

Online Provider Portal User Guide

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Getting Started

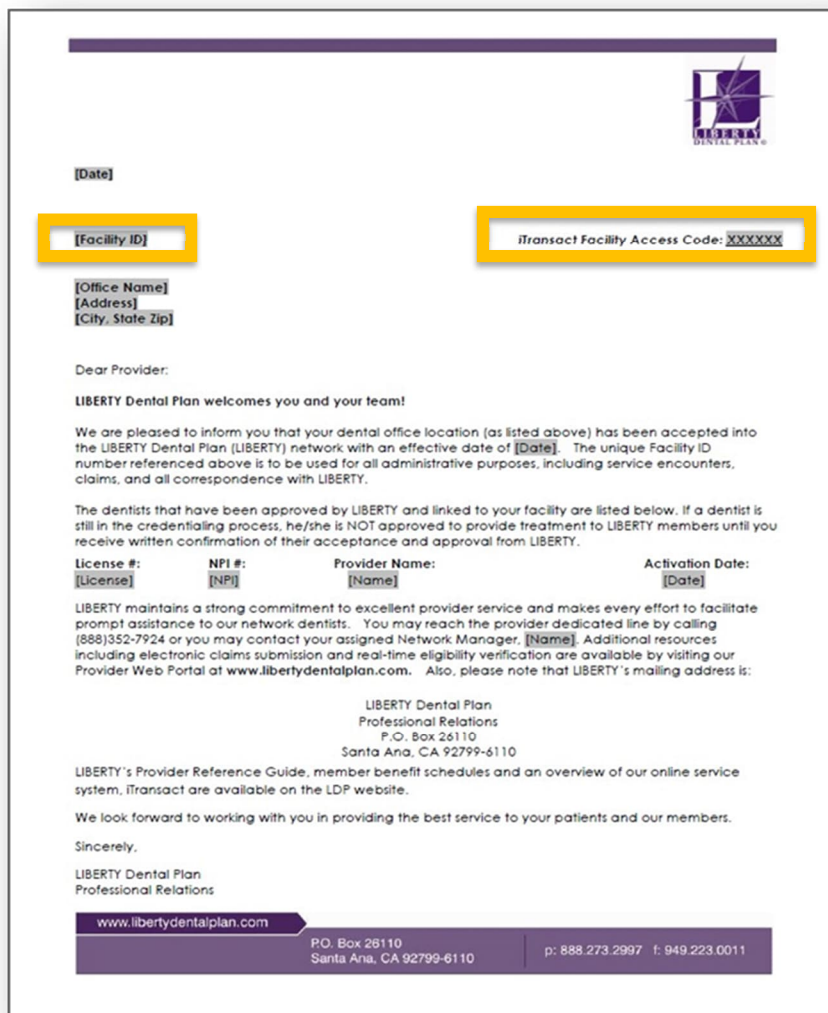
Liberty Dental Plan ("Liberty") offers 24/7 real-time access to information and tools through our secure Online Provider Portal.

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

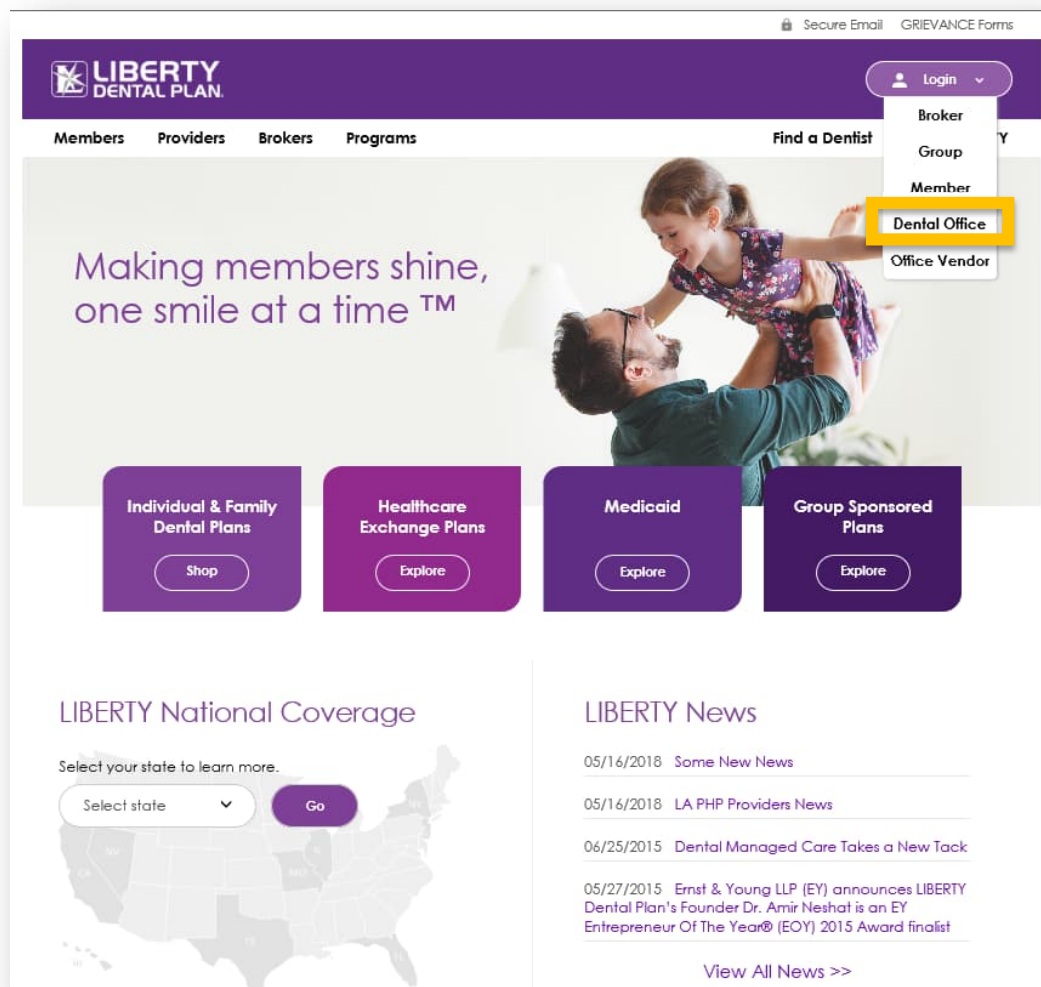
p: 888.273.2997 f: 949.223.0011

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.



Sign in with your user name

Username

Password

Sign In

Don't have an account? Sign up now

Expired/Locked/Forgot Password

Portal Help Guide
Terms of Use

How to Videos
How to Register for the Provider Portal

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.



Please provide the following details.

Choose the TYPE of user you want to create an account for:
Office

Sign in name

Email verification is required prior to completing account return.

Email Address

Send verification code

Confirm New Password

Confirm New Password

User First Name

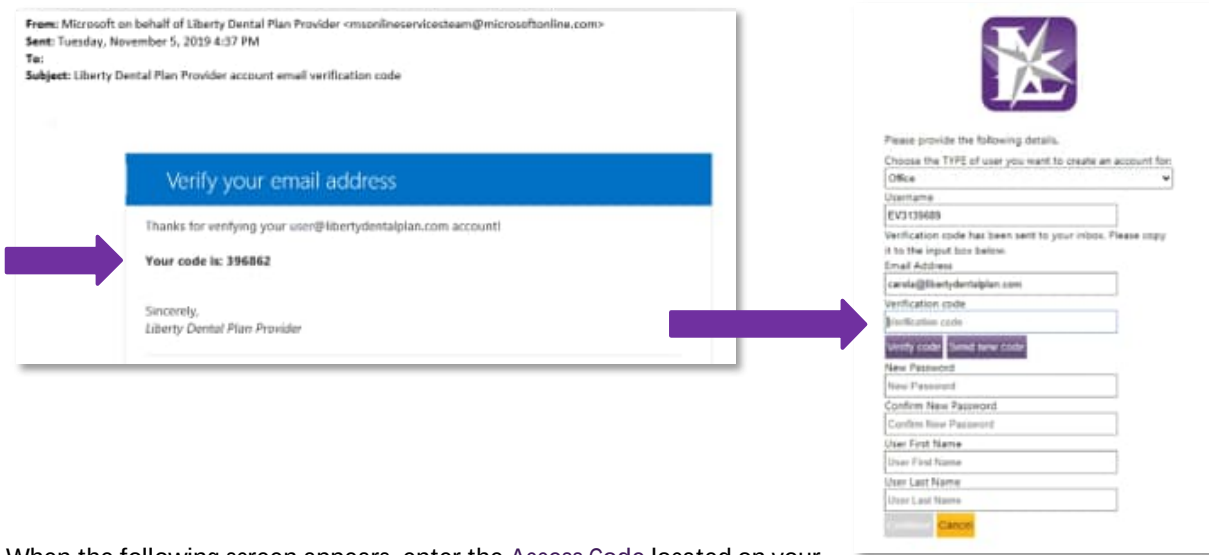
User Last Name

Continue **Cancel**

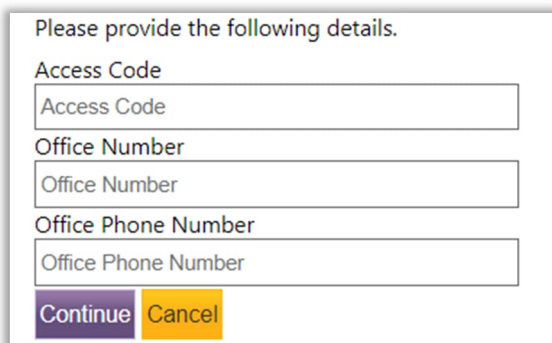
☐ I'm not a robot

reCAPTCHA
Privacy - Terms

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



- 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.

- Select your office's various **Preferences**.

1. Select Provider:

	NPI	Provider #	Provider Name
Selected ✓	-	0	ALL
Select			

1 - 2 of 2 items

2. Select Provider Type:

3. Show EOP after submitting a claim:

4. Show details after submitting a referral:

5. Default to Assignment of Benefits:

6. How many items to display per page:

7. How many days back for claims lookup:

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

9. Submit a claim default options:

10. Default Billing currency:

11. How many checks to display per page:

12. How many days back for checks lookup:

☒ Dental

☒ Yes ☐ No

☒ Yes ☐ No

☒ Yes ☐ No

5

Last Week

11-Office

Service Date(s)

US Dollars

5

Last Week

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.

2. Select Provider Type:

3. Show EOP after submitting a claim:

4. Show details after submitting a referral:

5. Default to Assignment of Benefits:

6. How many items to display per page:

7. How many days back for claims lookup:

8. Default to Place of Service:

9. Submit a claim default options:

10. Default Billing currency:

11. How many checks to display per page:

12. How many days back for checks lookup:

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.

