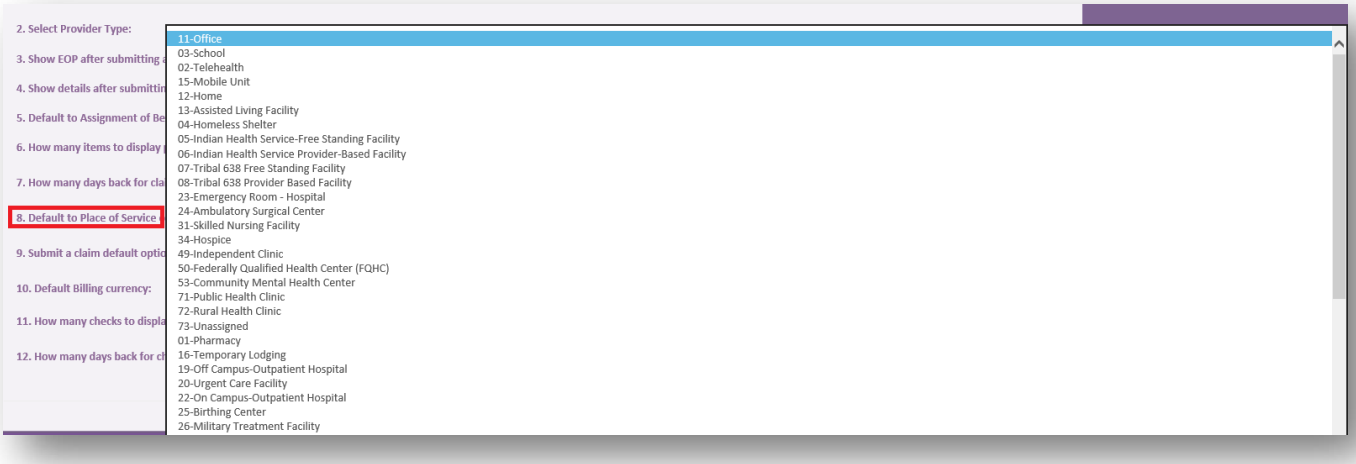
After initial set-up, the user will be directed to the My Preferences tab.

1. Select your office's various Preferences.



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

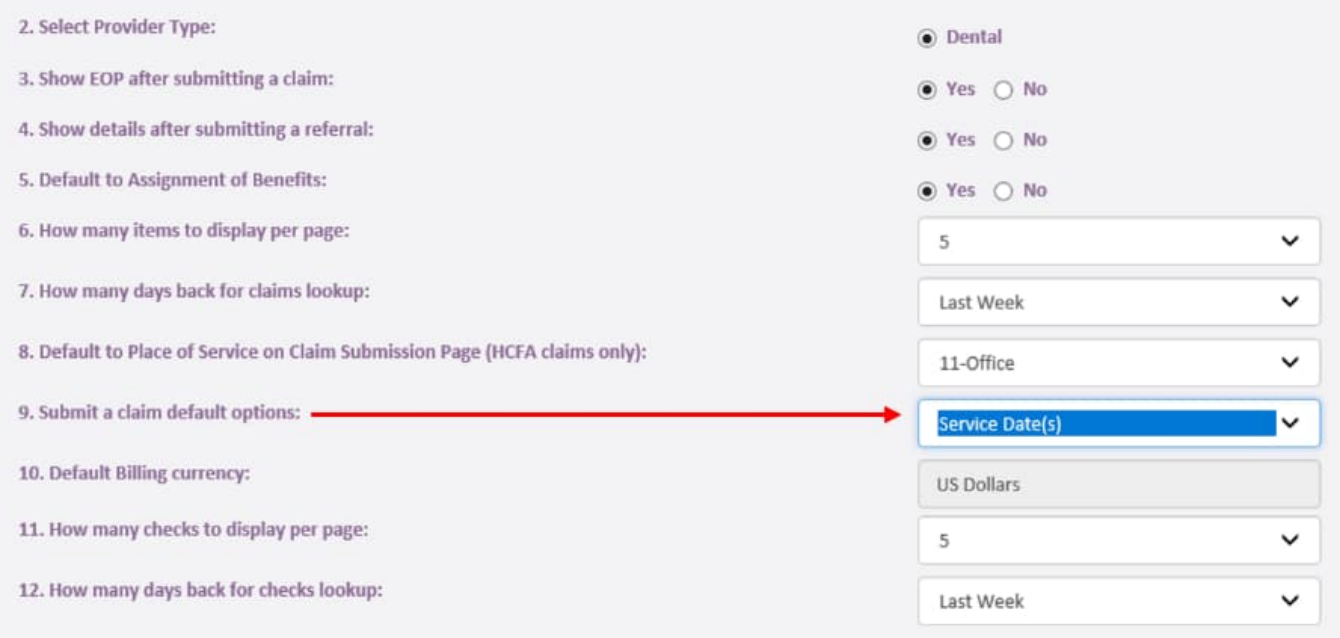
The Place of Service on Claim Submission page default is set to 11-Office. Another Place of Service can be selected as a default from the drop-down menu.



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.

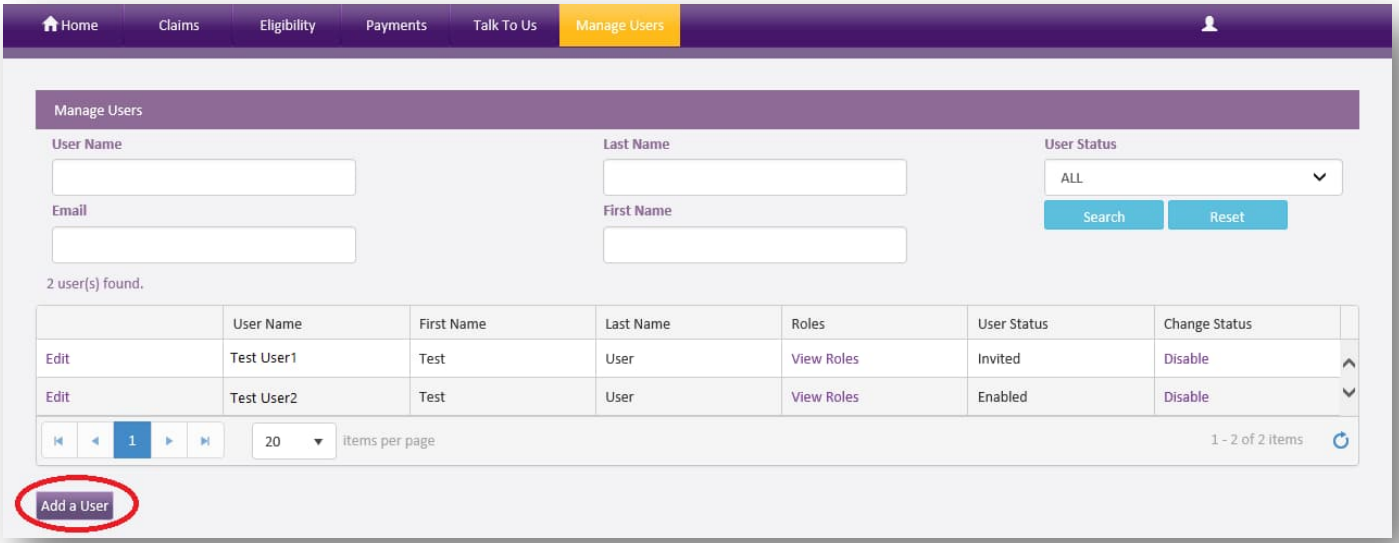
Once your preferences have been saved, you will remain on the Preferences screen where you can select from the available drop-down features.



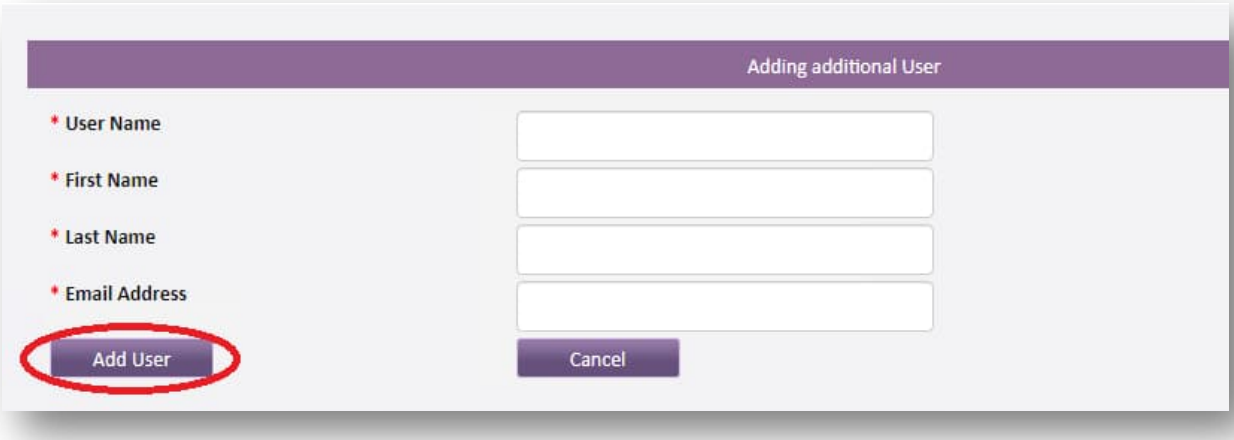
ADD A NEW USER

The Administrator can add additional users by:

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

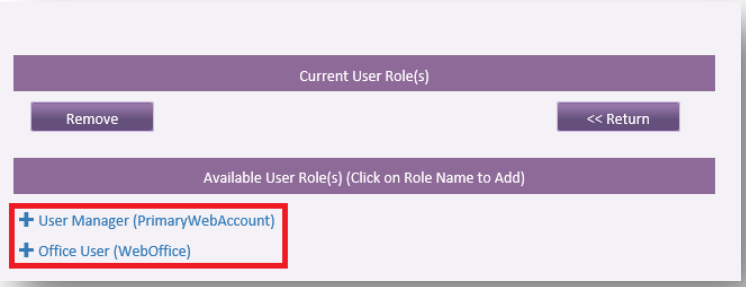


1. Click Add a User.
2. Input a Username (must be unique to the user), First Name, Last Name and Email Address. All fields marked with an asterisk (*) are required.
3. Click Add User.



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:

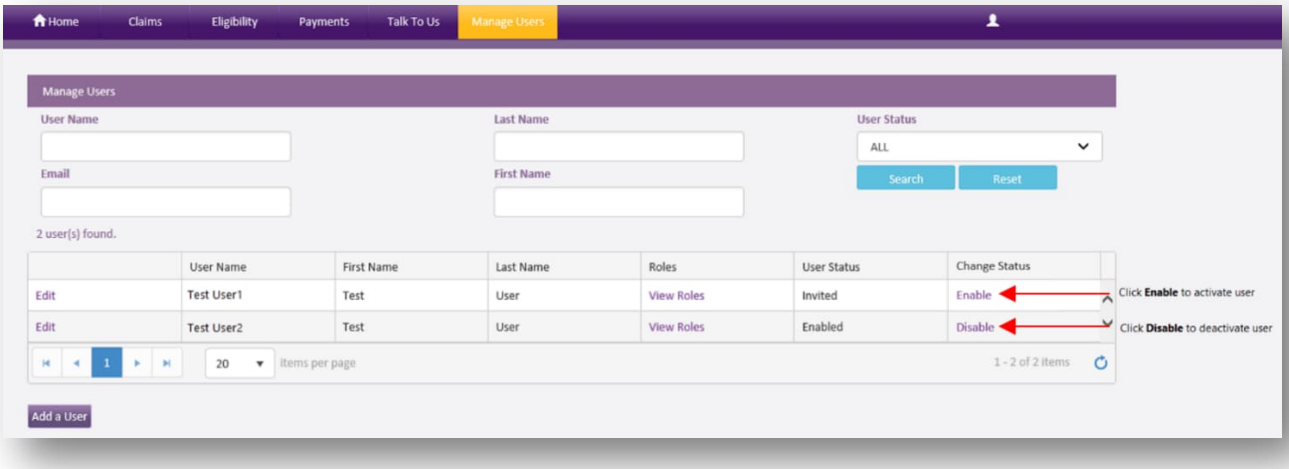
- User Manager (PrimaryWebAccount) – Allows the user to manage and add additional user accounts for the entire office. This includes resetting passwords, updating user information (First name, Last Name, Email Address), as well as disabling users in the event they should no longer have access to the 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.

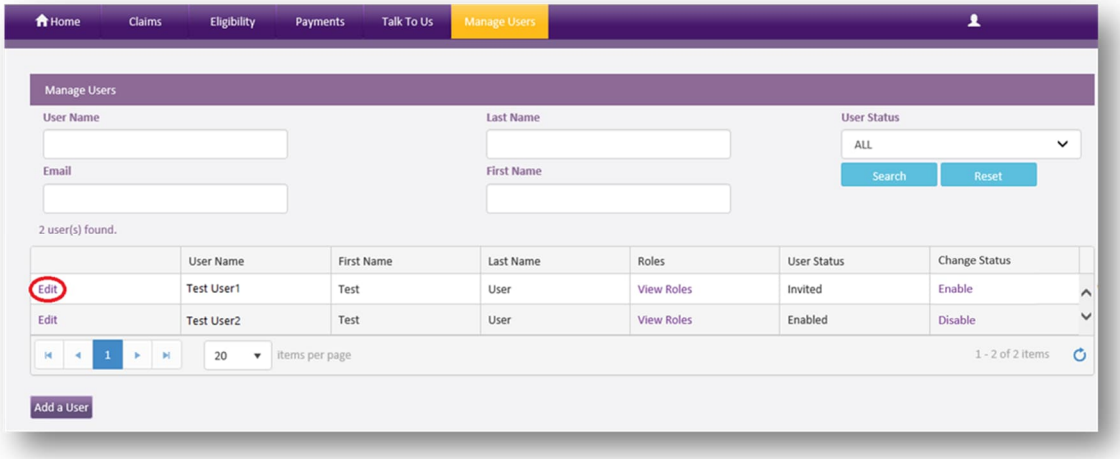
- If the User Status is Active, the account is Enabled. To disable the account, click Disable under Change Status.
- If the User Status is Disabled, the account is not active. To reinstate the account, click Enable under Change Status.