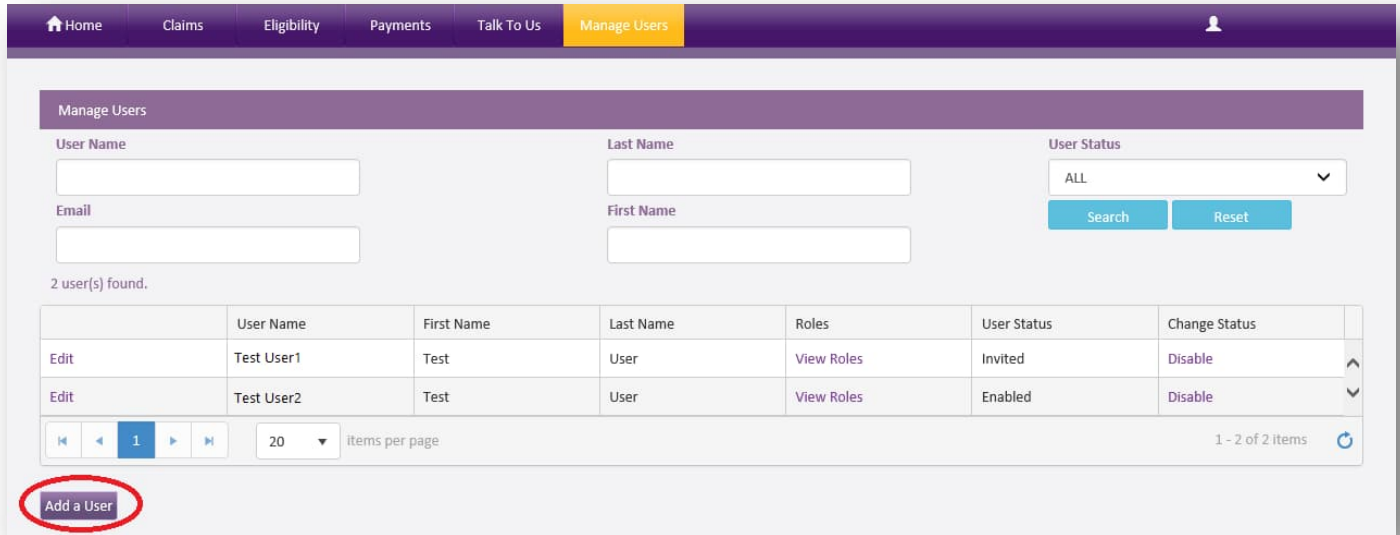
Once your preferences have been saved, you will remain on the **Preferences** screen where you can select from the available drop-down features.

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:

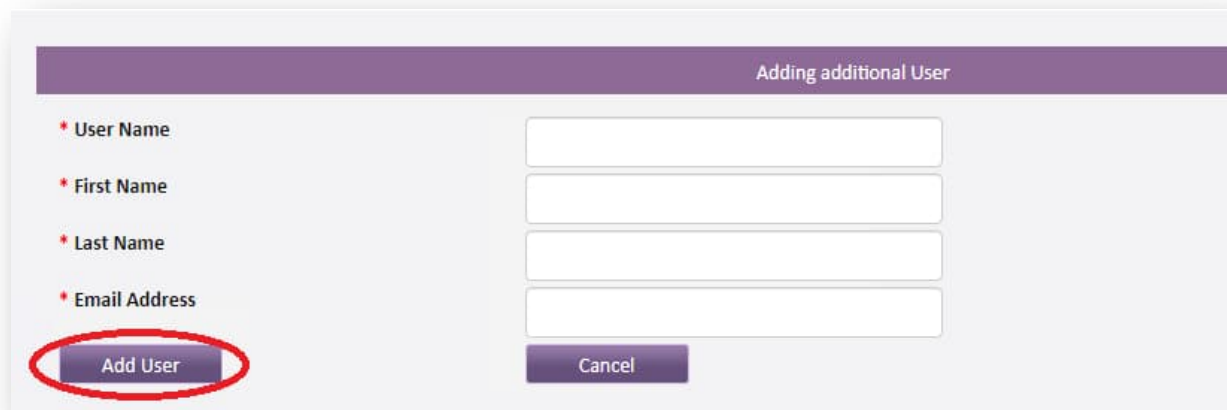
Select **Manage Users** from the drop-down menu on the top of the screen.



The screenshot shows the 'Manage Users' interface. At the top is a navigation bar with links: Home, Claims, Eligibility, Payments, Talk To Us, and Manage Users (highlighted in yellow). Below the navigation bar is a header 'Manage Users'. The main area contains search filters: 'User Name' and 'Email' (text input fields), 'Last Name' and 'First Name' (text input fields), and 'User Status' (a dropdown menu set to 'ALL'). There are 'Search' and 'Reset' buttons. Below the filters, it says '2 user(s) found.' and displays a table with two users. The table has columns: User Name, First Name, Last Name, Roles, User Status, and Change Status. The first user is 'Test User1' with first name 'Test', last name 'User', role 'View Roles', and status 'Invited'. The second user is 'Test User2' with first name 'Test', last name 'User', role 'View Roles', and status 'Enabled'. Below the table is a pagination bar showing '1' of 2 items, '20' items per page, and '1 - 2 of 2 Items'. At the bottom left, there is a button labeled 'Add a User' which is circled in red.

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

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**.



The screenshot shows the 'Adding additional User' form. It has a header 'Adding additional User'. Below the header are four required fields, each marked with an asterisk (*): 'User Name', 'First Name', 'Last Name', and 'Email Address'. Each field has a corresponding text input box. At the bottom left, there is a button labeled 'Add User' which is circled in red. At the bottom right, there is a button labeled 'Cancel'.

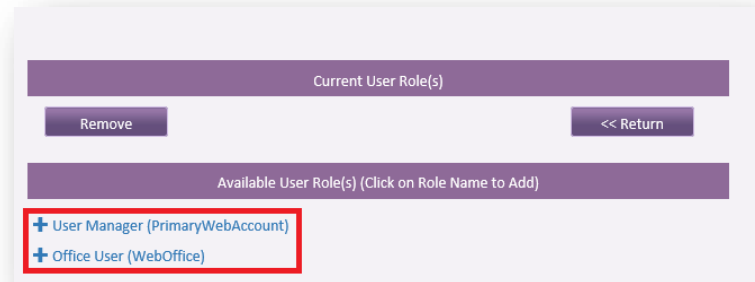
SET NEW USER ROLES

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.

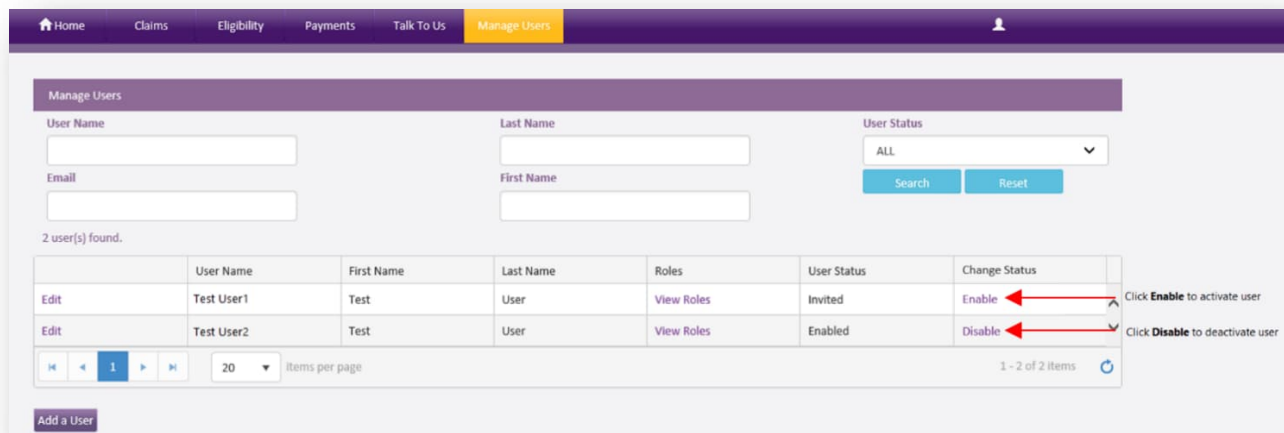


ENABLE AND DISABLE USERS

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**.

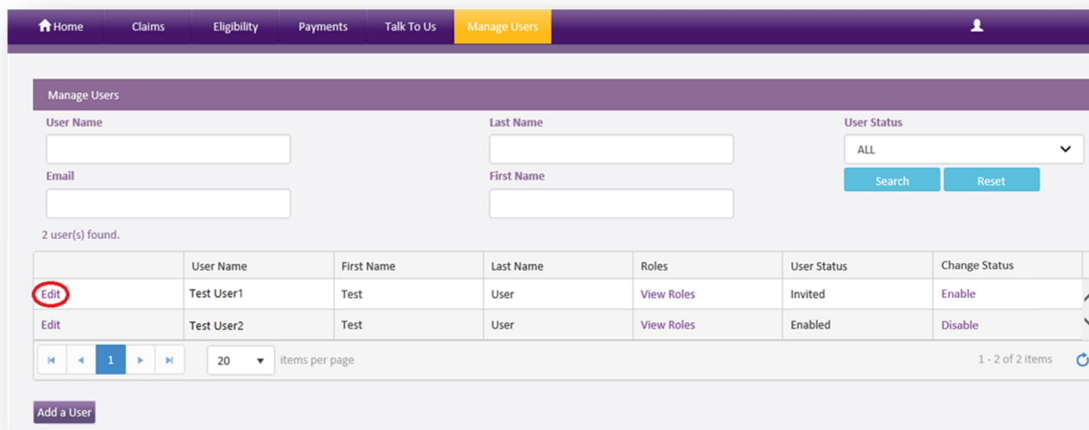


	User Name	First Name	Last Name	Roles	User Status	Change Status
Edit	Test User1	Test	User	View Roles	Invited	Enable
Edit	Test User2	Test	User	View Roles	Enabled	Disable

EDIT USER INFORMATION

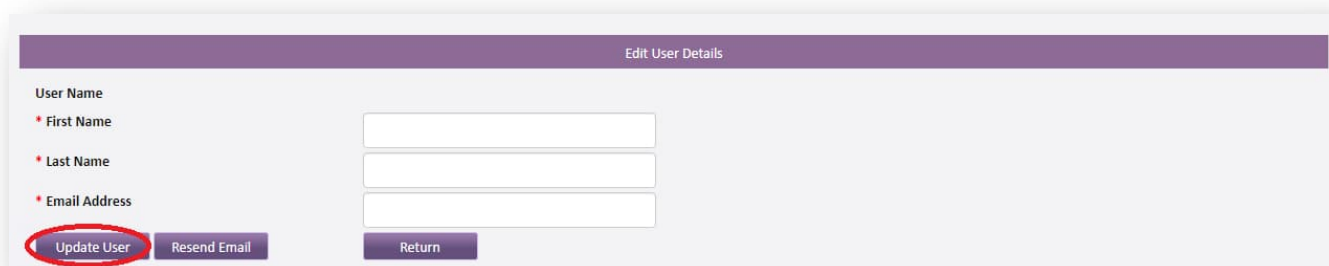
The Office Administrator can edit a user's information:

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



	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](#).