EDIT USER INFORMATION

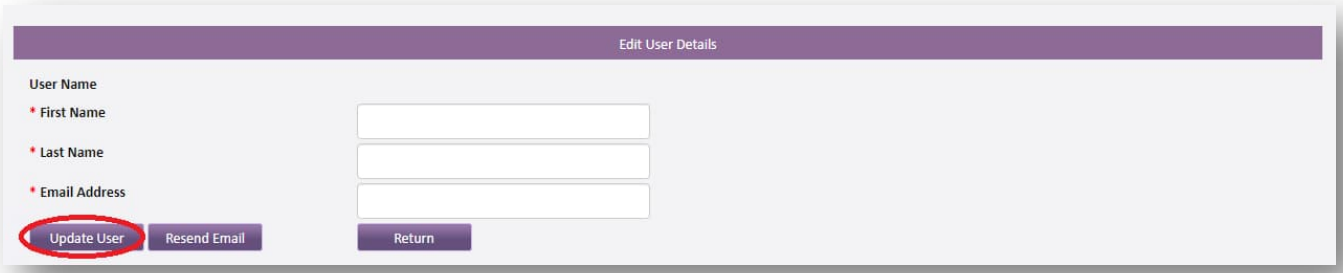
The Office Administrator can edit a user's information:

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



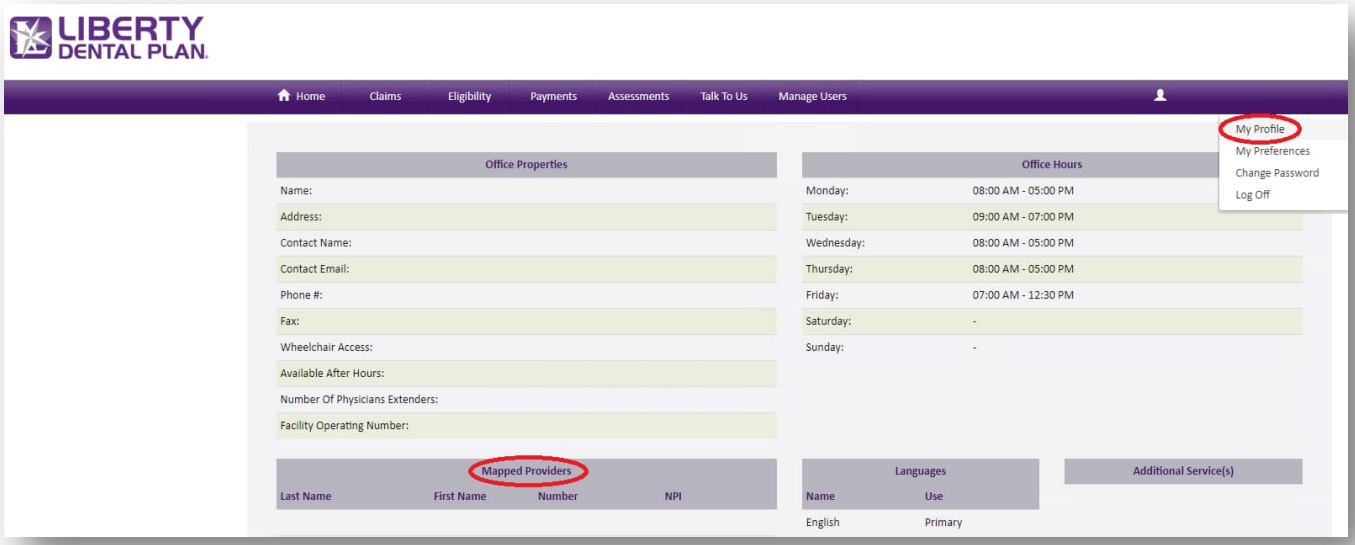
2. Click Edit for the user you would like to edit.
3. Update user information.

   Note: All user information with an asterisk (*) can be edited.
4. Click Update User.



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.

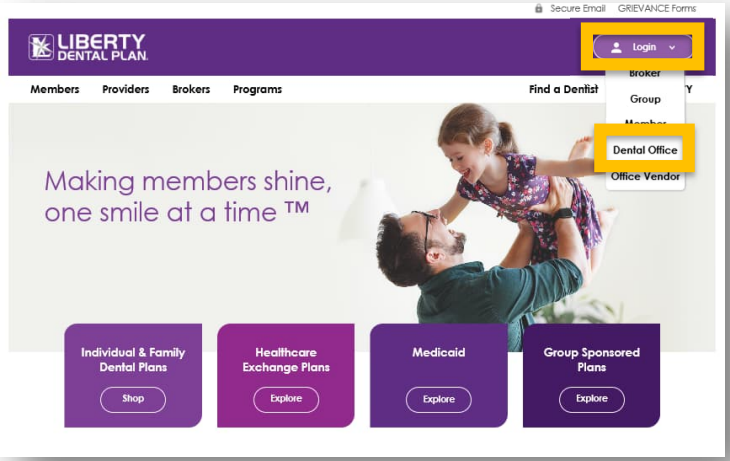
Accessing Your User Account

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, usernam, and password.

Please visit www.libertydentalplan.com.

1. Click on LOGIN.



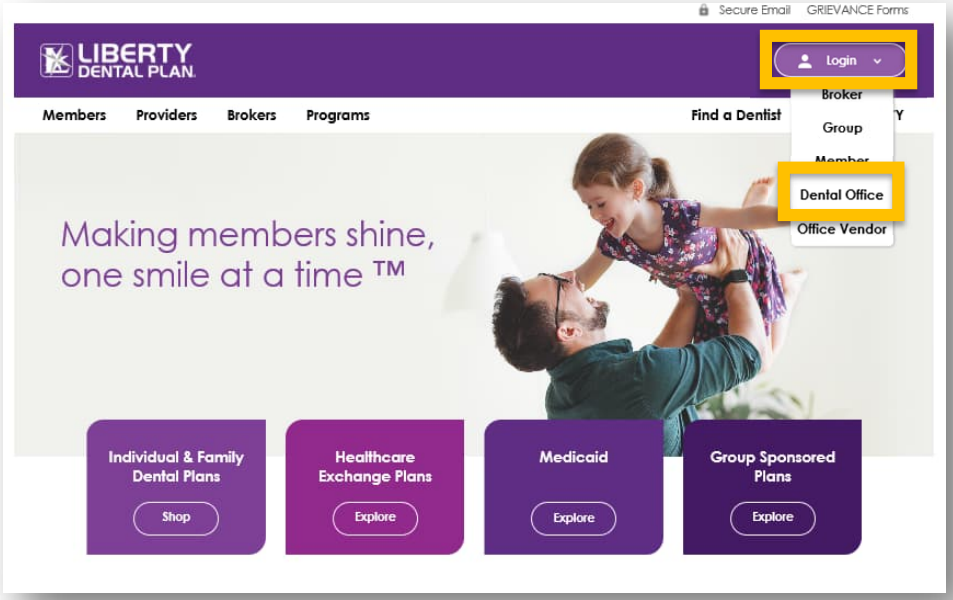
On the next screen:

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

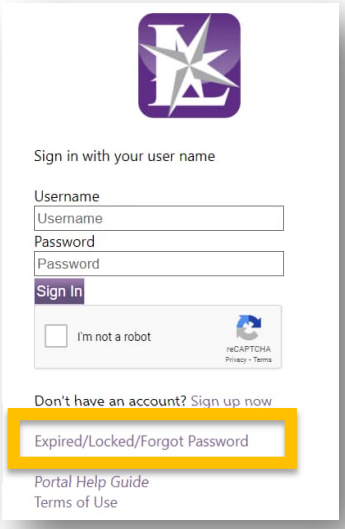
Please visit www.libertydentalplan.com.

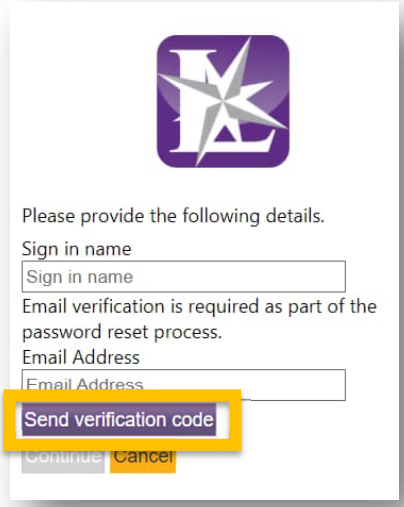
1. Click on LOGIN.



On the next screen:

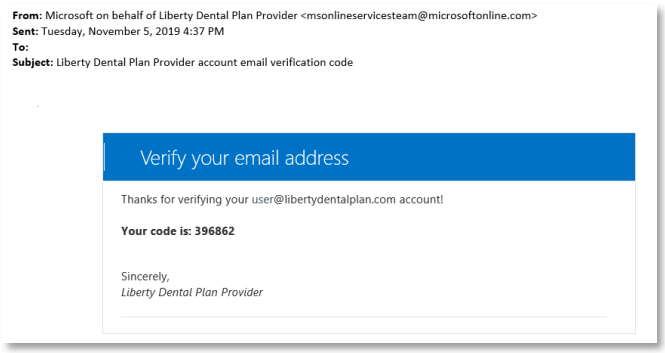
2. Click Expired/Locked/Forgot Password.
3. Type Username and Email Address associated to user account and click Send verification code.



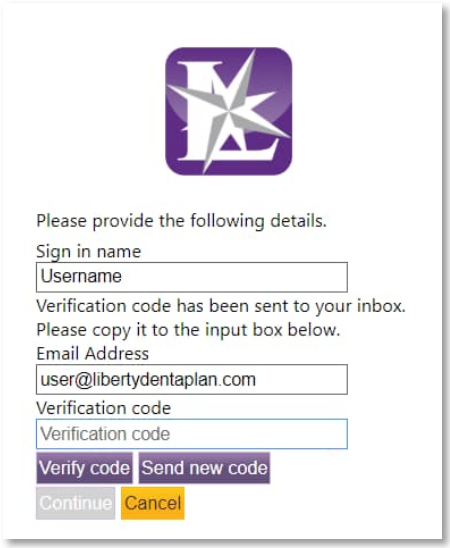


PASSWORD RESET *continued*

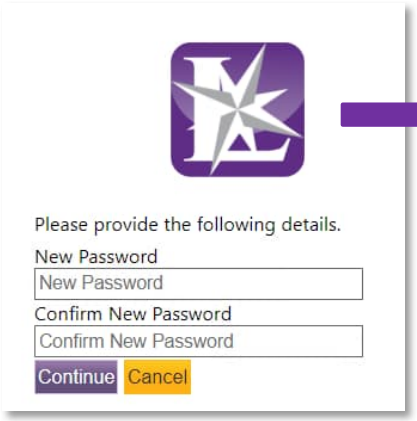
4. The following message will appear on your screen directing you to your email address to reset your account.

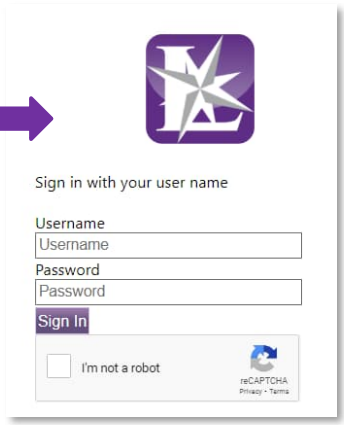


5. Enter the code from the email in the Verification Code.
6. Click Continue.



On the next screen:





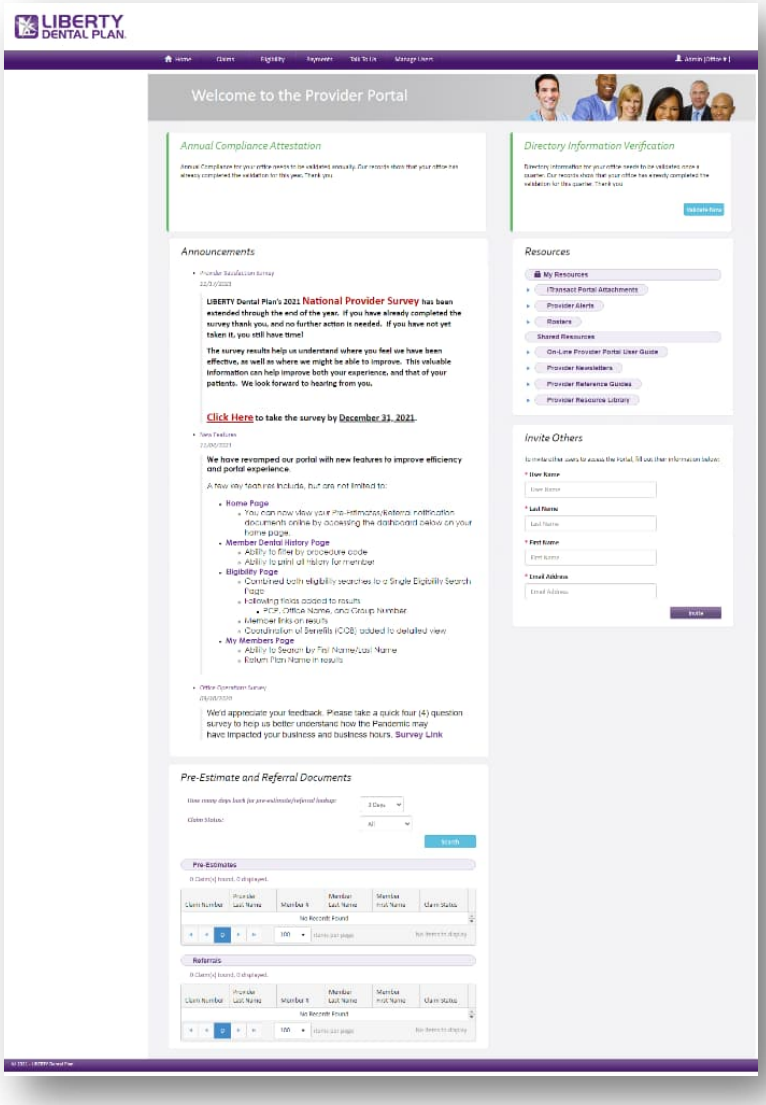
Note: Passwords must be a minimum of 8 characters in length and contain at least 3 of the following: 1 uppercase letter, 1 lower case letter, 1 number and 1 special character. (!@#$%&*)