User Name

* First Name

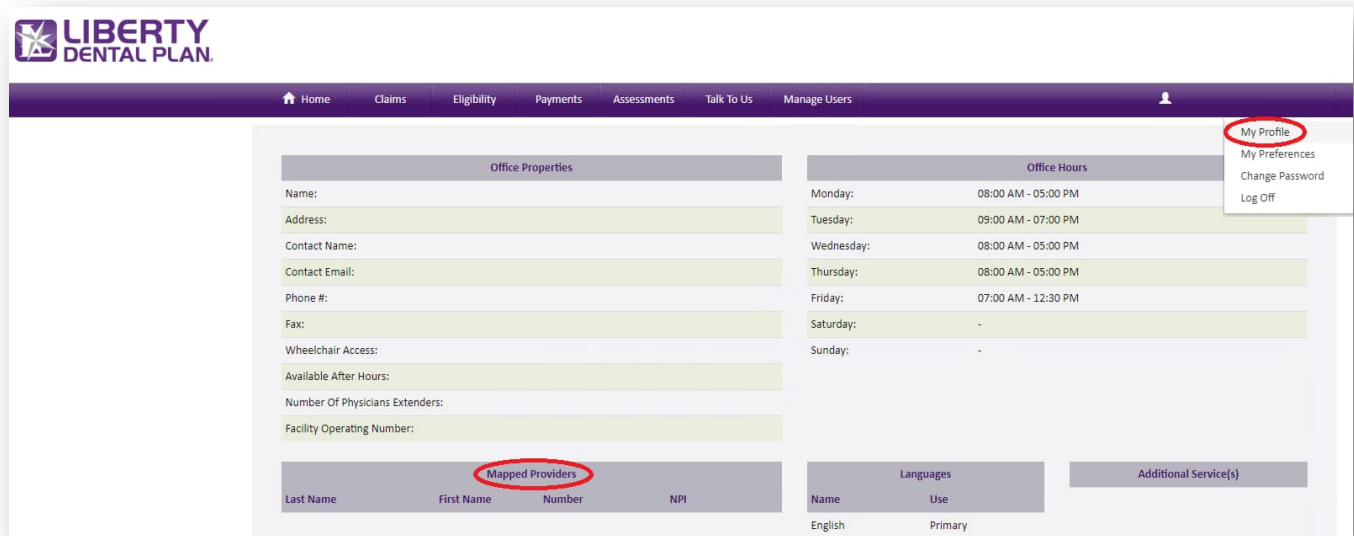
* Last Name

* Email Address

[Update User](#) [Resend Email](#) [Return](#)

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.



LIBERTY DENTAL PLAN

Home Claims Eligibility Payments Assessments Talk To Us Manage Users

My Profile
 My Preferences
 Change Password
 Log Off

Office Properties

Name:
 Address:
 Contact Name:
 Contact Email:
 Phone #:
 Fax:
 Wheelchair Access:
 Available After Hours:
 Number Of Physicians Extenders:
 Facility Operating Number:

Office Hours

Monday: 08:00 AM - 05:00 PM
 Tuesday: 09:00 AM - 07:00 PM
 Wednesday: 08:00 AM - 05:00 PM
 Thursday: 08:00 AM - 05:00 PM
 Friday: 07:00 AM - 12:30 PM
 Saturday: -
 Sunday: -

Mapped Providers

Last Name	First Name	Number	NPI

Languages

Name	Use
English	Primary

Additional Service(s)

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.

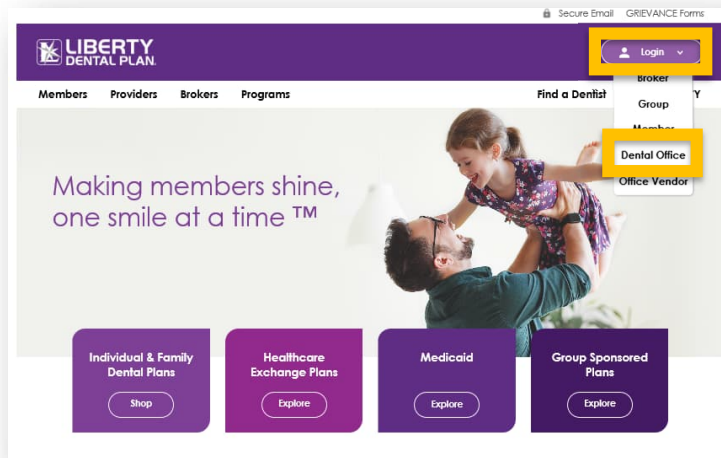
Accessing Your User Account

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:

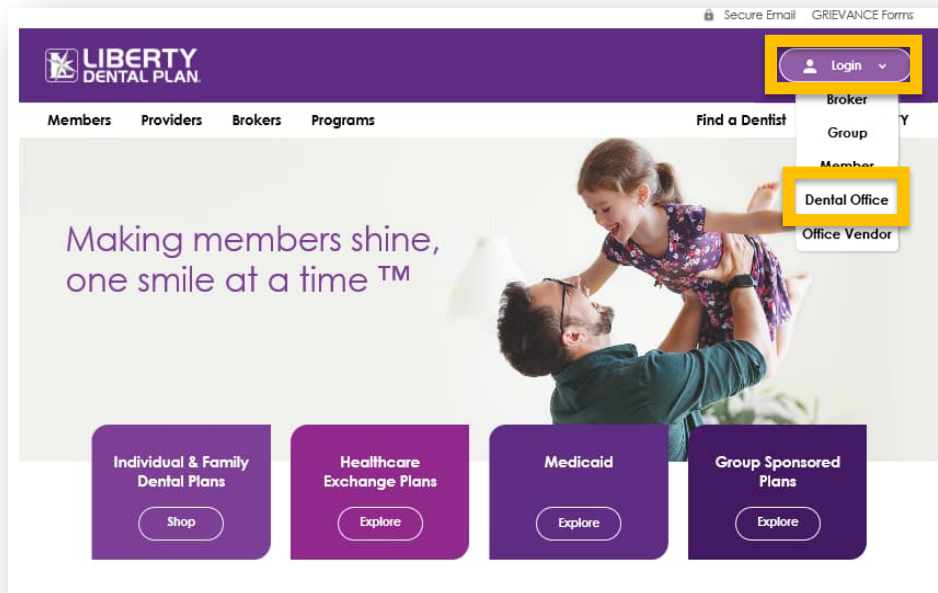
1. Type in Username and Password.
2. Check I'm not a robot box to open the reCAPTCHA window.
3. Follow the instructions and select the appropriate images in the reCAPTCHA window.
4. Click **Verify** in the reCAPTCHA window.
5. Ensure you see a green check mark next to I'm not a robot.
6. Click **Sign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



PASSWORD RESET

Please visit www.libertydentalplan.com.

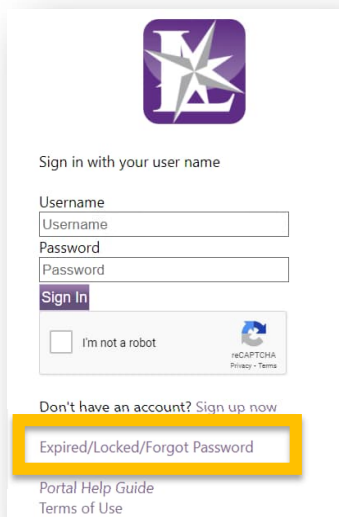
1. Click on LOGIN.



On the
screen:

next

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



Sign in with your user name

Username
Username

Password
Password

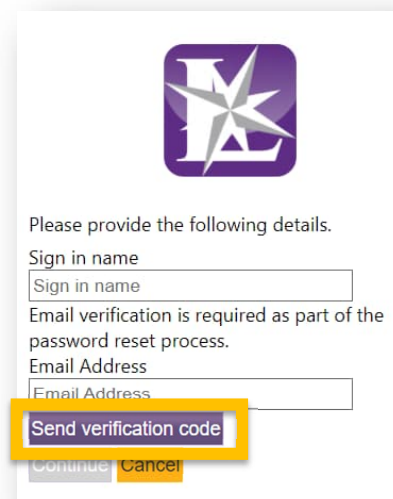
Sign In

☐ I'm not a robot

Don't have an account? Sign up now

Expired/Locked/Forgot Password

Portal Help Guide
Terms of Use



Please provide the following details.

Sign in name
Sign in name

Email verification is required as part of the password reset process.

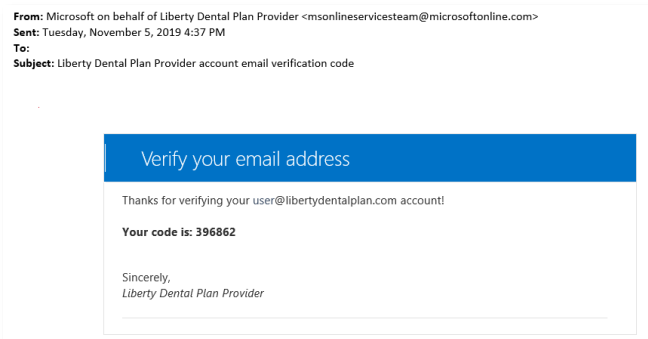
Email Address
Email Address

Send verification code

Continue Cancel

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:



Please provide the following details.

Sign in name

Verification code has been sent to your inbox.
 Please copy it to the input box below.

Email Address

Verification code

Verify code Send new code

Continue Cancel



Please provide the following details.

New Password

Confirm New Password

Continue Cancel

→



Sign in with your user name

Username

Password

Sign In

☐ I'm not a robot 

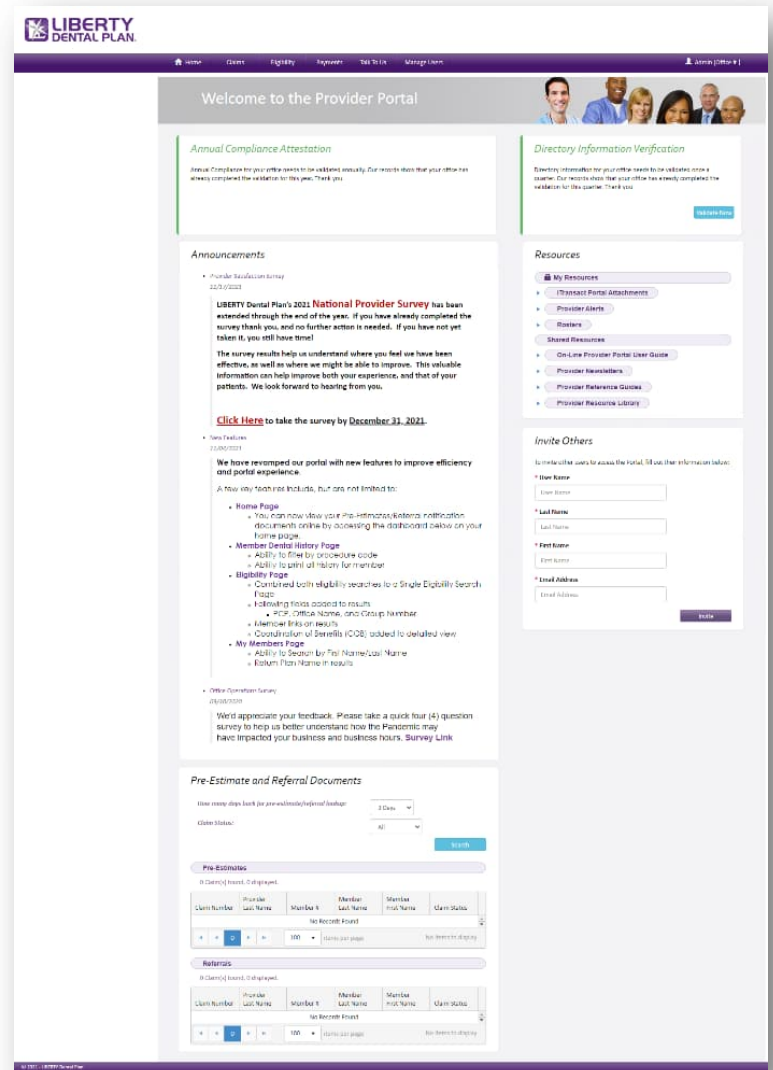
Note: Passwords must be a minimum of 8 characters in length and contain at least 3 of the following: 1 uppercase letter, 1 lower case letter, 1 number and 1 special character. (!@#\$\$%&*)

- 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
 - o My Resources: Fee Schedules, Contracts, Documents, Communications
 - o 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)



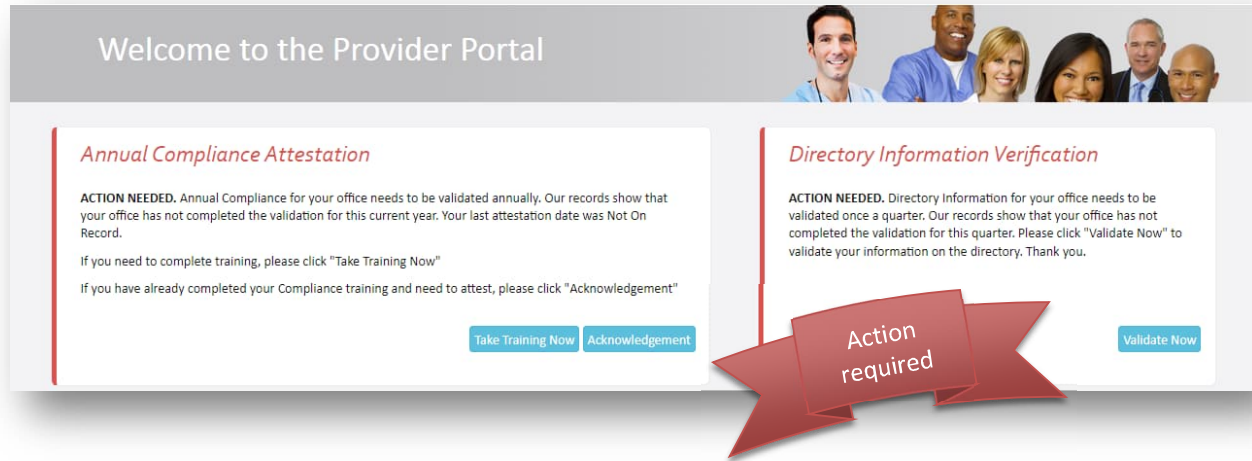
DIRECTORY INFORMATION VERIFICATION (DIV) AND ANNUAL COMPLIANCE ATTESTATION

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.

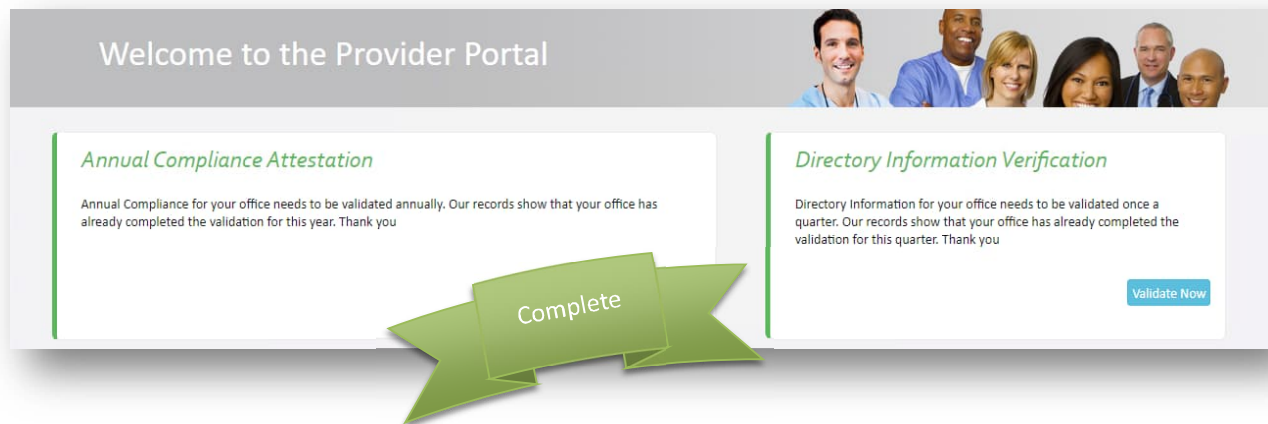
Once the Compliance Attestation or Directory Information

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).

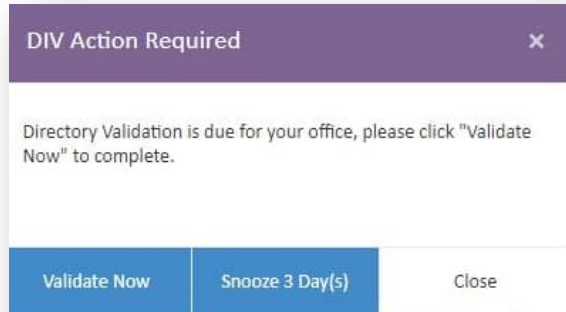


action needed has been resolved, the red bar on the left of the reminder will change to green and action buttons will be removed from the Annual Compliance Attestation.



DIV AND ANNUAL COMPLIANCE ATTESTATION *continued*

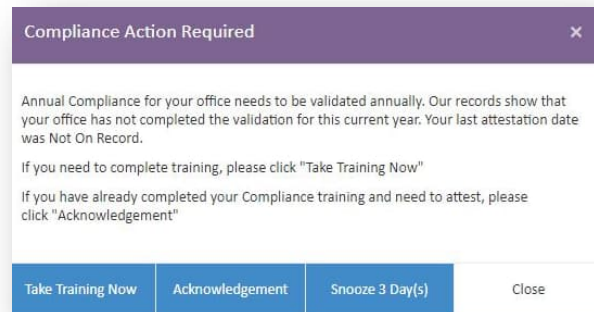
The following pop-up reminder(s) will appear if an office needs to complete their DIV or Annual Compliance Attestation. The user can take action, snooze for 3 days, or close the pop-up.



DIV Action Required [X]

Directory Validation is due for your office, please click "Validate Now" to complete.

[Validate Now](#) [Snooze 3 Day\(s\)](#) [Close](#)



Compliance Action Required [X]

Annual Compliance for your office needs to be validated annually. Our records show that your office has not completed the validation for this current year. Your last attestation date was Not On Record.

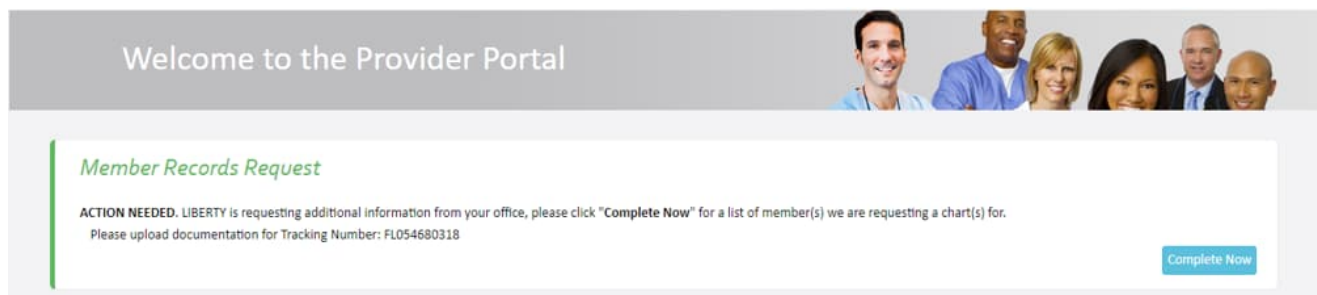
If you need to complete training, please click "Take Training Now"

If you have already completed your Compliance training and need to attest, please click "Acknowledgement"

[Take Training Now](#) [Acknowledgement](#) [Snooze 3 Day\(s\)](#) [Close](#)

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.



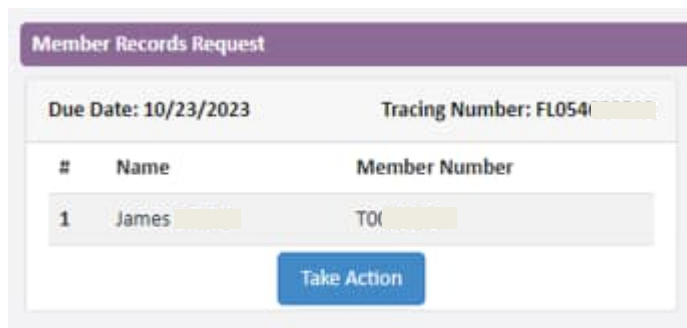
Welcome to the Provider Portal

Member Records Request

ACTION NEEDED. LIBERTY is requesting additional information from your office, please click "[Complete Now](#)" for a list of member(s) we are requesting a chart(s) for. Please upload documentation for Tracking Number: FL054680318

[Complete Now](#)

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 Tracing Number: FL054680318

#	Name	Member Number
1	James	TO

[Take Action](#)

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
1	James	TOI

Files

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:

Claim Status:

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.

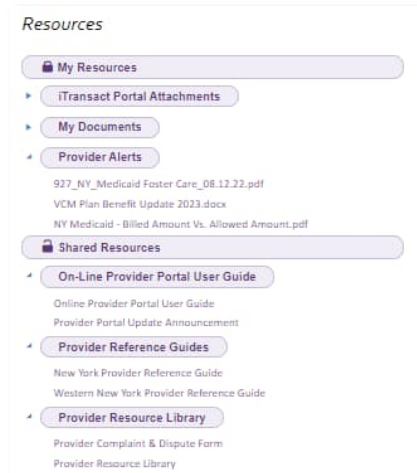
Claim Number	Provider Last Name	Member #	Member Last Name	Member First Name	Claim Status
No Records Found					

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 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.