7. Type in New Password and Confirm Password.
8. Click Continue.
9. Type in Username and Password.
10. Check I'm not a robot box to open the reCAPTCHA window.
11. Follow the instructions and select the appropriate images in the reCAPTCHA window.
12. Click Verify in the reCAPTCHA window.
13. Ensure you see a green check mark next to I'm not a robot.
14. 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)



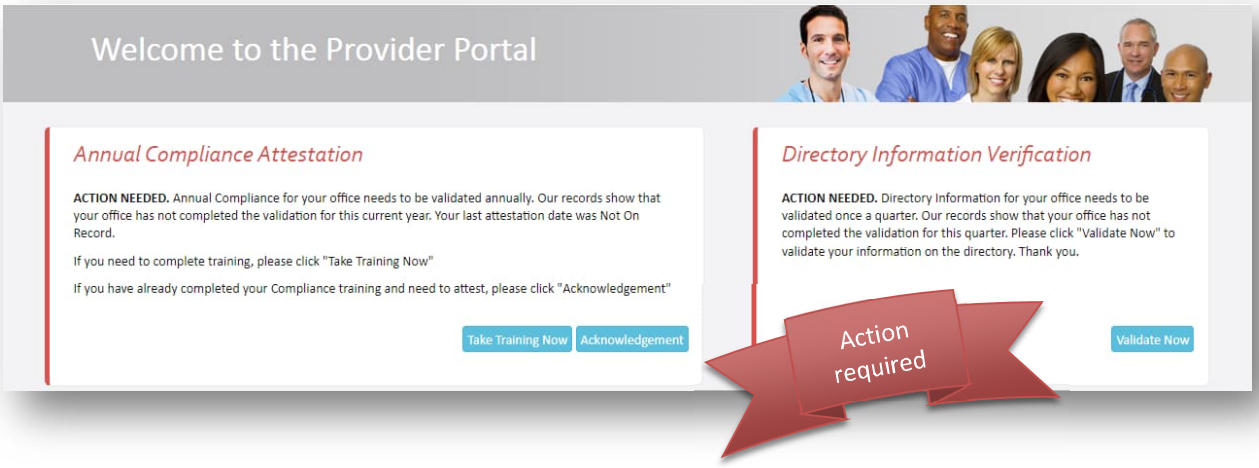
DIRECTORY INFORMATION VERIFICATION (DIV) AND ANNUAL COMPLIANCE ATTESTATION

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.

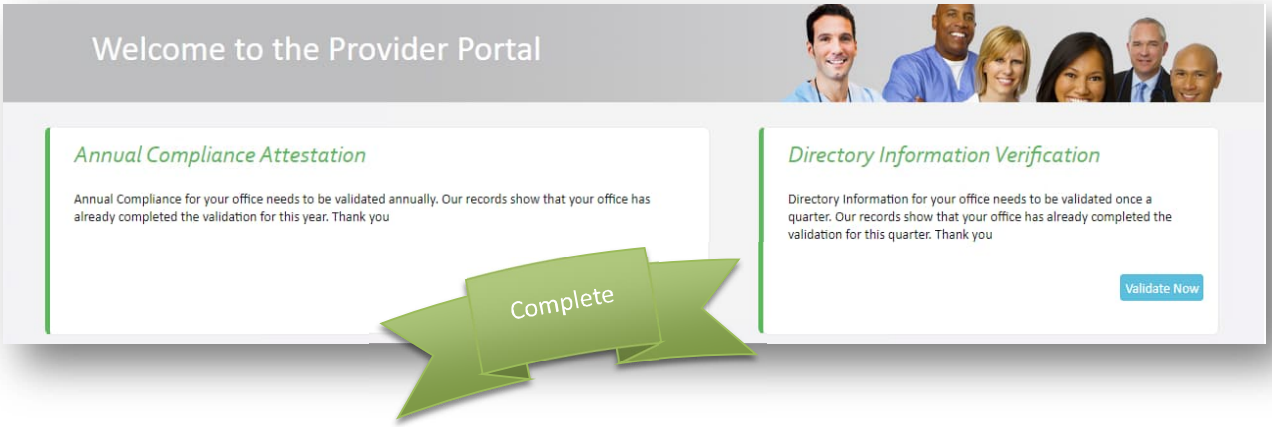
NEW FEATURE

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

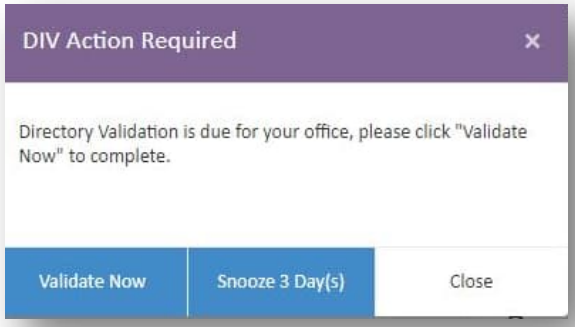


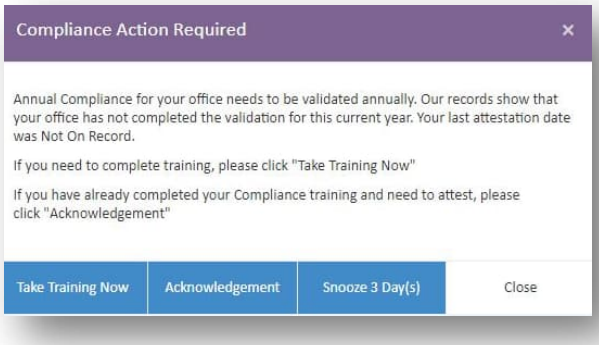
action needed has been resolved, the red bar on the left of the reminder will change to green and action buttons will be removed from the Annual Compliance Attestation.



DIV AND ANNUAL COMPLIANCE ATTESTATION *continued*

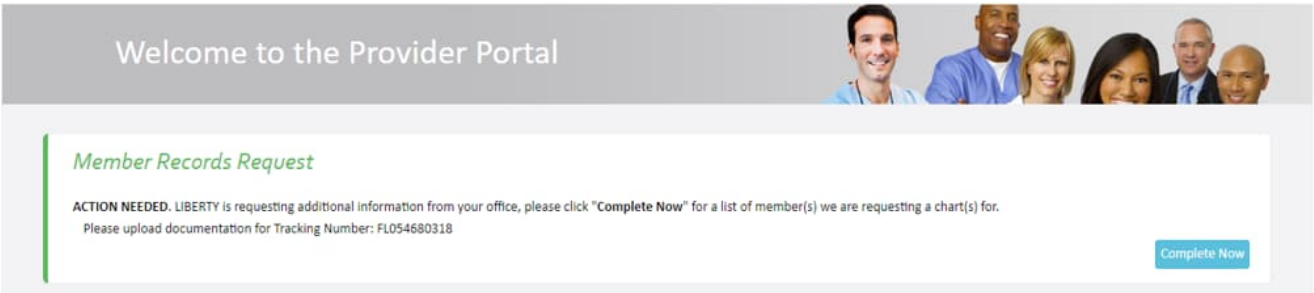
The following pop-up reminder(s) will appear if an office needs to complete their DIV or Annual Compliance Attestation. The user can take action, snooze for 3 days, or close the pop-up.



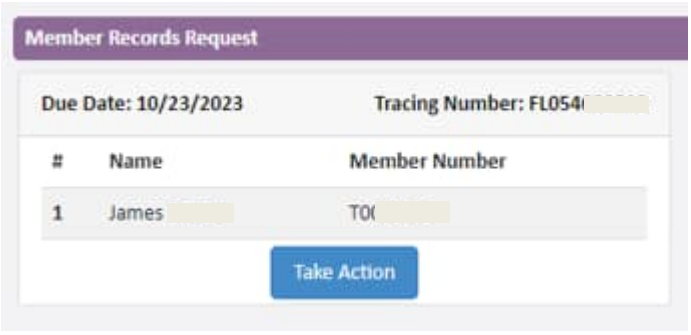


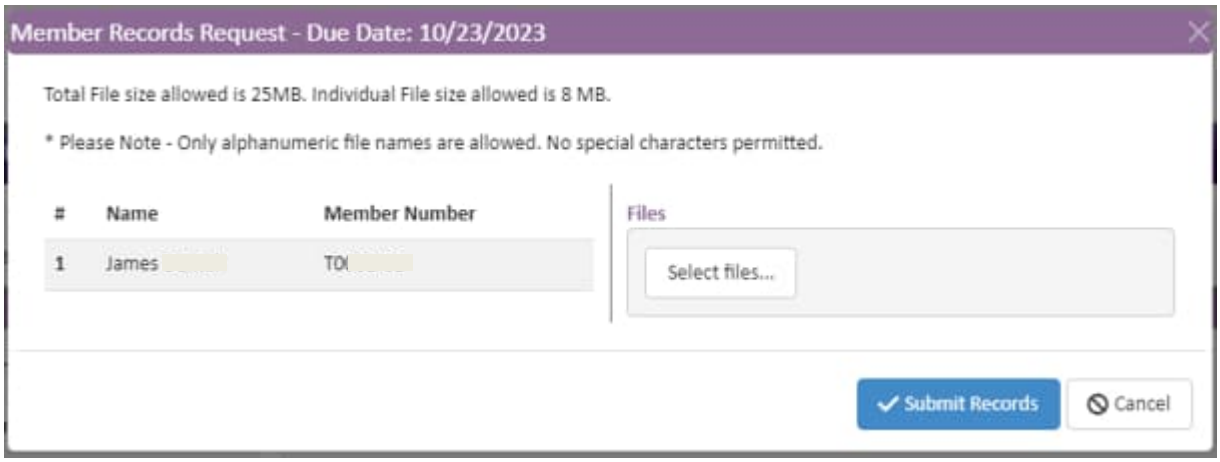
MEMBERS RECORD REQUEST

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.



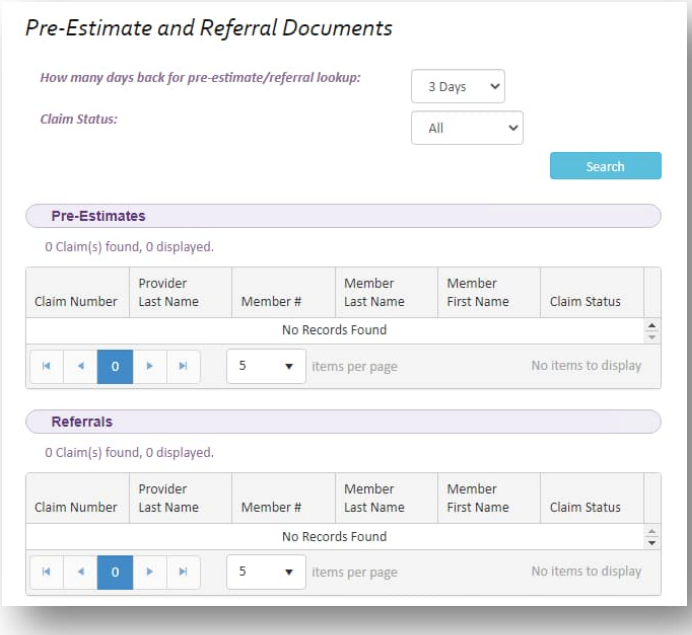
The member's name and identification number will appear on the next screen with a Take Action button. Clicking will open a field for uploading the requested member records. Submit Records will securely and confidentially send the documents to Liberty.





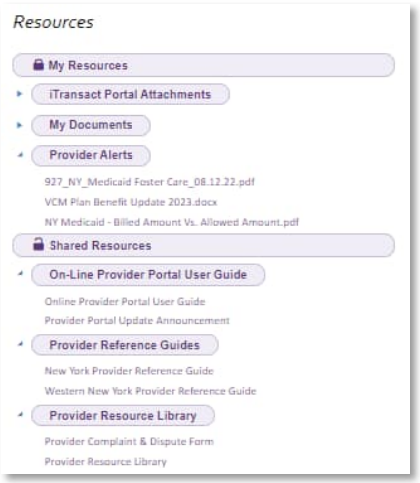
PRE-ESTIMATE AND REFERRAL DOCUMENTS

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.



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 the following:
    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 web browser.