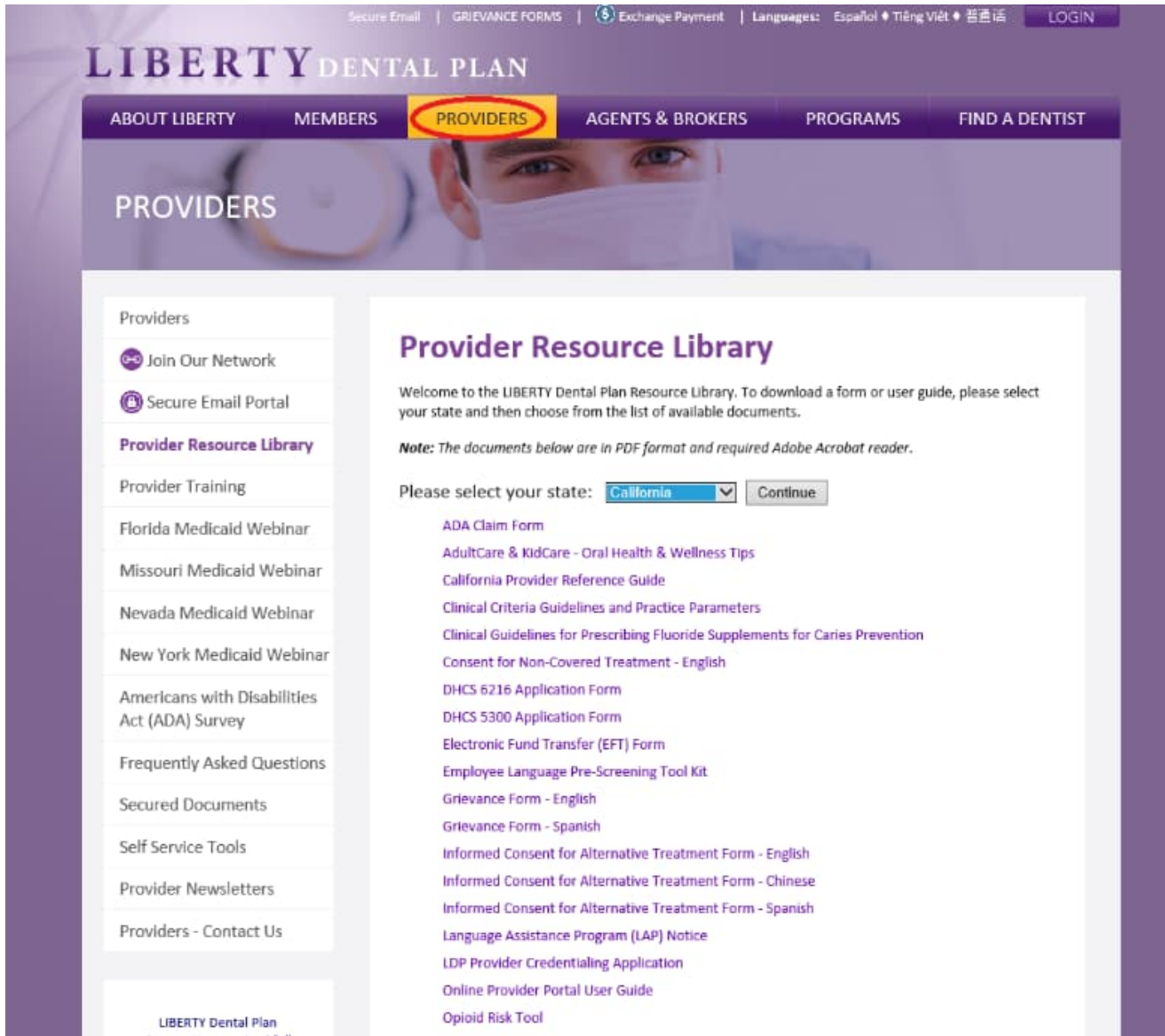
Click on the link provided at the bottom of the web page to launch the [Provider Resource Library](#).

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](#).

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



The screenshot shows the Liberty Dental Plan Online Provider Portal. At the top, there is a navigation bar with links for "Secure Email", "GRIEVANCE FORMS", "Exchange Payment", "Languages: Español • Tiếng Việt • 普通话", and "LOGIN". Below this is a main header with the "LIBERTY DENTAL PLAN" logo and a navigation menu with "ABOUT LIBERTY", "MEMBERS", "PROVIDERS" (highlighted with a red circle), "AGENTS & BROKERS", "PROGRAMS", and "FIND A DENTIST". The "PROVIDERS" section is active, displaying a "PROVIDERS" title and a "Provider Resource Library" section. The library includes a welcome message, a note about PDF documents, and a list of resources for California. A sidebar on the left contains links to "Join Our Network", "Secure Email Portal", "Provider Resource Library" (highlighted), "Provider Training", "Florida Medicaid Webinar", "Missouri Medicaid Webinar", "Nevada Medicaid Webinar", "New York Medicaid Webinar", "Americans with Disabilities Act (ADA) Survey", "Frequently Asked Questions", "Secured Documents", "Self Service Tools", "Provider Newsletters", and "Providers - Contact Us".

Secure Email | GRIEVANCE FORMS | Exchange Payment | Languages: Español • Tiếng Việt • 普通话 | LOGIN

LIBERTY DENTAL PLAN

ABOUT LIBERTY | MEMBERS | **PROVIDERS** | AGENTS & BROKERS | PROGRAMS | FIND A DENTIST

PROVIDERS

Providers

- Join Our Network
- Secure Email Portal
- Provider Resource Library**
- Provider Training
- Florida Medicaid Webinar
- Missouri Medicaid Webinar
- Nevada Medicaid Webinar
- New York Medicaid Webinar
- Americans with Disabilities Act (ADA) Survey
- Frequently Asked Questions
- Secured Documents
- Self Service Tools
- Provider Newsletters
- Providers - Contact Us

Provider Resource Library

Welcome to the LIBERTY Dental Plan Resource Library. To download a form or user guide, please select your state and then choose from the list of available documents.

Note: The documents below are in PDF format and required Adobe Acrobat reader.

Please select your state:

- ADA Claim Form
- AdultCare & KidCare - Oral Health & Wellness Tips
- California Provider Reference Guide
- Clinical Criteria Guidelines and Practice Parameters
- Clinical Guidelines for Prescribing Fluoride Supplements for Caries Prevention
- Consent for Non-Covered Treatment - English
- DHCS 6216 Application Form
- DHCS 5300 Application Form
- Electronic Fund Transfer (EFT) Form
- Employee Language Pre-Screening Tool Kit
- Grievance Form - English
- Grievance Form - Spanish
- Informed Consent for Alternative Treatment Form - English
- Informed Consent for Alternative Treatment Form - Chinese
- Informed Consent for Alternative Treatment Form - Spanish
- Language Assistance Program (LAP) Notice
- LDP Provider Credentialing Application
- Online Provider Portal User Guide
- Opioid Risk Tool

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
X Remove	1				mm/dd/yyyy Calendar	12/03/2021 Calendar
X Remove	2				mm/dd/yyyy Calendar	12/03/2021 Calendar
X Remove	3				mm/dd/yyyy Calendar	12/03/2021 Calendar
X Remove	4				mm/dd/yyyy Calendar	12/03/2021 Calendar
X Remove	5				mm/dd/yyyy Calendar	12/03/2021 Calendar
X Remove	6				mm/dd/yyyy Calendar	12/03/2021 Calendar

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](#).

Batch Print

Select the documents to be printed for each member

☒ History
 ☒ Utilization
 ☒ Benefits

✓ Print

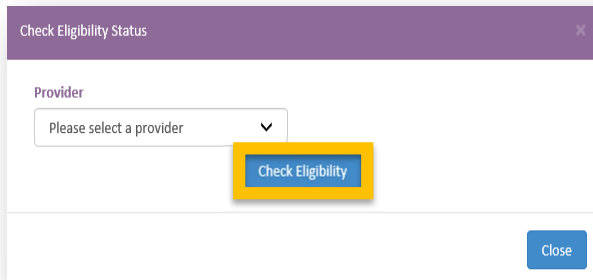
⊗ Cancel

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.

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	6192	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	☐ - Utilization - History - Benefits - Add Claim - Assessment - Demographics
⏪ ⏩ Page 1 of 1 1 - 1 of 1 items							
Modify Search New Search				Print All			

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.



Check Eligibility Status

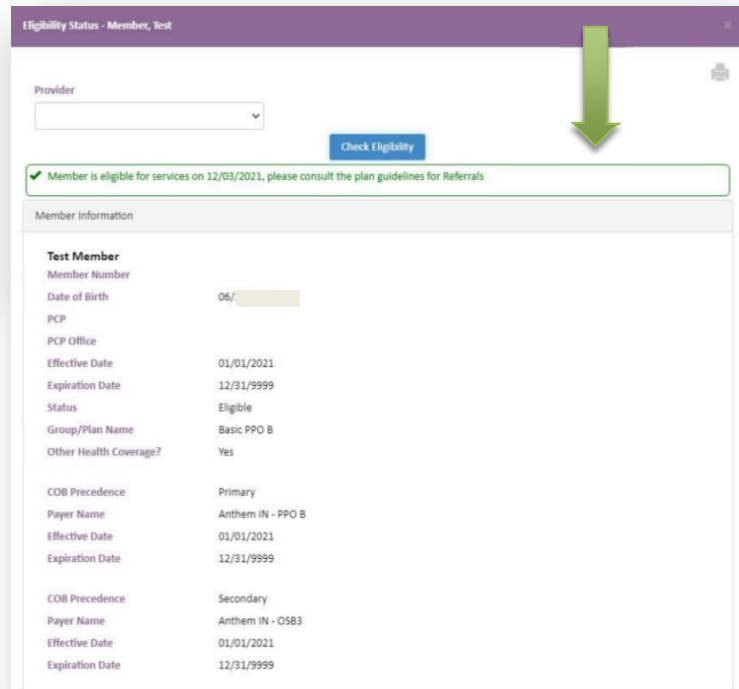
Provider

Please select a provider

Check Eligibility

Close

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



Eligibility Status - Member, test

Provider

Check Eligibility

✓ Member is eligible for services on 12/03/2021, please consult the plan guidelines for Referrals

Member Information

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

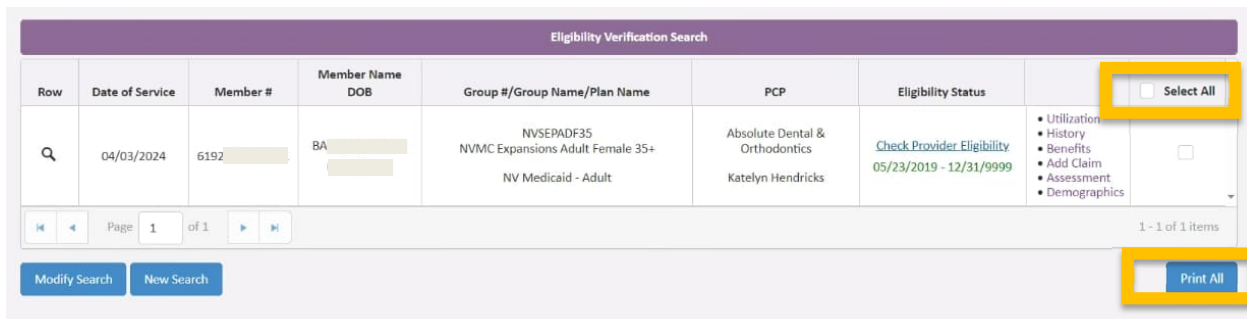
Payer Name Anthem IN - OSB3

Effective Date 01/01/2021

Expiration Date 12/31/9999

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

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



Eligibility Verification Search

Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status	
Q	04/03/2024	6192	BA	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	☒ Select All - Utilization - History - Benefits - Add Claim - Assessment - Demographics