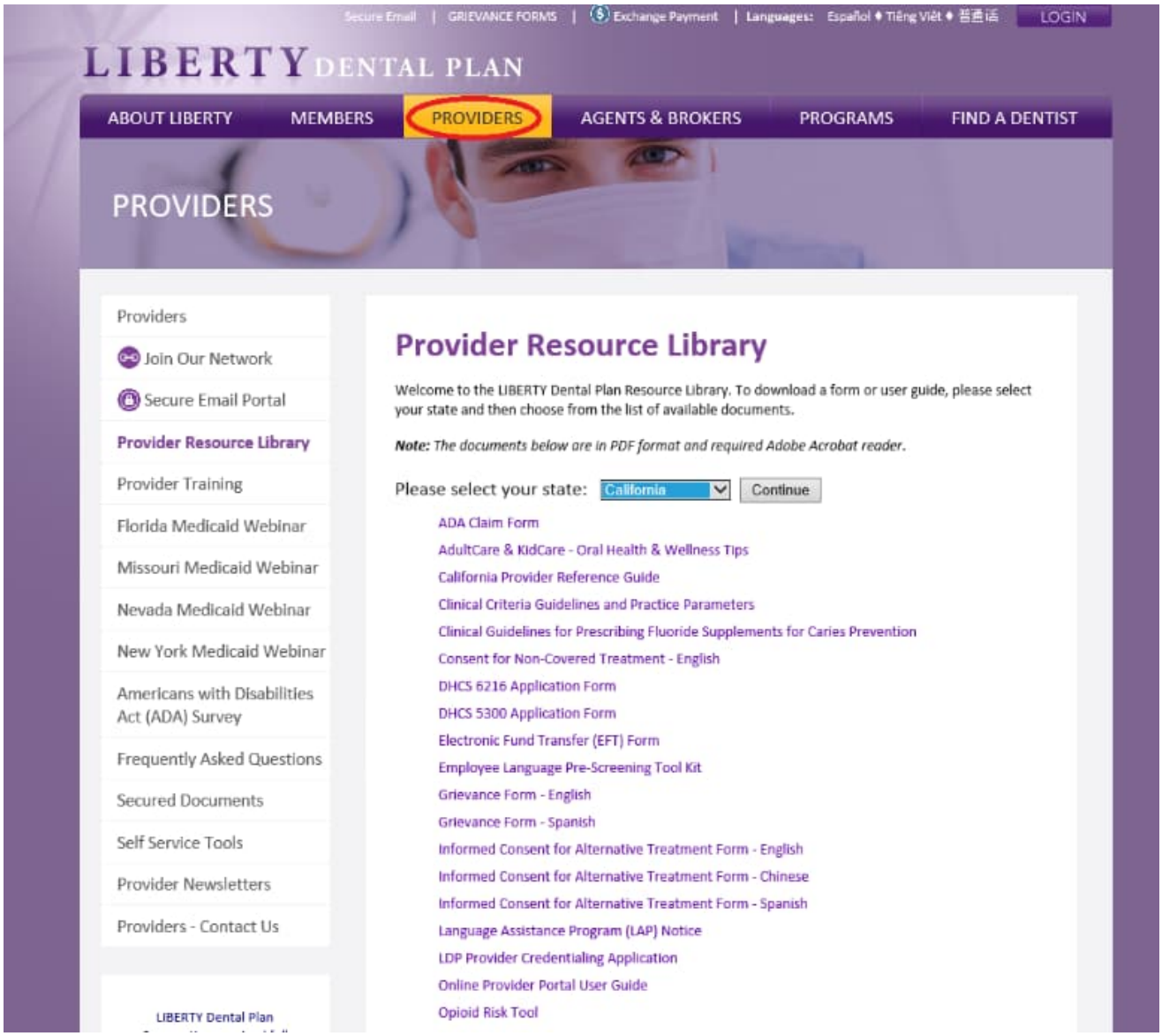
    Click on the link provided at the bottom of the web page to launch the Provider Resource Library.

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.

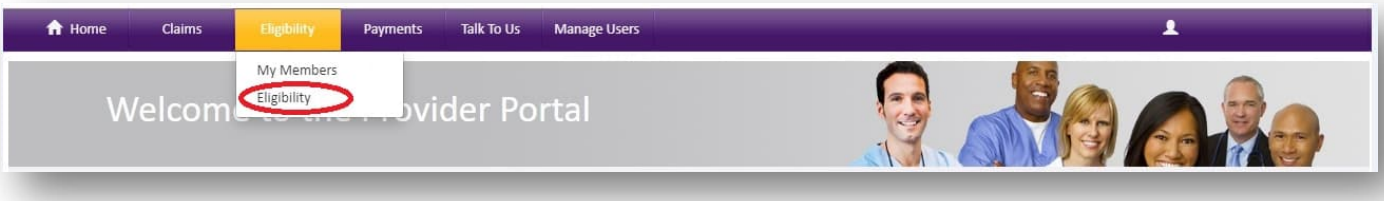
3. Click on the form(s) needed to view and/or print.



Member Eligibility and Benefits

CHECK MEMBER ELIGIBILITY

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

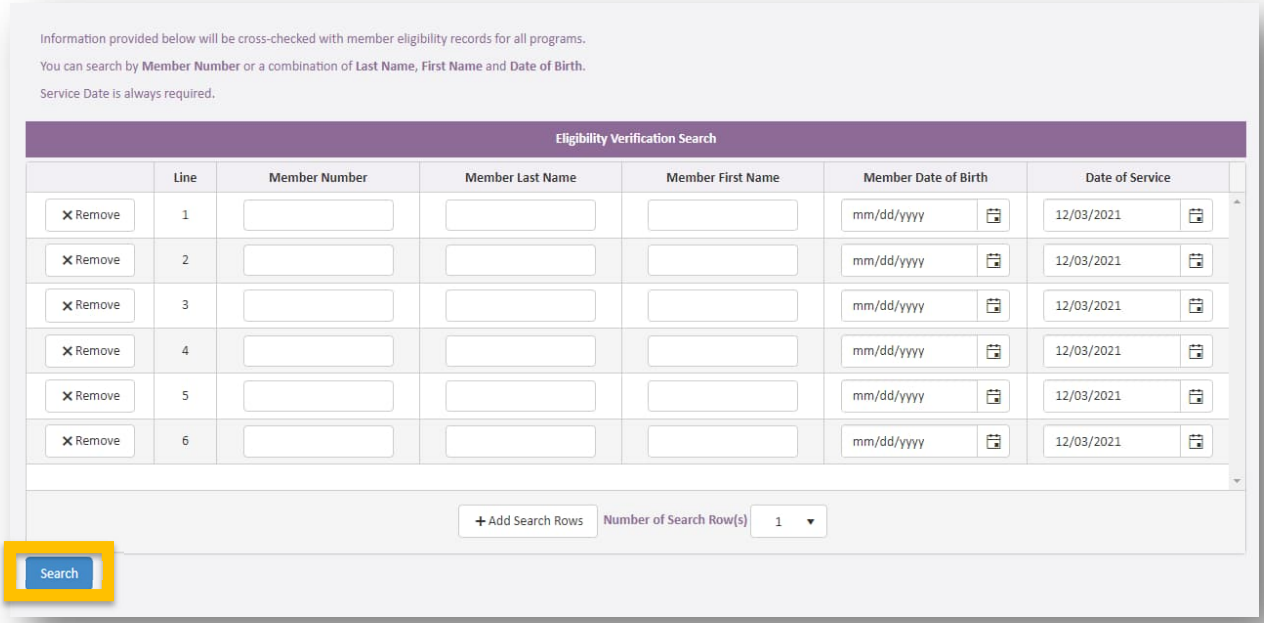


Enter Partial Last Name, Partial First Name and DOB, or Member # (with or without the suffix, -01).

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.



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.

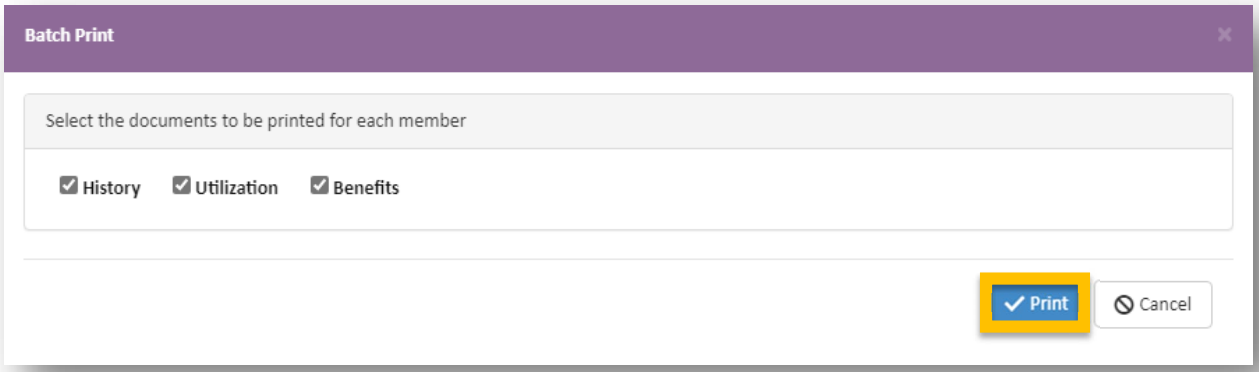
To view a member's history, click on History.

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.

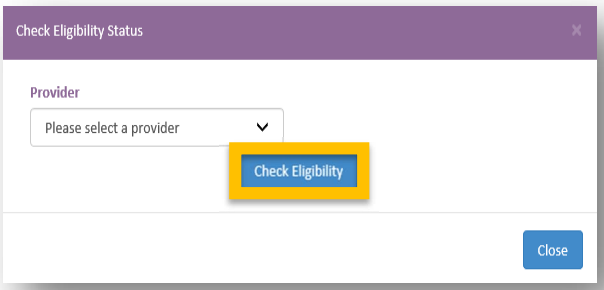
Select or deselect the documents to be printed, click on Print.

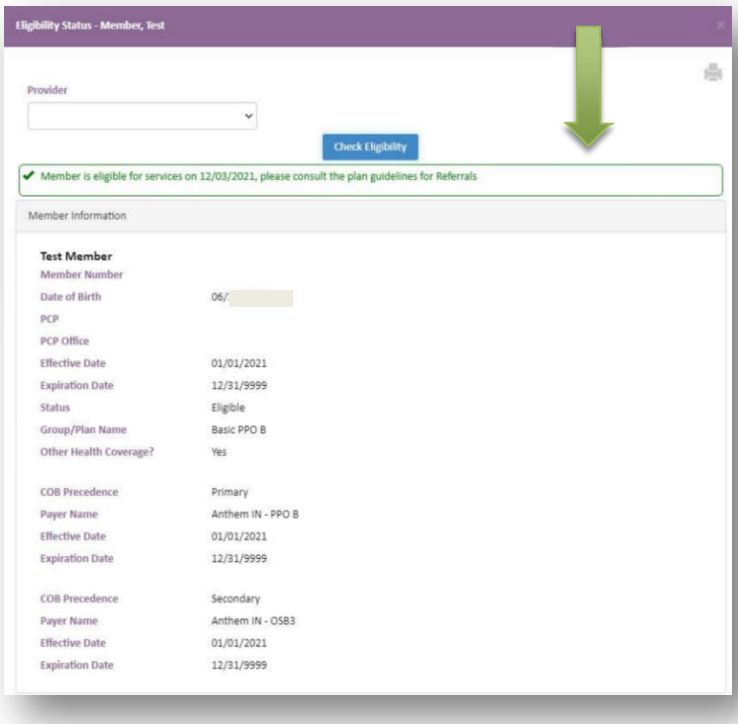


CHECK PROVIDER ELIGIBILITY

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.

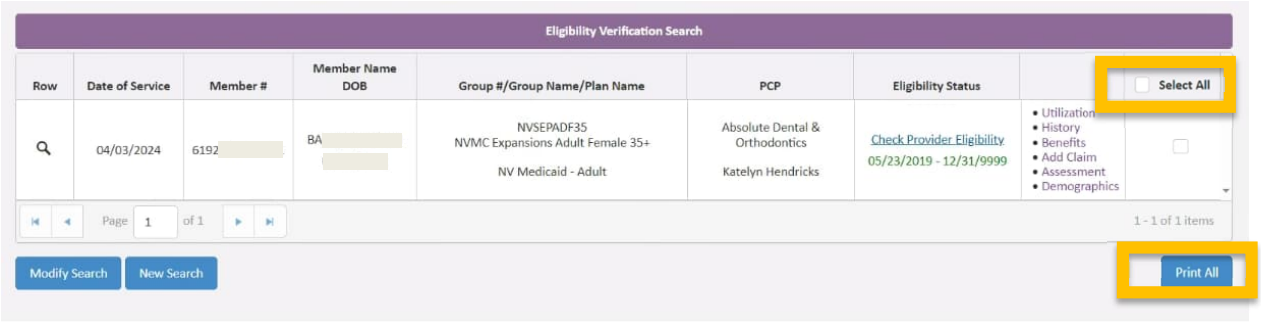




Note: If provider is not contracted for member's plan, a red banner will display

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

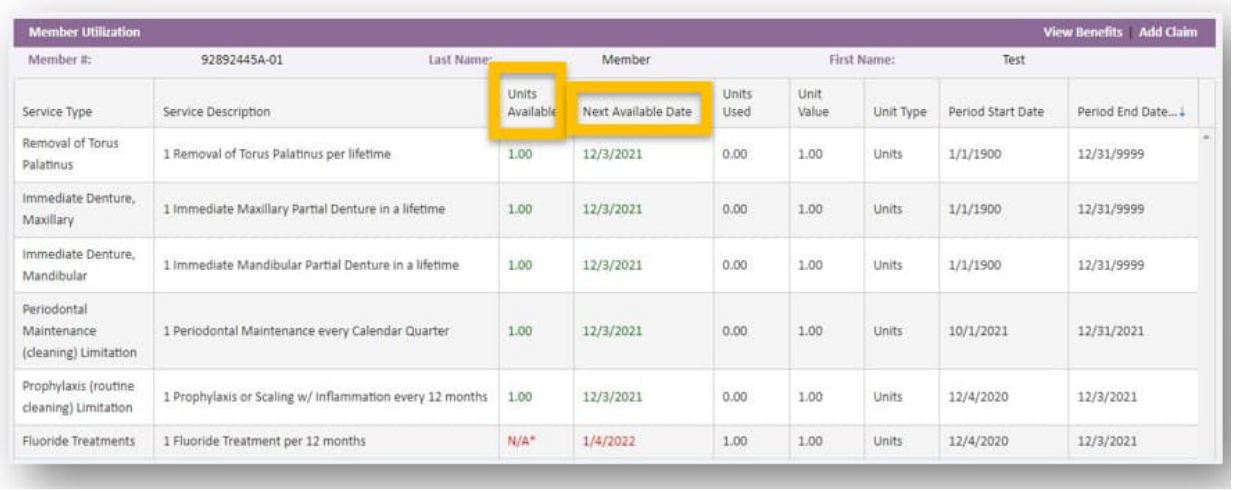
Select/Deselect the documents to be printed, then click Print.



CHECK MEMBER UTILIZATION

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

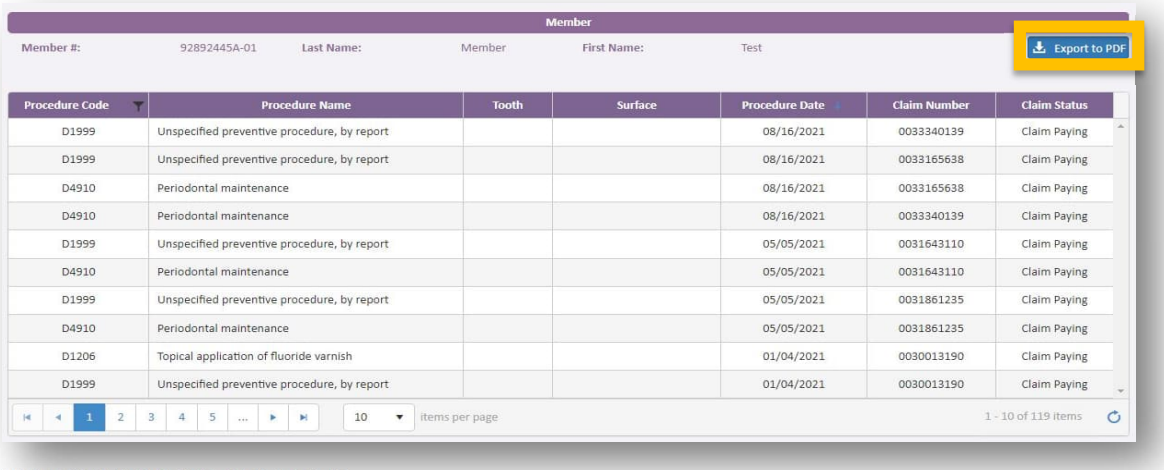
Liberty recommends that the user refer to the Next Available Date and Units Available when determining member's utilizations.



CHECK MEMBER HISTORY

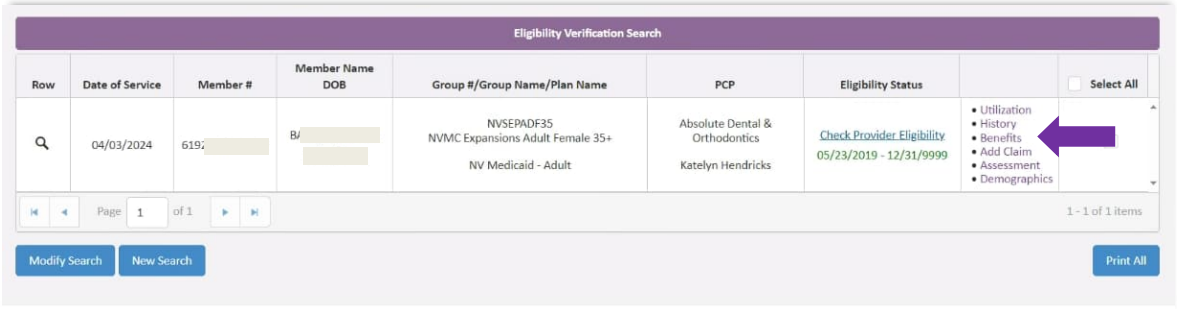
To check a member's treatment history, select History for the member's profile.

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

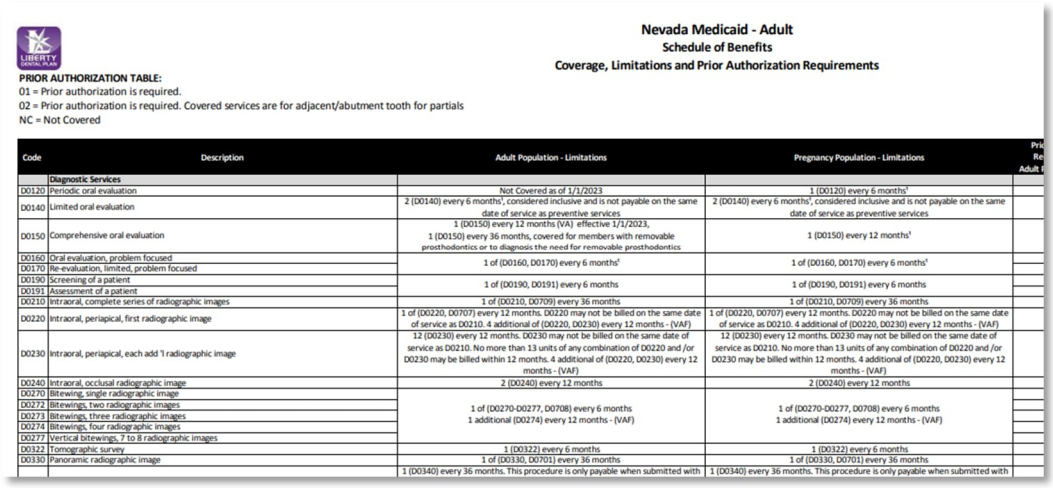


CHECK MEMBER BENEFITS

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

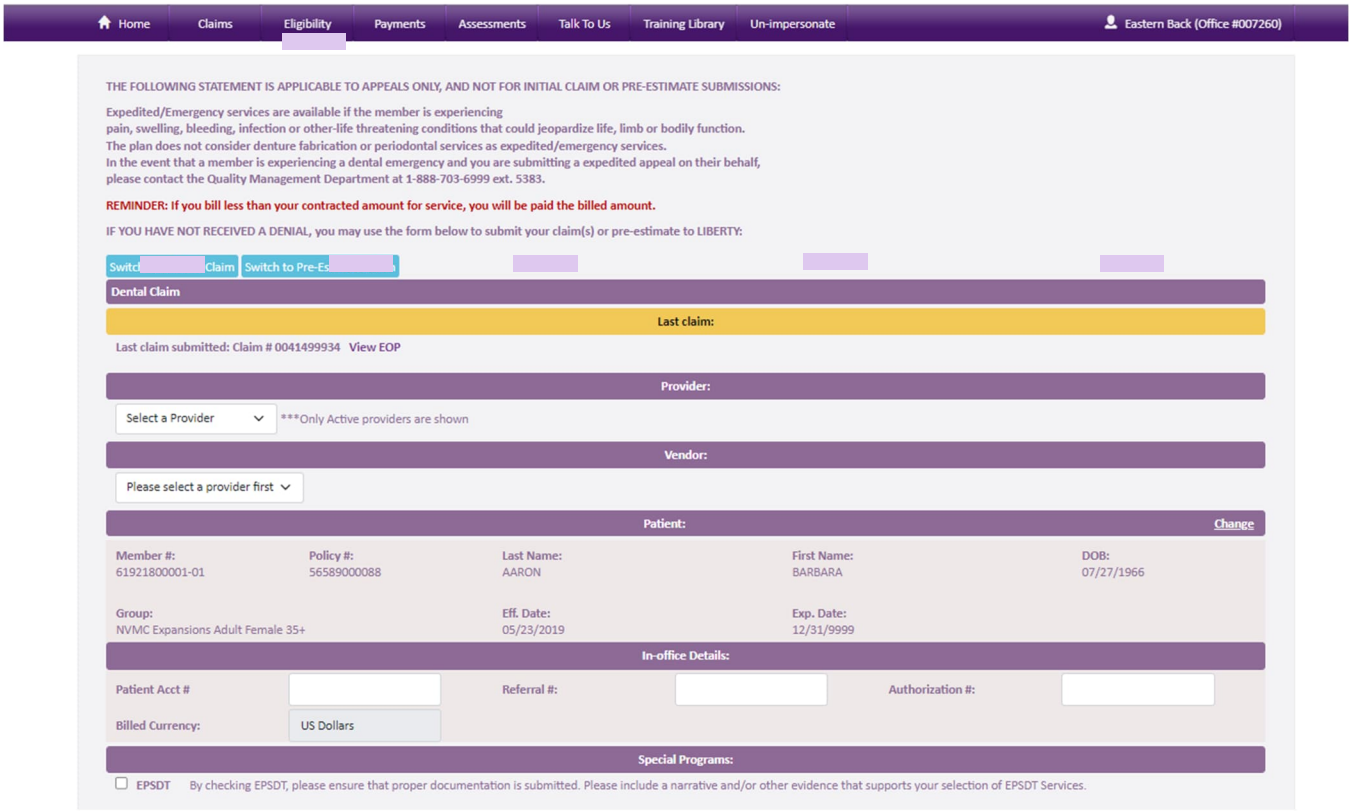


A member's benefit plan may be viewed and exported to a pdf by clicking on Export to PDF.



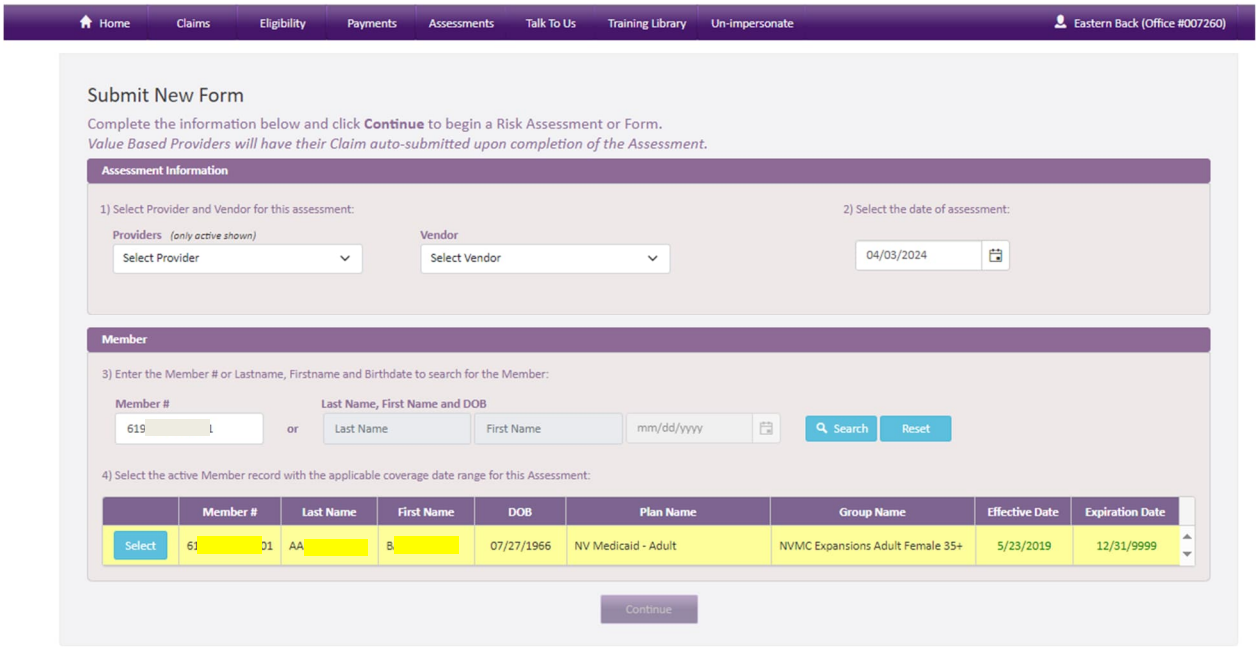
ADD CLAIM

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.



MEMBER ASSESMENT

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.



MEMBER DEMOGRAPHICS

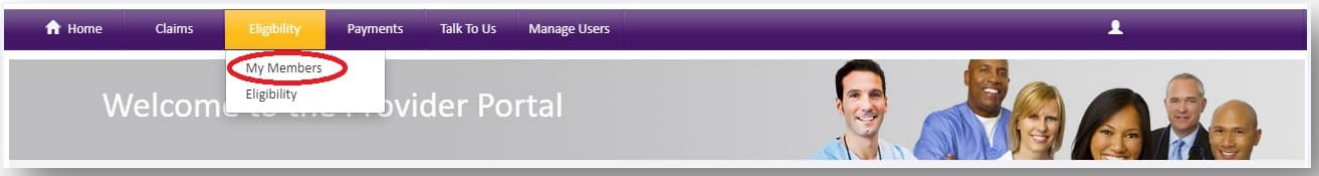
A member's address may easily be accessed by selecting Demographics from the member's profile.

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.

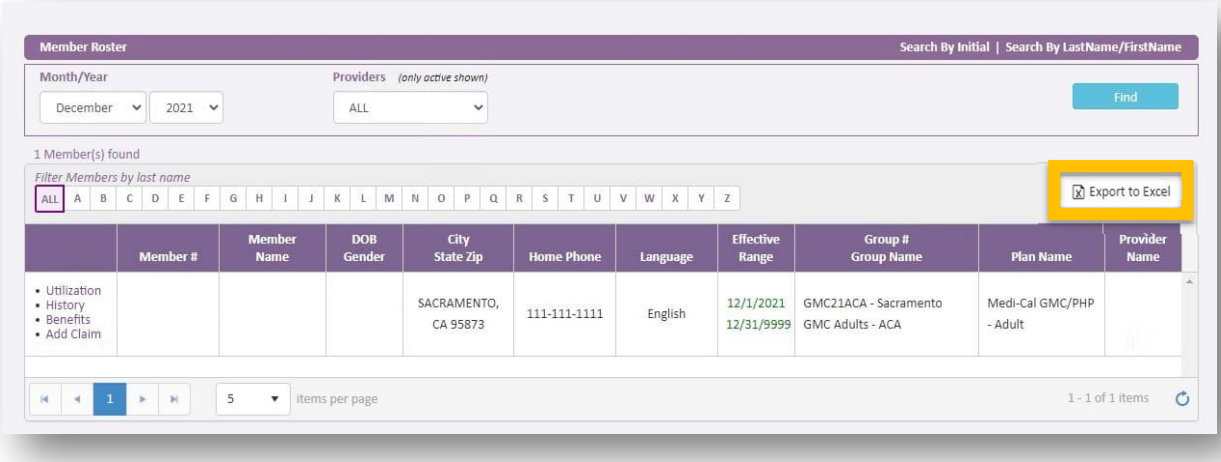
To sort membership assigned to an office by month, use the drop-down menus to select Month/Year and select All.



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.

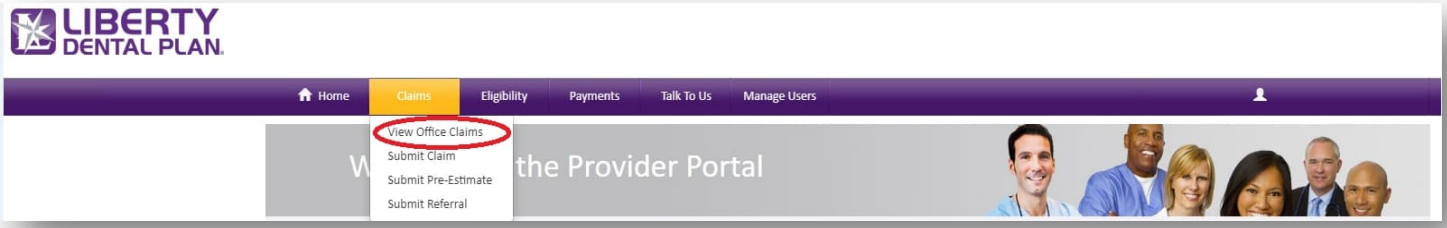
Within the Member Roster, Liberty has added Home Phone and Language.