Page 1 of 1

1 - 1 of 1 items

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	6192	BA	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	- 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	BA	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	- 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

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	619	B/	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	- Utilization - History - Benefits - Add Claim - Assessment - Demographics
1 - 1 of 1 items							
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			
D0120	Periodic oral evaluation	Not Covered as of 1/1/2023	1 (D0120) every 6 months ¹
D0140	Limited oral evaluation	2 (D0140) every 6 months ¹ , considered inclusive and is not payable on the same date of service as preventive services	2 (D0140) every 6 months ¹ , considered inclusive and is not payable on the same date of service as preventive services
D0150	Comprehensive oral evaluation	1 (D0150) every 12 months (VAF) effective 1/1/2023, 1 (D0150) every 36 months, covered for members with removable prosthodontics or to diagnosis the need for removable prosthodontics	1 (D0150) every 12 months ¹
D0160	Oral evaluation, problem focused	1 of (D0160, D0170) every 6 months ²	1 of (D0160, D0170) every 6 months ²
D0170	Re-evaluation, limited, problem focused		
D0190	Screening of a patient	1 of (D0190, D0191) every 6 months	1 of (D0190, D0191) every 6 months
D0191	Assessment of a patient		
D0210	Intraoral, complete series of radiographic images	1 of (D0210, D0709) every 36 months	1 of (D0210, D0709) every 36 months
D0220	Intraoral, periapical, first radiographic image	1 of (D0220, D0707) every 12 months. D0220 may not be billed on the same date of service as D0210. 4 additional of (D0220, D0230) every 12 months - (VAF) 12 (D0230) every 12 months. D0230 may not be billed on the same date of service as D0210. No more than 13 units of any combination of D0220 and/or D0230 may be billed within 12 months. 4 additional of (D0220, D0230) every 12 months - (VAF)	1 of (D0220, D0707) every 12 months. D0220 may not be billed on the same date of service as D0210. 4 additional of (D0220, D0230) every 12 months - (VAF) 12 (D0230) every 12 months. D0230 may not be billed on the same date of service as D0210. No more than 13 units of any combination of D0220 and/or D0230 may be billed within 12 months. 4 additional of (D0220, D0230) every 12 months - (VAF)
D0230	Intraoral, periapical, each add 1 radiographic image		
D0240	Intraoral, occlusal radiographic image	2 (D0240) every 12 months	2 (D0240) every 12 months
D0270	Bitewing, single radiographic image		
D0272	Bitewings, two radiographic images	1 of (D0270-D0277, D0708) every 6 months	1 of (D0270-D0277, D0708) every 6 months
D0273	Bitewings, three radiographic images	1 additional (D0274) every 12 months - (VAF)	1 additional (D0274) every 12 months - (VAF)
D0274	Bitewings, four radiographic images		
D0277	Vertical bitewings, 7 to 8 radiographic images		
D0322	Tomographic survey	1 (D0322) every 6 months	1 (D0322) every 6 months
D0330	Panoramic radiographic image	1 of (D0330, D0701) every 36 months	1 of (D0330, D0701) every 36 months
D0340		1 (D0340) every 36 months. This procedure is only payable when submitted with	1 (D0340) 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] 1	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	- Utilization - History - Benefits - Add Claim - Assessment - Demographics	☐

Page 1 of 1

1 - 1 of 1 items

Modify Search New Search Print All

[Home](#)
[Claims](#)
[Eligibility](#)
[Payments](#)
[Assessments](#)
[Talk To Us](#)
[Training Library](#)
[Un-impersonate](#)
[Eastern Back \(Office #007260\)](#)

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

Dental Claim

Last claim: [REDACTED]

Last claim submitted: Claim # 0041499934 View EOP

Provider: [REDACTED]

Select a Provider ***Only Active providers are shown

Vendor: [REDACTED]

Please select a provider first

Patient: [Change](#)

Member #: 61921800001-01	Policy #: 56589000088	Last Name: AARON	First Name: BARBARA	DOB: 07/27/1966
Group: NVMC Expansions Adult Female 35+	Eff. Date: 05/23/2019	Exp. Date: 12/31/9999		

In-office Details:

Patient Acct #	[REDACTED]	Referral #:	[REDACTED]	Authorization #:	[REDACTED]
Billed Currency:	US Dollars				

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 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.

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	- Utilization - History - Benefits - Add Claim - Assessment - Demographics	☐

Page 1 of 1

1 - 1 of 1 items

Modify Search New Search Print All

[Home](#) [Claims](#) [Eligibility](#) [Payments](#) [Assessments](#) [Talk To Us](#) [Training Library](#) [Un-impersonate](#) Eastern Back (Office #007260)

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	619-1	AA	B	07/27/1966	NV Medicaid - Adult	NVMC Expansions Adult Female 35+	5/23/2019	12/31/9999

Continue

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 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	- Utilization - History - Benefits - Add Claim - Assessment - Demographics	☐
Page 1 of 1								1 - 1 of 1 items
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

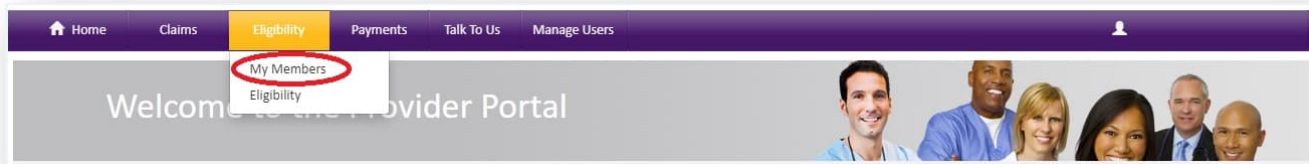
Member Rosters

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.

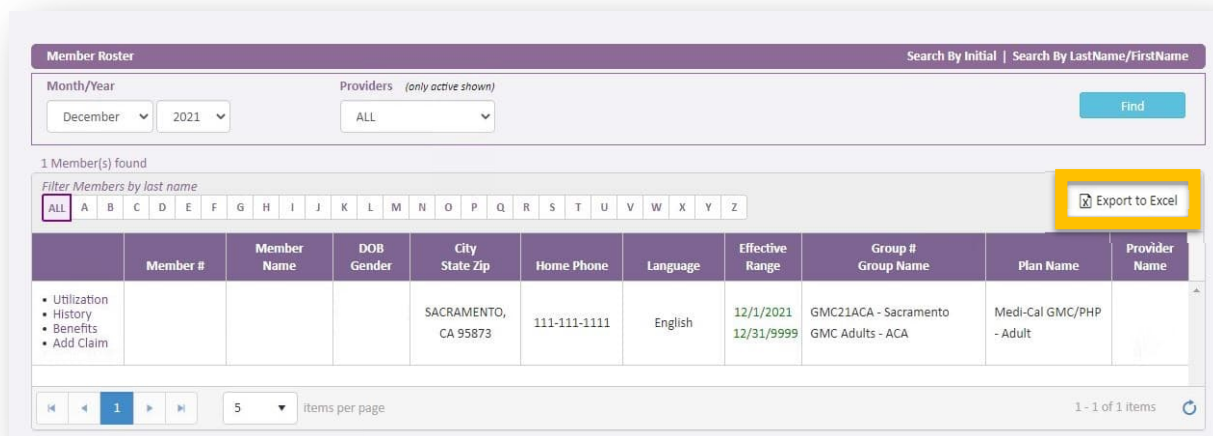
To sort membership assigned to an office by month, use the drop-down menus to select **Month/Year** and select **All**.



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.



Member Roster Search By Initial | Search By LastName/FirstName

Month/Year: December 2021 Providers (only active shown): ALL Find

1 Member(s) found

Filter Members by last name: ALL A B C D E F G H I J K L M N O P Q R S T U V W X Y Z Export to Excel

	Member #	Member Name	DOB Gender	City State Zip	Home Phone	Language	Effective Range	Group # Group Name	Plan Name	Provider Name
- Utilization - History - Benefits - Add Claim				SACRAMENTO, CA 95873	111-111-1111	English	12/1/2021 12/31/9999	GMC21ACA - Sacramento GMC Adults - ACA	Medi-Cal GMC/PHP - Adult	

1 - 1 of 1 items

A roster may be exported to a spreadsheet via the **Export to Excel** feature.

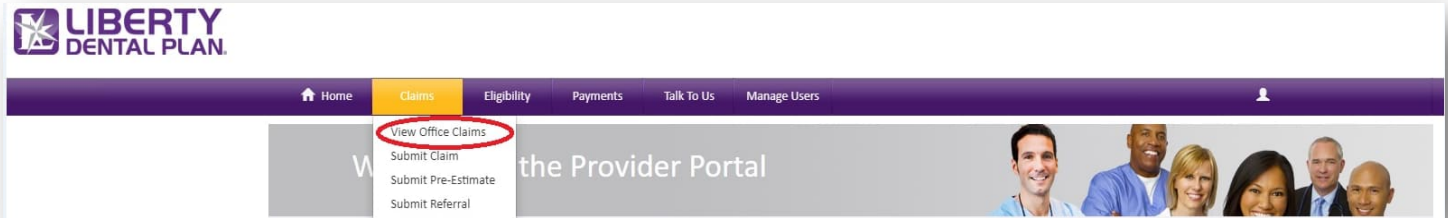
Within the Member Roster, Liberty has added Home Phone and Language.

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**.