> 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

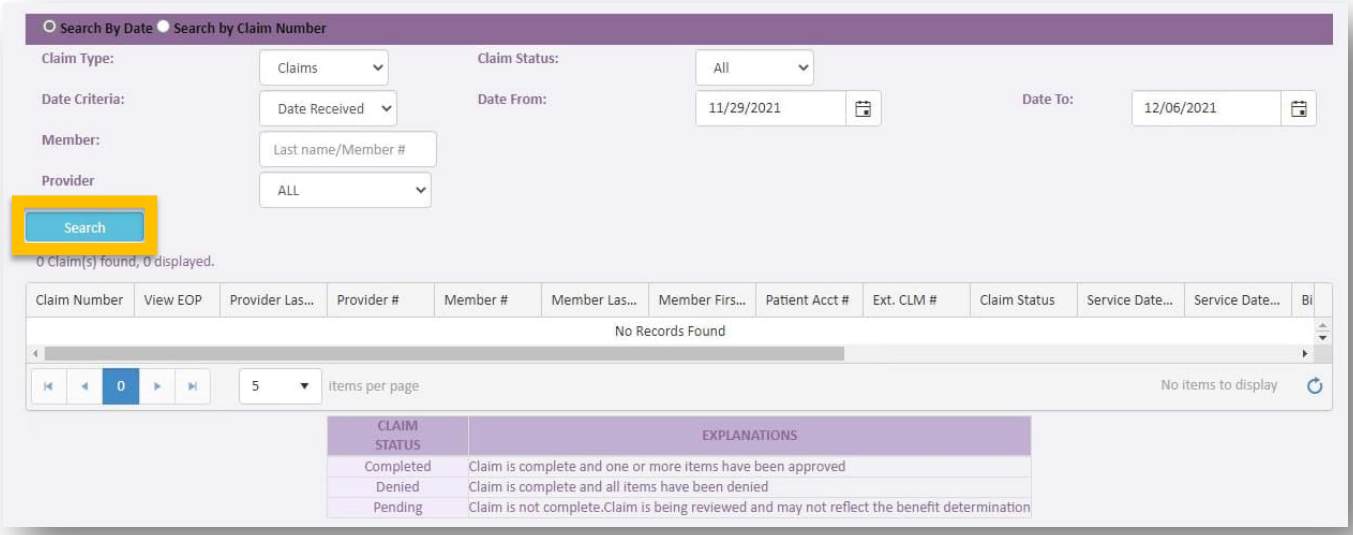
b. Claim Status – choose from All claims, Claims completed, Claims Denied, or Pending Claims

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

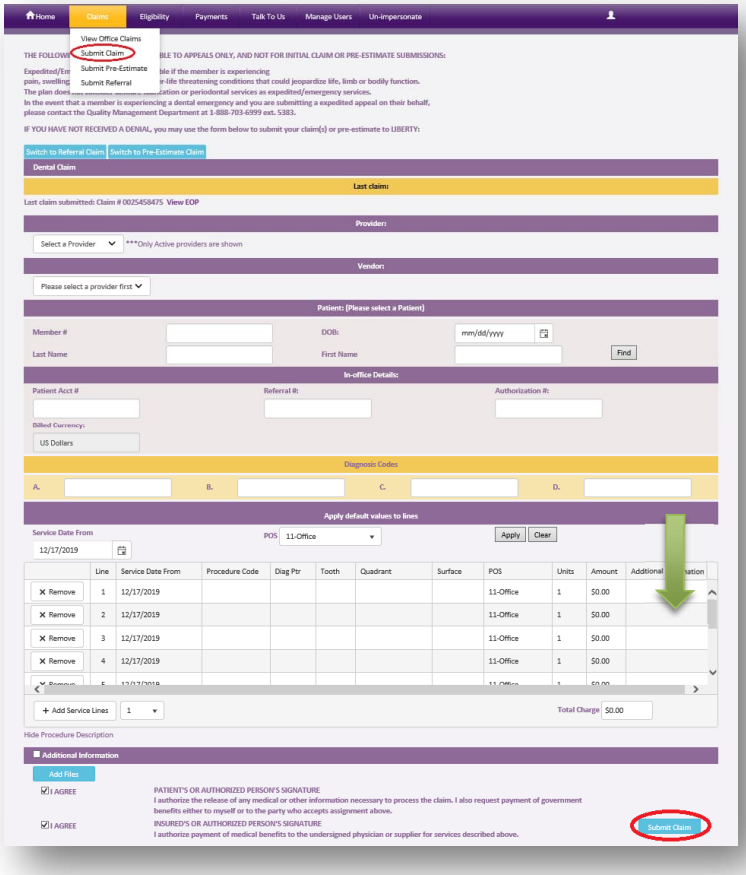
f. Provider – select the name of the treating provider



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 shows).
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 Accout #, Referral #, and Authorization #.
7. Diagnosis Codes: Add appropriate Diagnosis codes and Diagnosis Pointers (Diagnosis Pointers must be letters A-D).



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

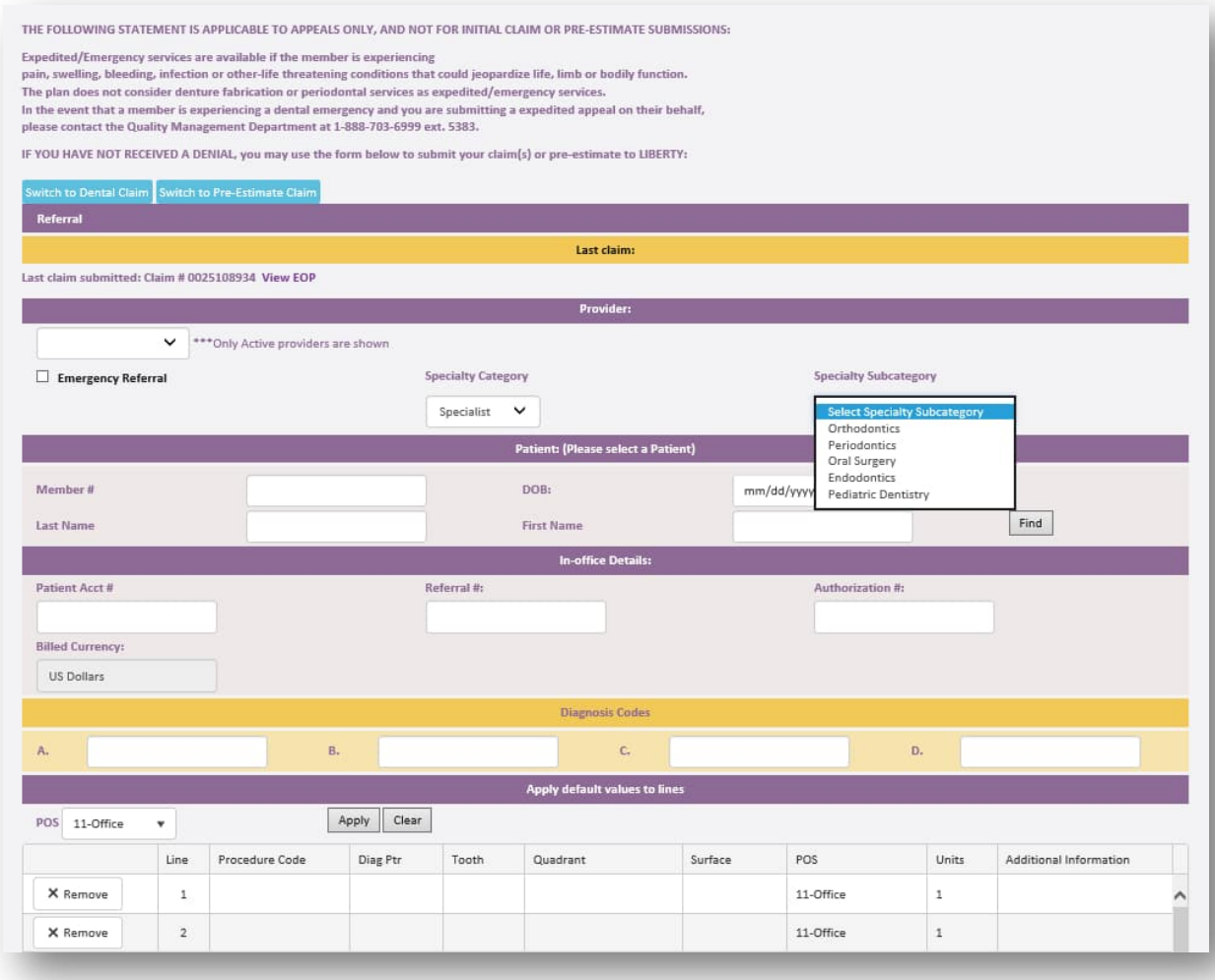
(Defaulted to Specialist).

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).



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 Claim 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.

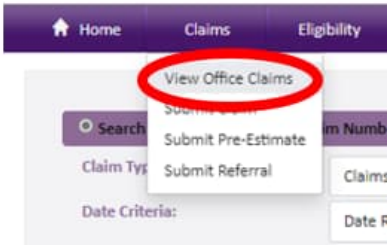
2. Check both I Agree boxes.
3. Click Submit Claim.

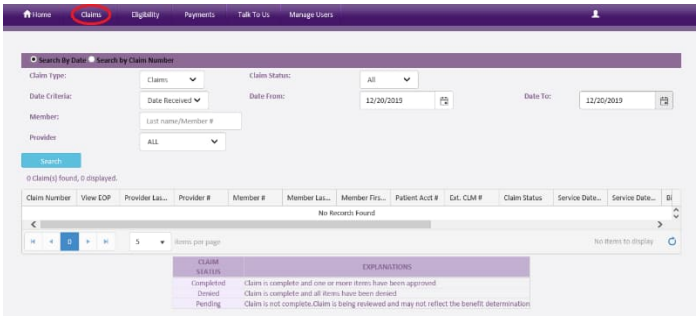
Note
There is an 8MB limit per attachment and up to 25MB in total. Multiple Attachments can be uploaded at once.

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

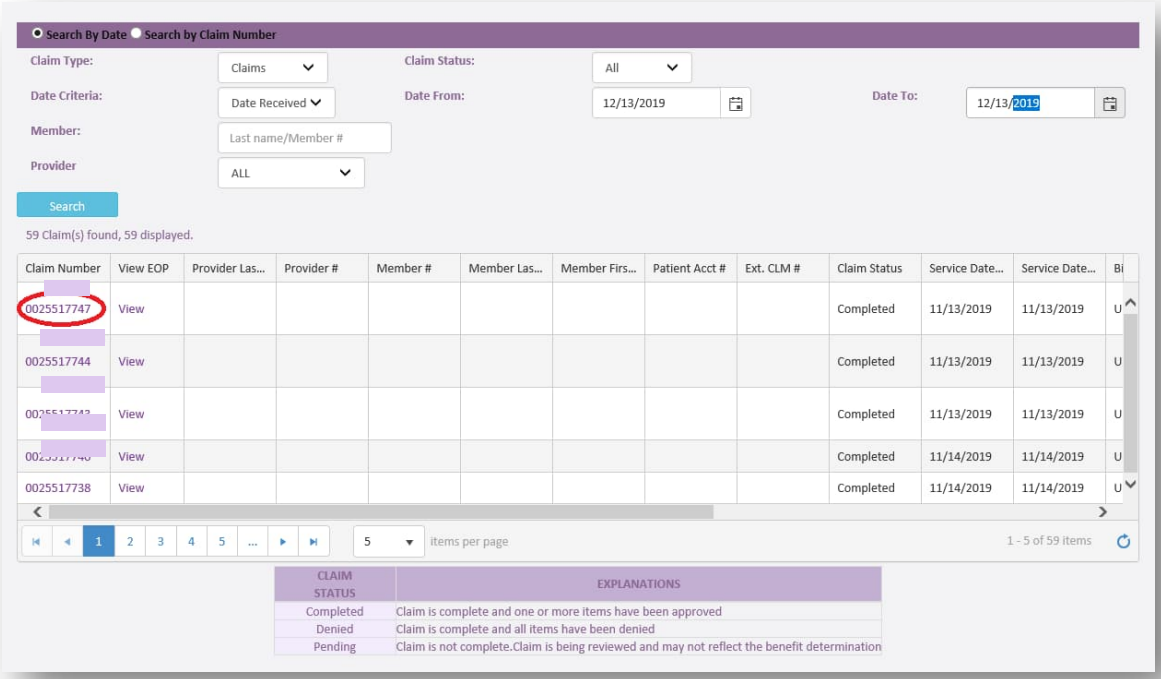
When a claim, pre-estimate, or referral that has previously been submitted requires additional documentation to complete the adjudication process, attach those documents as follows.

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.





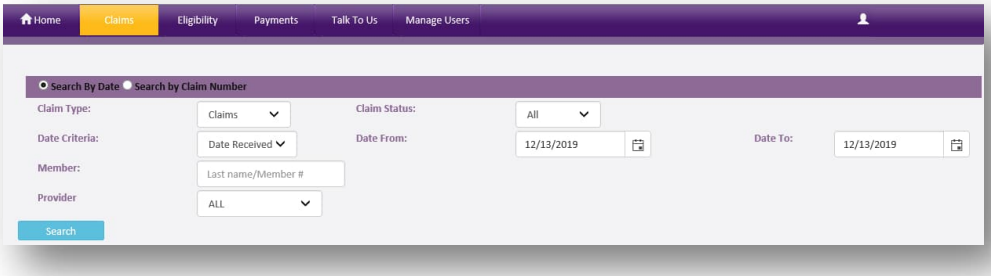
4. After the Explanation of Payment is displayed, click on Resubmit Claim
5. When Resubmit Claim is selected, the information from the claim, pre-estimate, or referral will populate on the Submit Claim screen.
6. Check the Additional Information box towards the bottom of the Submit Claim screen.
   a. 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
7. Check both I Agree boxes.
8. Click Submit Claim.



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

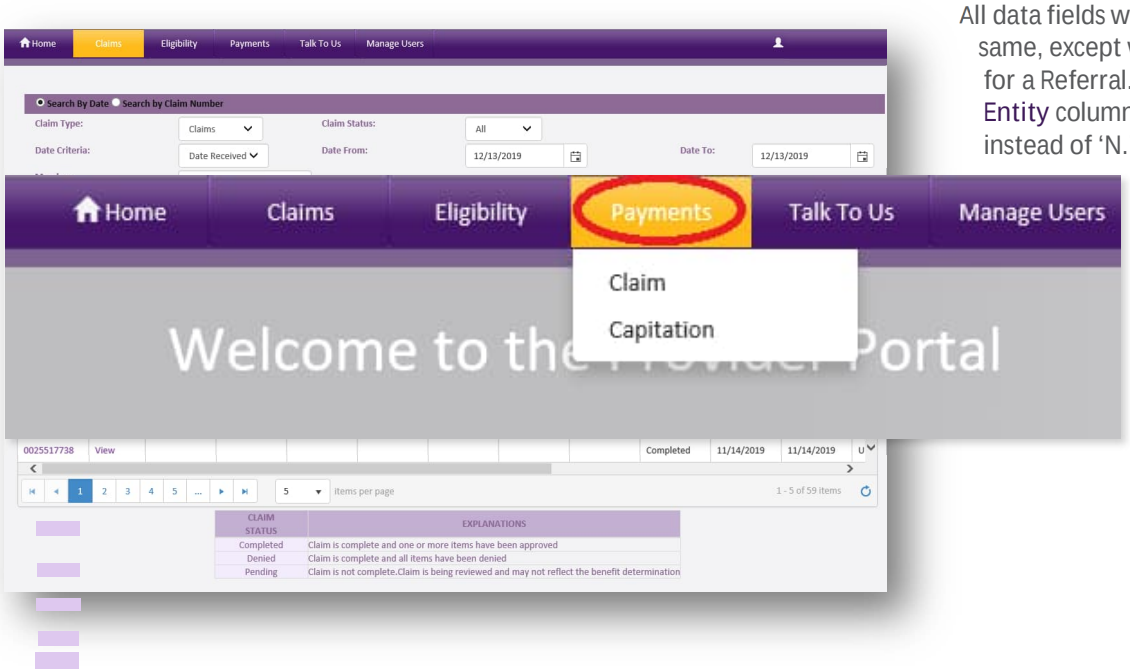
CHECK THE STATUS OF A CLAIM, PRE-ESTIMATE OR REFERRAL

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.

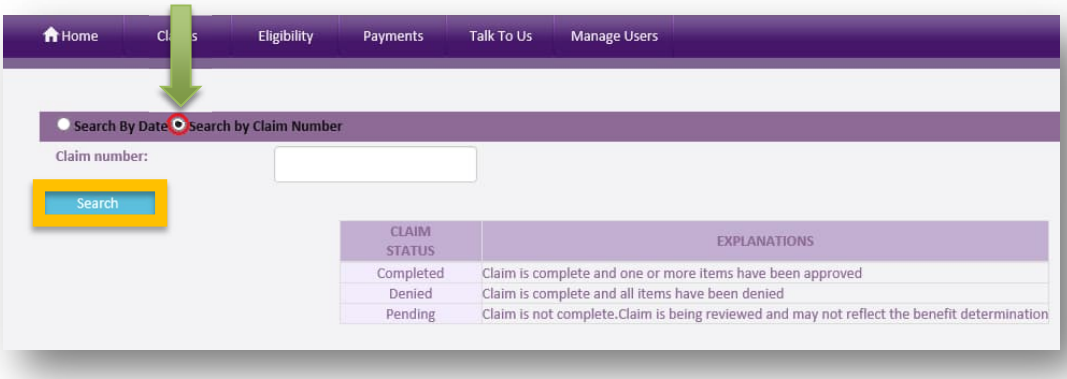
Example of Search Results:



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

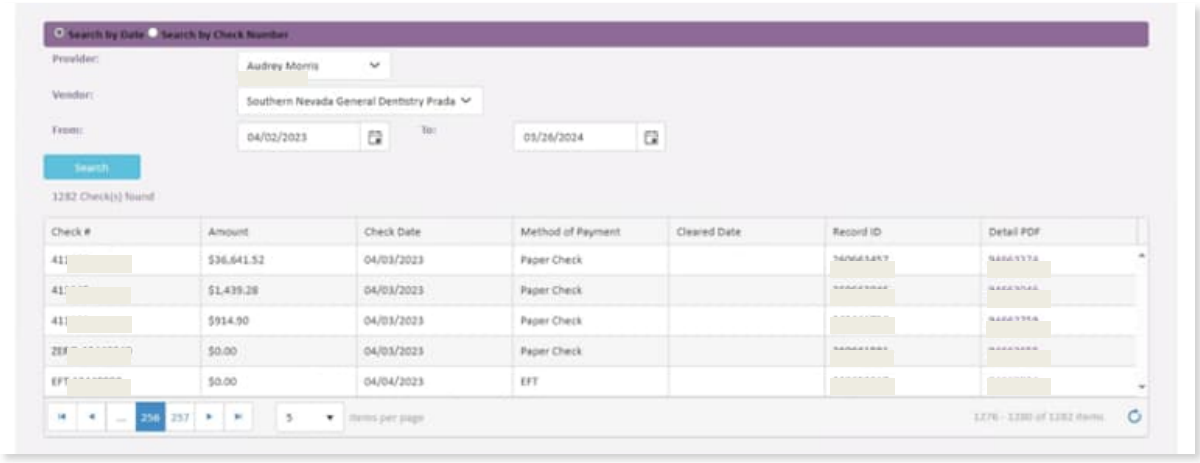
PAID CHECKS

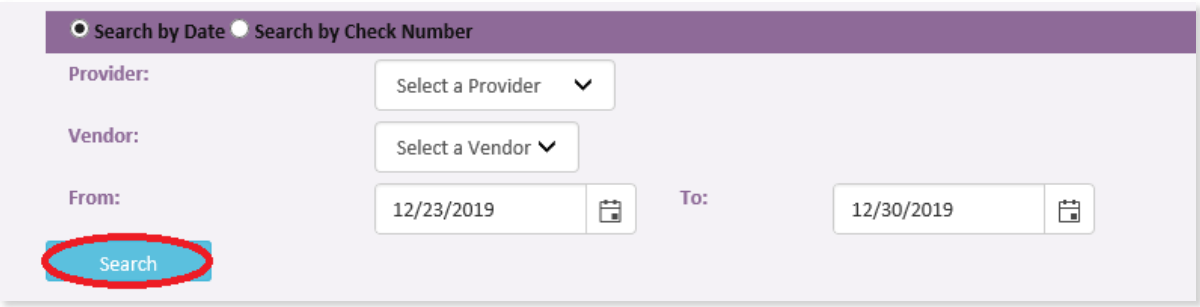
View checks paid to the vendor, along with the details of the payment.

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.

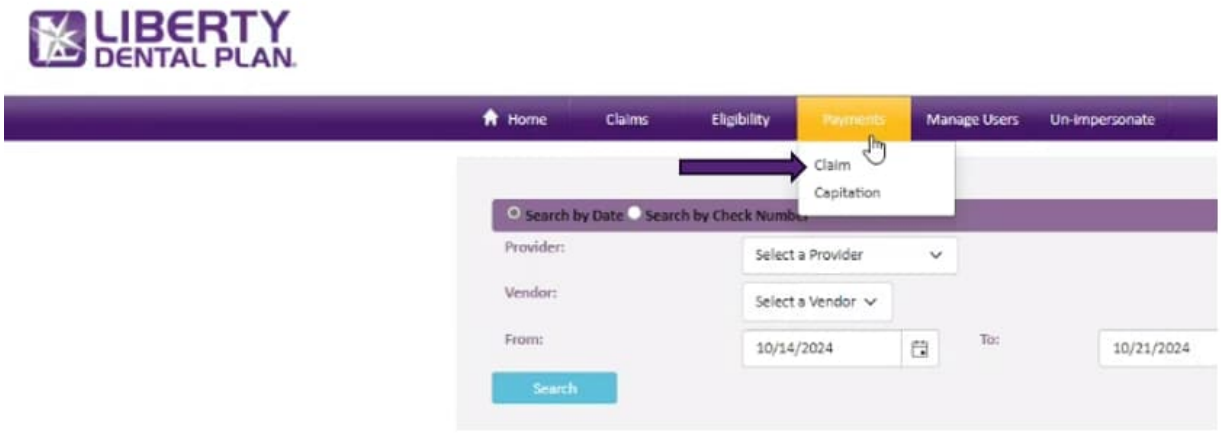
The below image will populate. Cleared Date indicates date the paper check cleared.



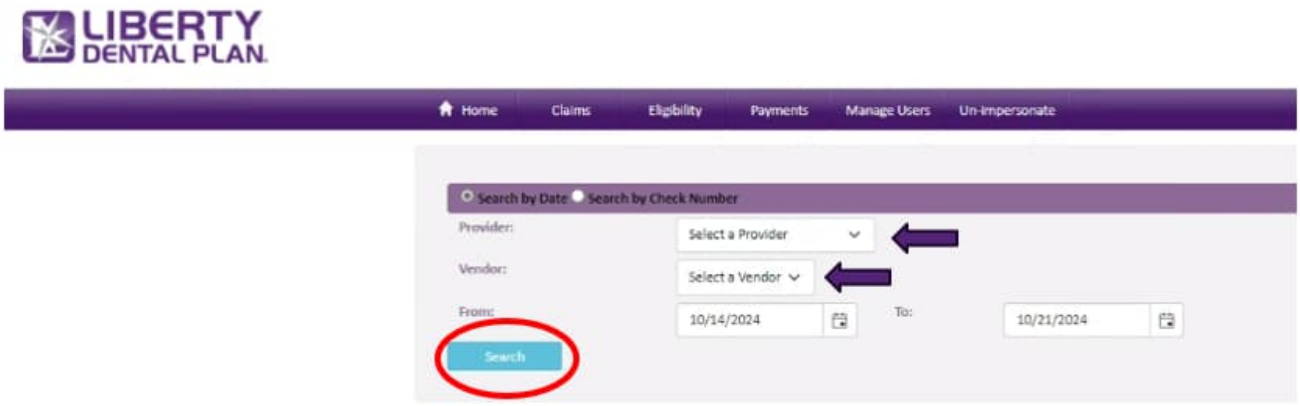


EOB – EXPLANATION OF BENEFITS

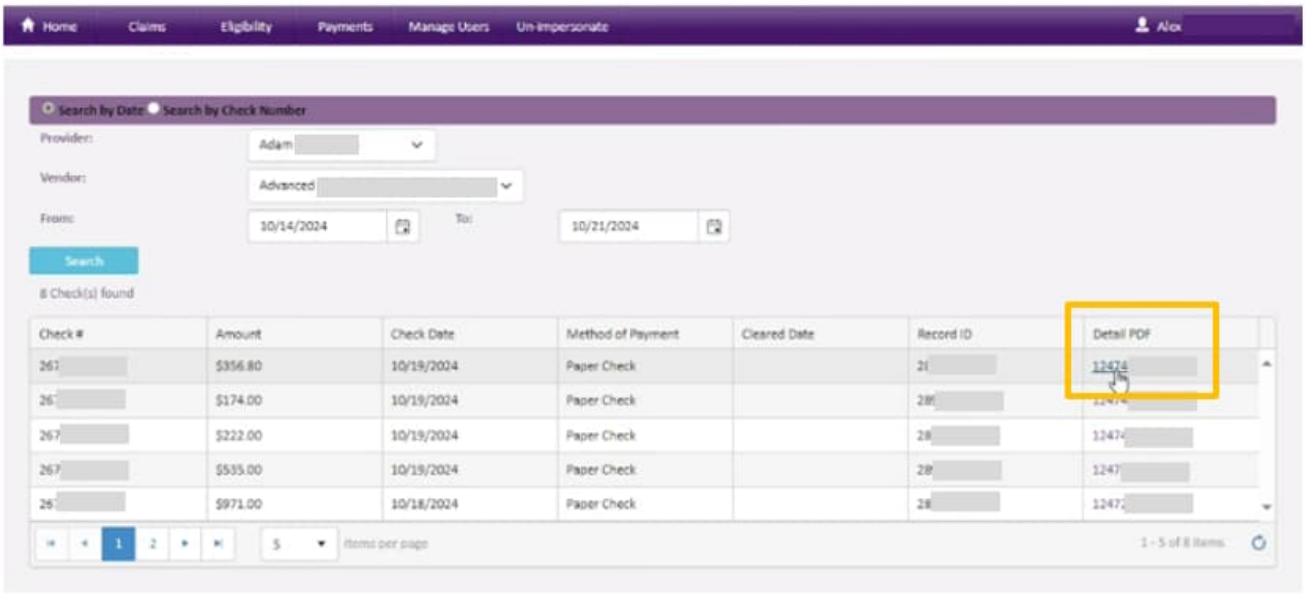
View the Explanation of Benefits for each claim paid on a check by line item.