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

☐ Search By Date
 ☐ Search by Claim Number

Claim Type:
 Claim Status:

Date Criteria:
 Date From:
 Date To:

Member:

Provider:

0 Claim(s) found, 0 displayed.

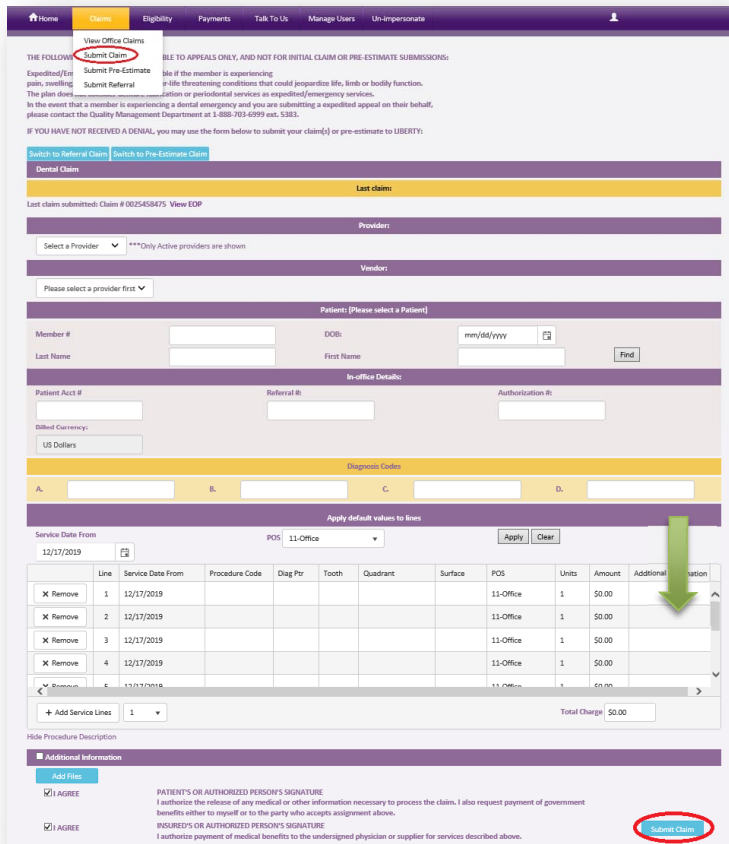
Claim Number	View EOP	Provider Las...	Provider #	Member #	Member Las...	Member Firs...	Patient Acct #	Ext. CLM #	Claim Status	Service Date...	Service Date...	Bi
No Records Found												
0 5 items per page No items to display												

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 Online Provider Portal. The form is divided into several sections: 'Patient Information' (Member #, DOB, Last Name, First Name), 'In-Office Details' (Patient Account #, Referral #, Authorization #), 'Diagnosis Codes' (A, B, C, D), and a 'Service Lines' table. The 'Service Lines' table has columns for Line, Service Date From, Procedure Code, Diag Ptr, Tooth, Quadrant, Surface, POS, Units, Amount, and Additional Information. A green arrow points to the 'Submit Claim' button at the bottom right of the form.

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 a 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:

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

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
X Remove	1						11-Office	1	
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 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

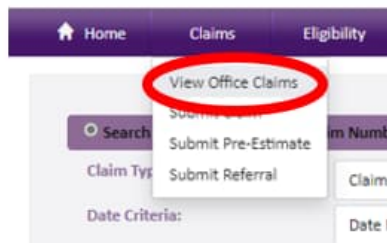
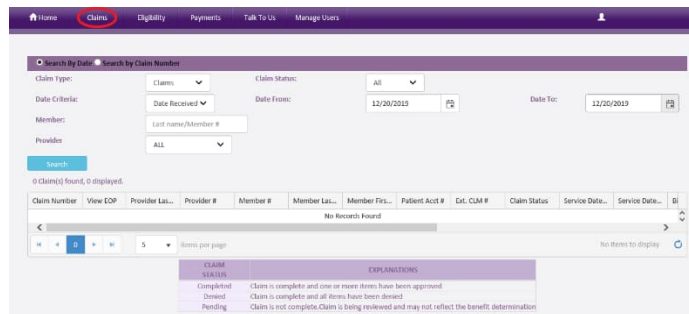
There is an 8MB limit per attachment and up to 25MB in total. Multiple Attachments can be uploaded at once.



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**.

☒ Search By Date
 ☐ Search by Claim Number

Claim Type:
 Claim Status:

Date Criteria:
 Date From:
 Date To:

Member:

Provider:

[Search](#)

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
0025517747	View								Completed	11/13/2019	11/13/2019	U
0025517744	View								Completed	11/13/2019	11/13/2019	U
0025517743	View								Completed	11/13/2019	11/13/2019	U
0025517740	View								Completed	11/14/2019	11/14/2019	U
0025517738	View								Completed	11/14/2019	11/14/2019	U

1 2 3 4 5 ... 5 items per page

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

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

[Home](#)
[Claims](#)
[Eligibility](#)
[Payments](#)
[Talk To Us](#)
[Manage Users](#)

☒ Search By Date
 ☐ Search by Claim Number

Claim Type:
 Claim Status:

Date Criteria:
 Date From:
 Date To:

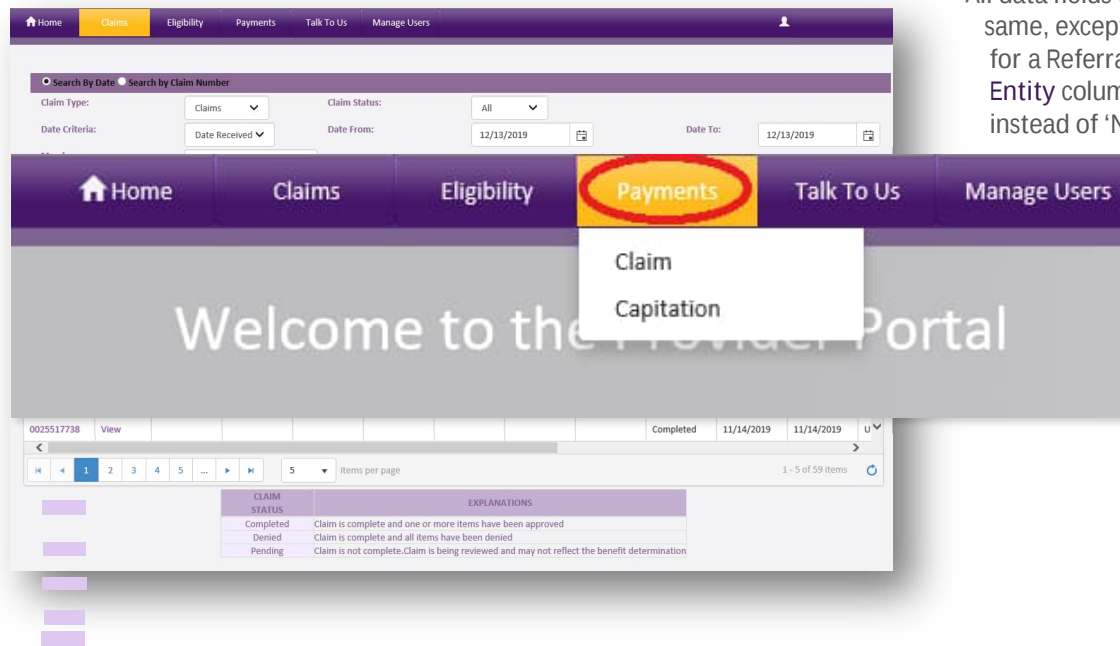
Member:

Provider:

[Search](#)

- Click **Search**.

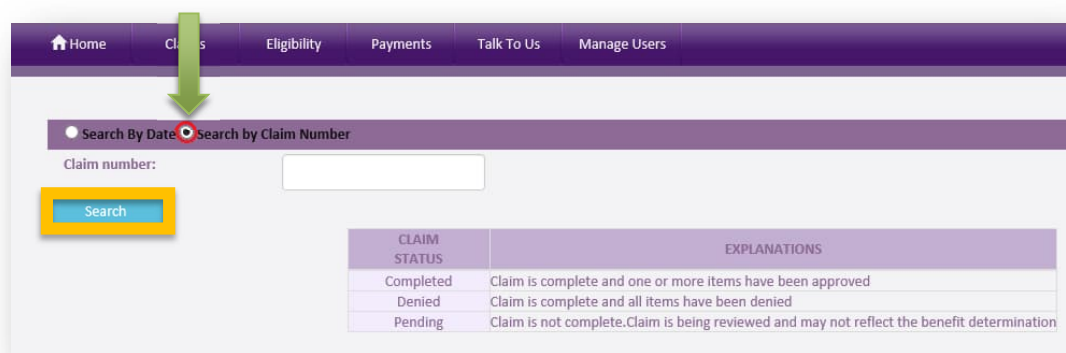
Example of Search Results:



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

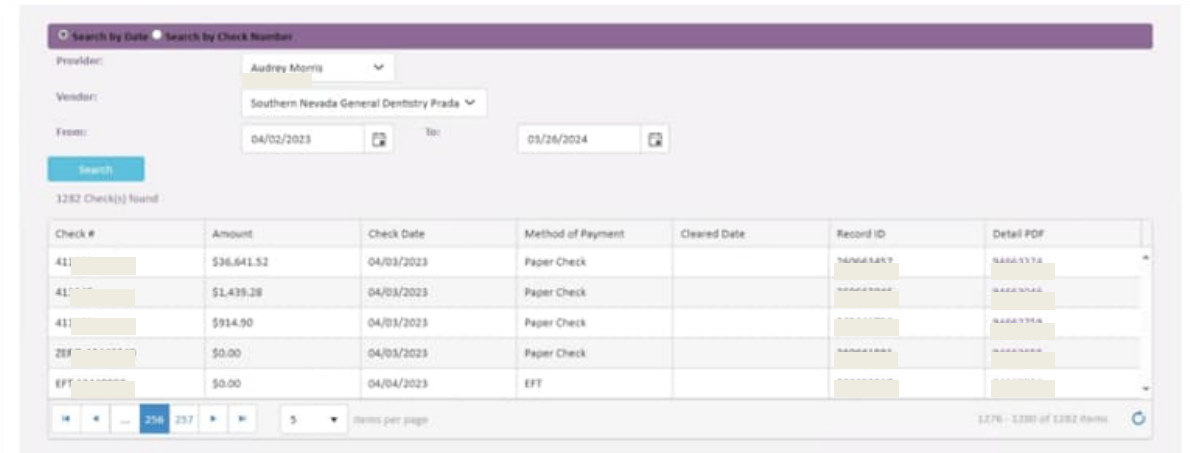
PAID CHECKS

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

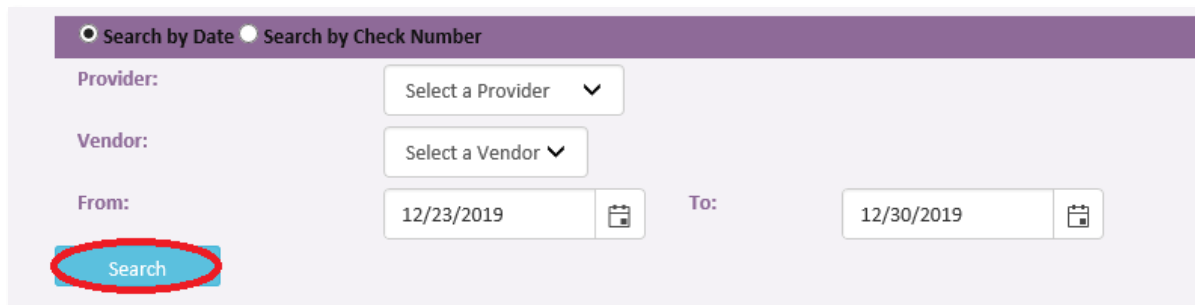
1. Click Payments on the top of the screen to view available (Payments is formerly "My Checks").
2. Select which Payment Type to review the details of the payment.
3. Click on Search by Date, or Search by Check Number radio buttons.

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.