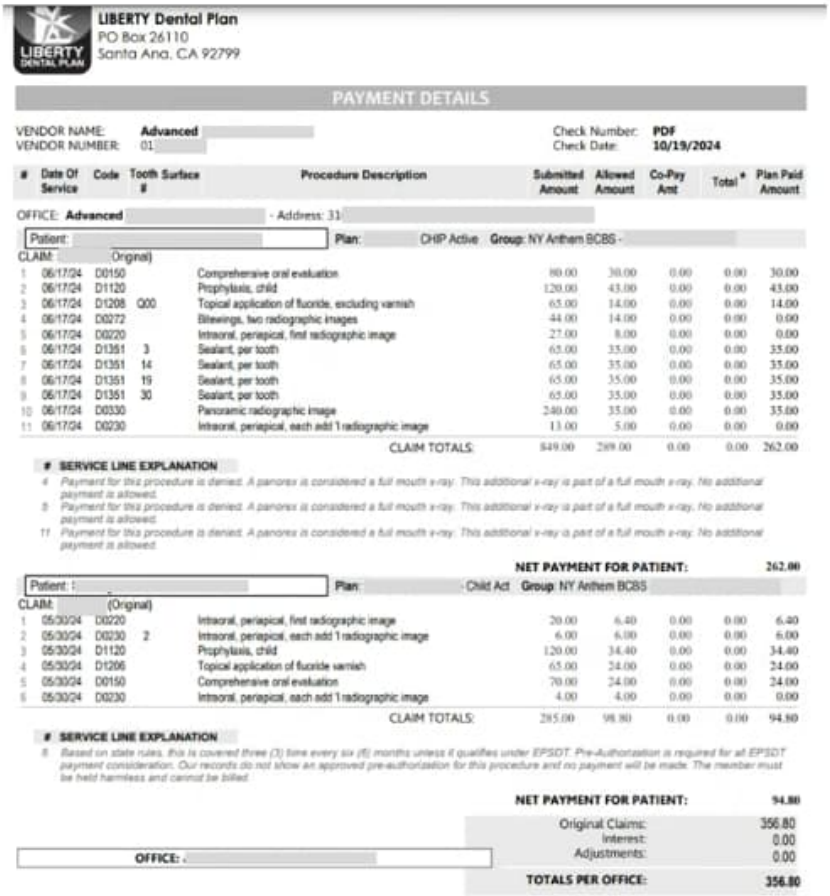
1. Click Payments on the top of the screen.
2. Select Claim.



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.



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
VENDOR NUMBER: 01
Check Number: PDF
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: (Orignal)									
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	Q00	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'l 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.
8 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

#	Date Of Service	Code	Tooth Surface #	Procedure Description	Submitted Amount	Allowed Amount	Co-Pay Amt	Total *	Plan Paid Amount
Patient: Plan: Child Act Group: NY Anthem BCBS									
CLAIM: (Orignal)									
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'l 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'l 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

8 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

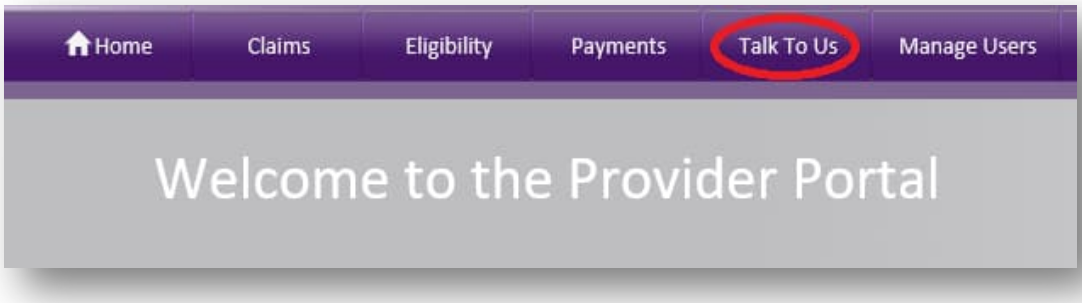
Original Claims:	356.80
Interest:	0.00
Adjustments:	0.00
TOTALS PER OFFICE:	356.80

OFFICE:

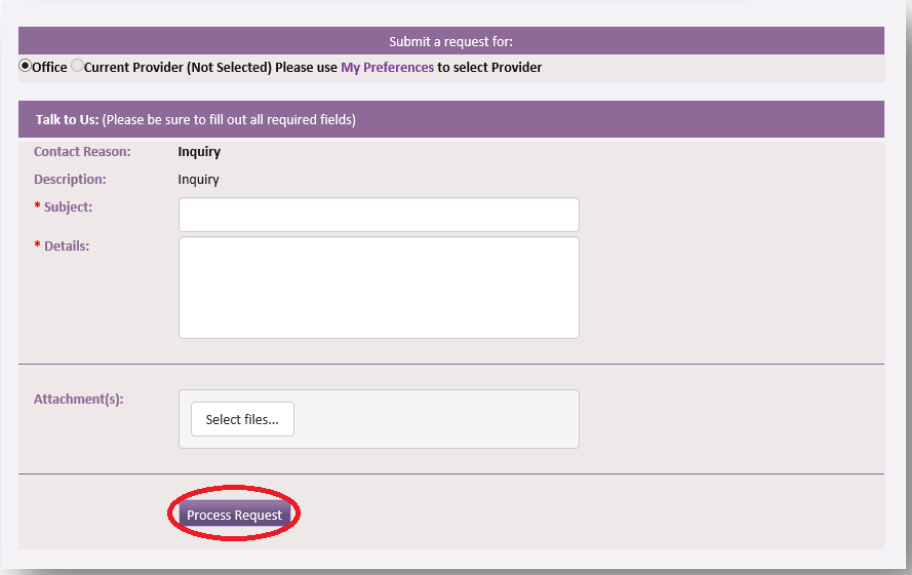
Talk to Us

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.



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



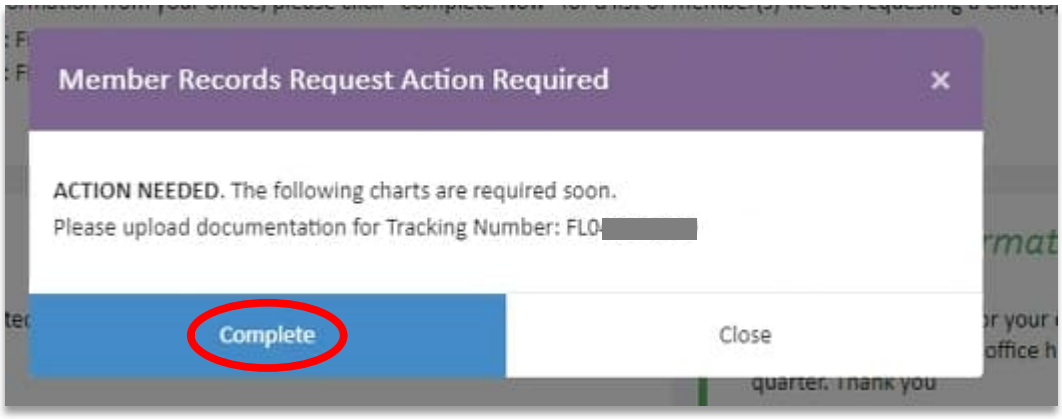
Member Records Request

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:

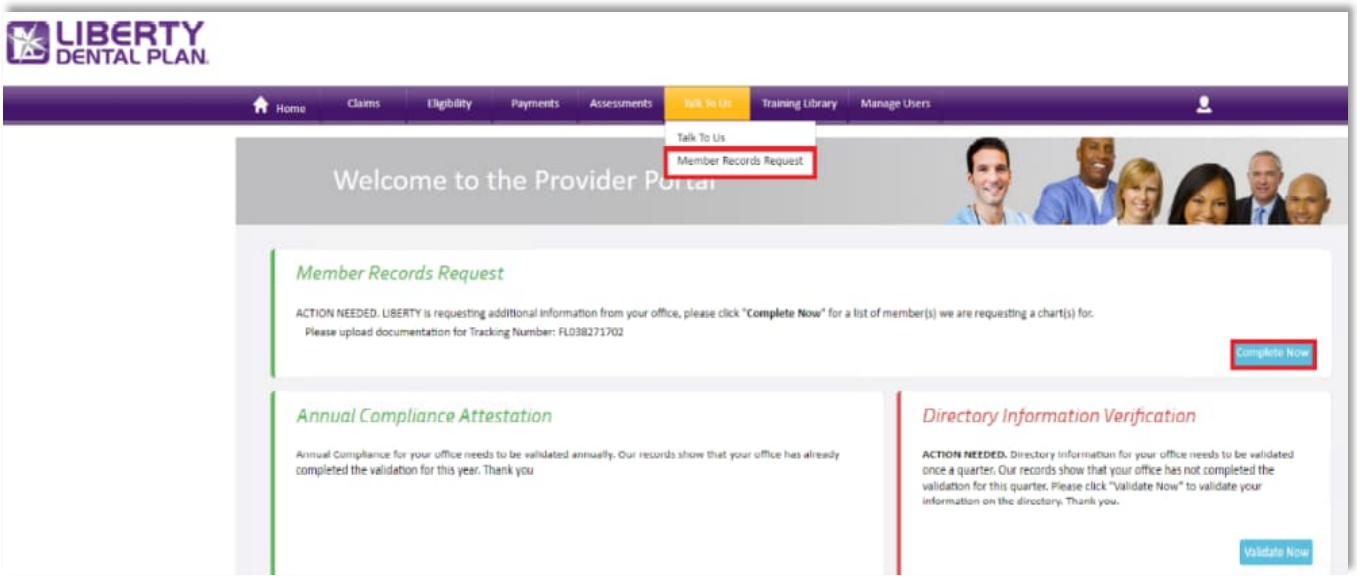
Click Complete.



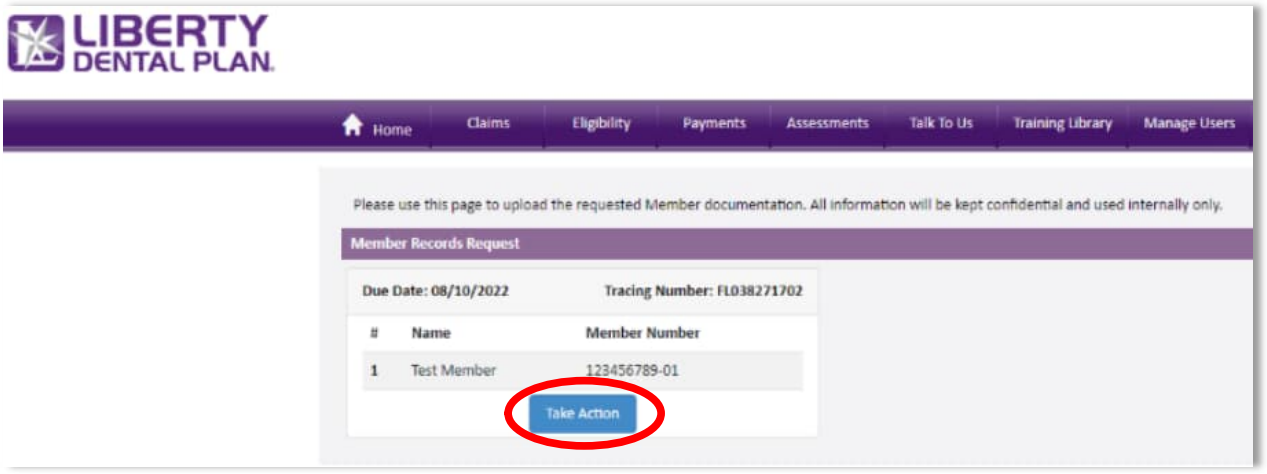
Please Note: If selecting "Complete" from the pop-up notification, the Members Records Request screen will open in a new tab.

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

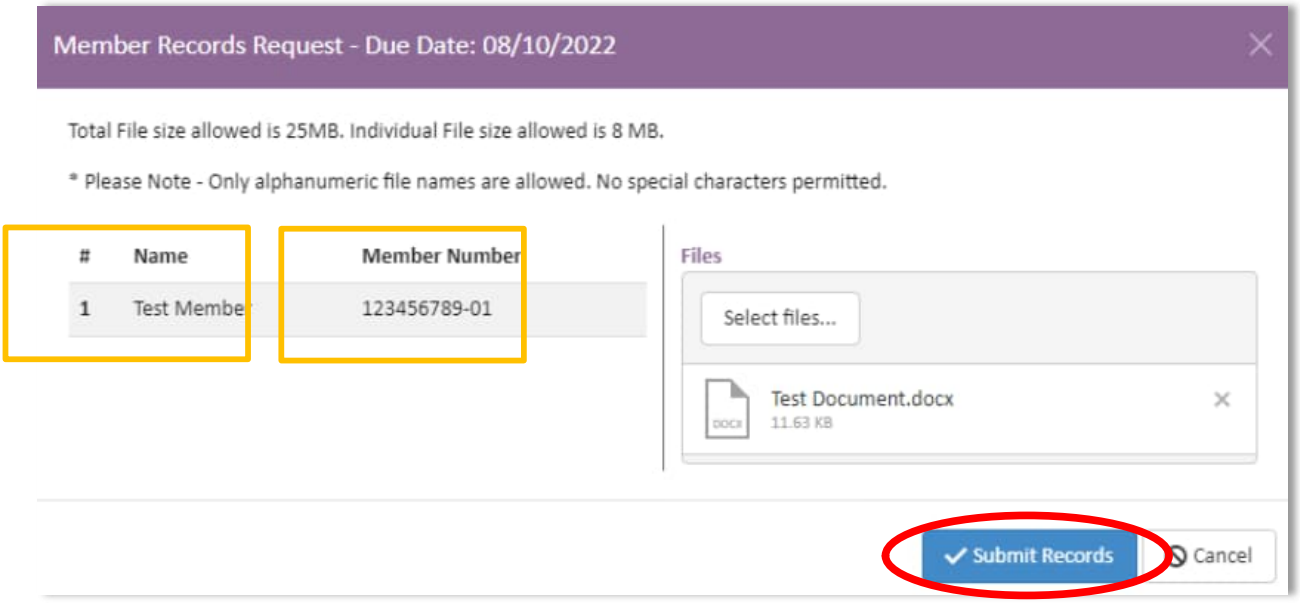
1. Select Talk to Us tab.
2. Select Member Records Request.



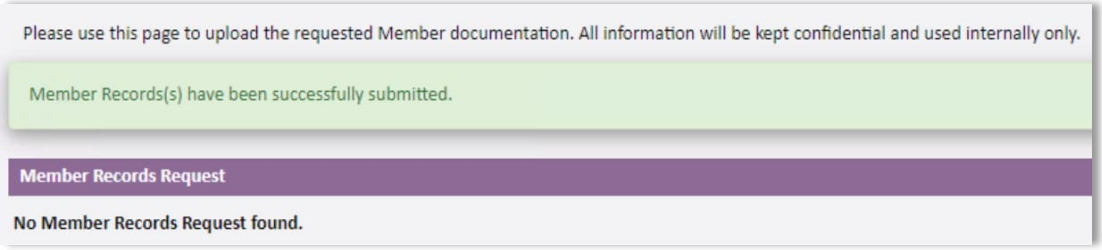
3. The "Member Records Request" window will appear, as show below.
4. Click Take Action.



5. 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.
6. Click Submit Records.



7. 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.