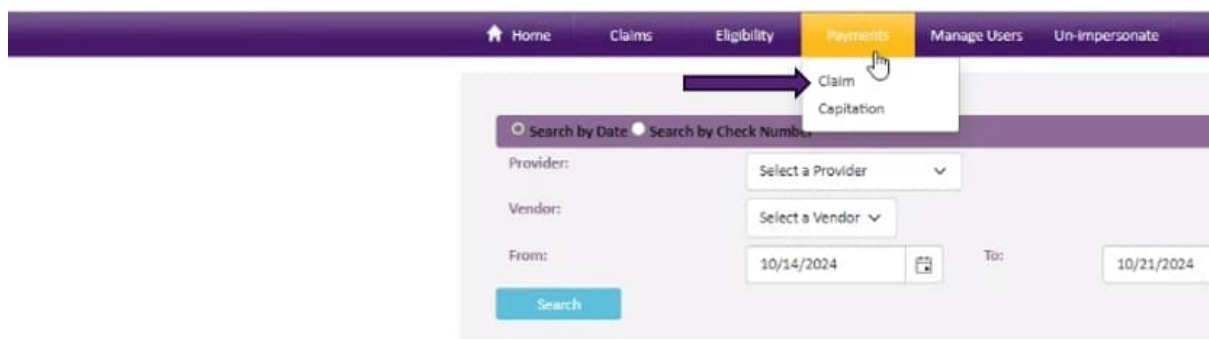
Check #	Amount	Check Date	Method of Payment	Cleared Date	Record ID	Detail PDF
411	\$36,641.52	04/03/2023	Paper Check		XXXXXXXXXX	XXXXXXXXXX
411	\$1,439.28	04/03/2023	Paper Check		XXXXXXXXXX	XXXXXXXXXX
411	\$914.90	04/03/2023	Paper Check		XXXXXXXXXX	XXXXXXXXXX
289	\$0.00	04/03/2023	Paper Check		XXXXXXXXXX	XXXXXXXXXX
EFT	\$0.00	04/04/2023	EFT		XXXXXXXXXX	XXXXXXXXXX



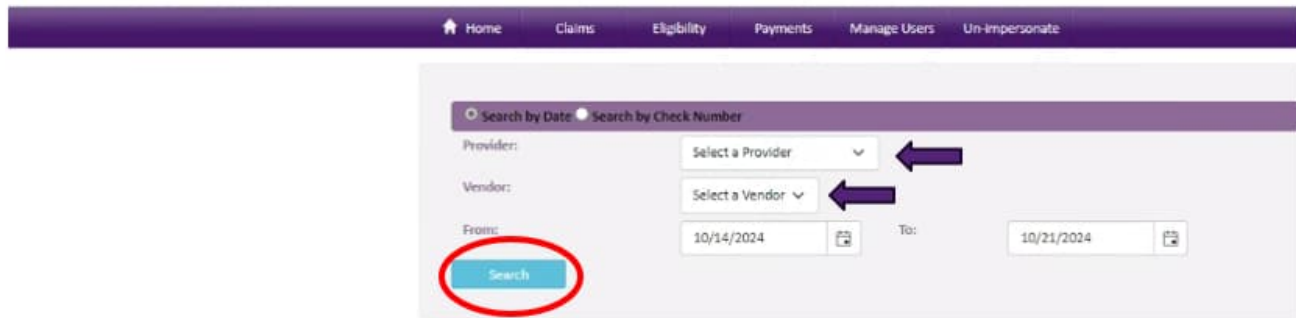
☒ Search by Date ☐ Search by Check Number
 Provider:
 Vendor:
 From: To:

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.

Home Claims Eligibility Payments Manage Users Un-impersonate Alex

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	12474
26	\$174.00	10/19/2024	Paper Check		28	12474
267	\$222.00	10/19/2024	Paper Check		28	12474
267	\$535.00	10/19/2024	Paper Check		28	12474
26	\$971.00	10/18/2024	Paper Check		28	12474

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

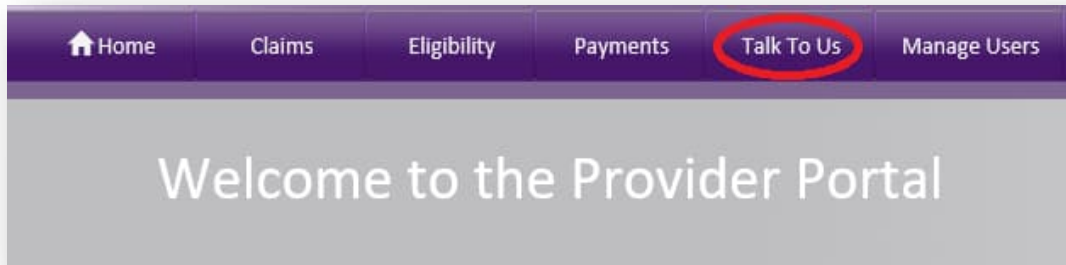
VENDOR NAME: Advanced
 VENDOR NUMBER: 01
 Check Number: PDF
 Check Date: 10/19/2024

#	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: (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	Q00	Topical application of fluoride, excluding varnish	65.00	14.00	0.00	0.00	14.00
4	06/17/24	D0272		Bitewing, 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	269.00	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	D0230		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) times 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

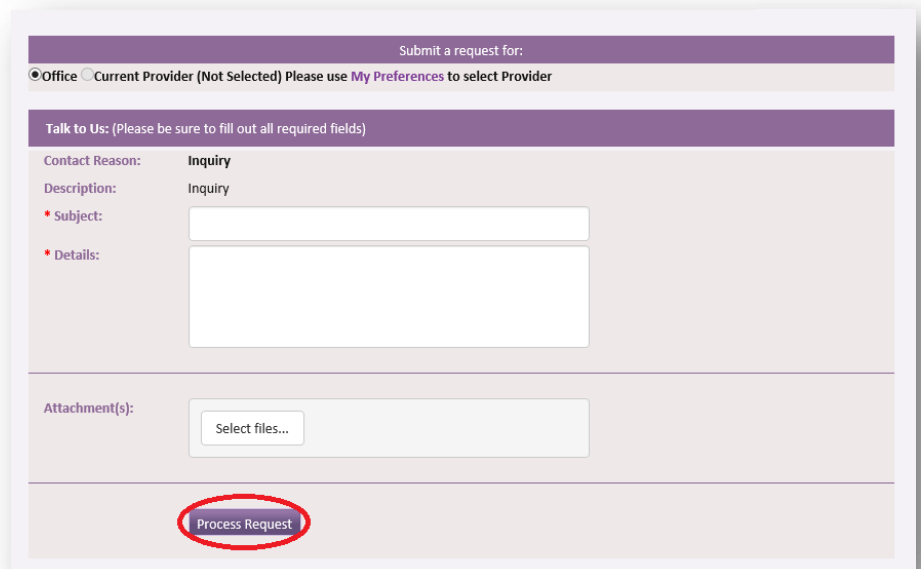
Talk to Us

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.



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

A screenshot of the 'Talk to Us' form in the Online Provider Portal. The form is titled 'Talk to Us: (Please be sure to fill out all required fields)'. It includes a 'Contact Reason' dropdown set to 'Inquiry', a 'Description' dropdown set to 'Inquiry', and input fields for 'Subject' and 'Details'. Below these is an 'Attachment(s)' section with a 'Select files...' button. At the bottom of the form, the 'Process Request' button is circled in red.

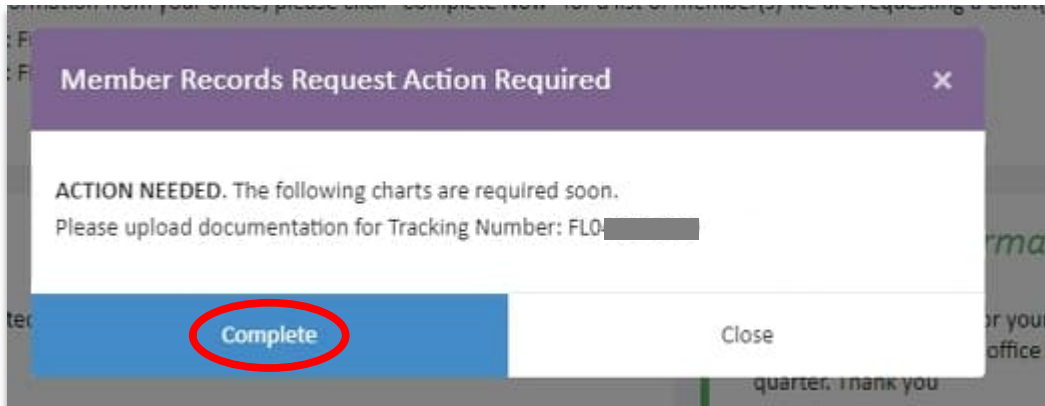
Member Records Request

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:

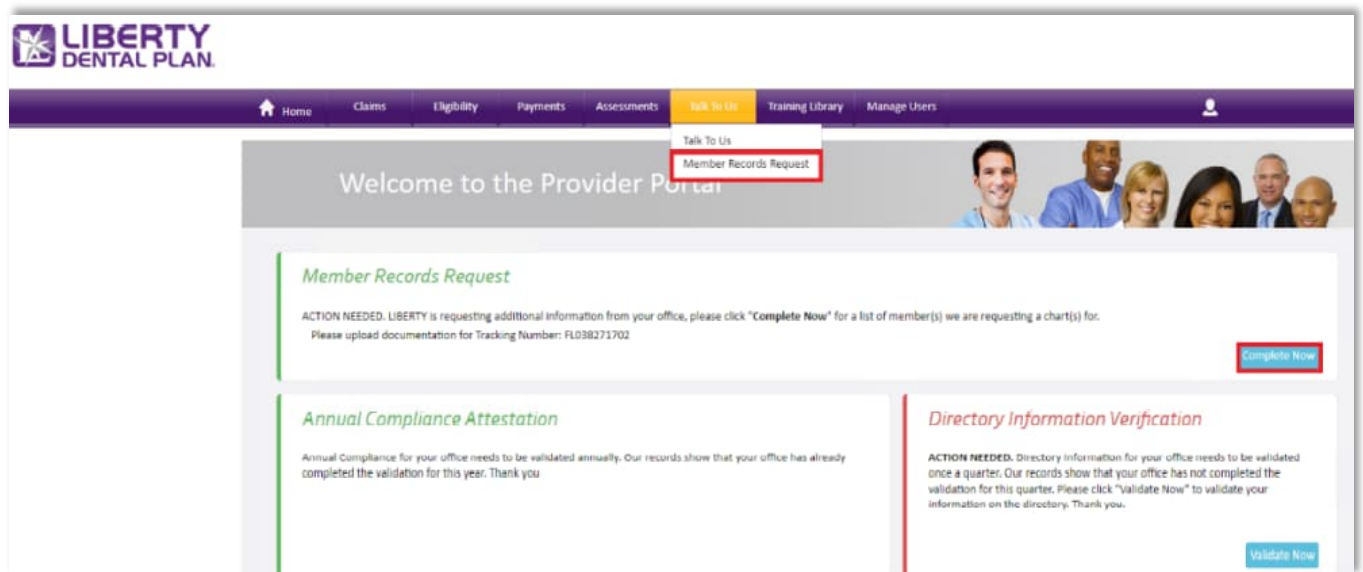
Click **Complete**.



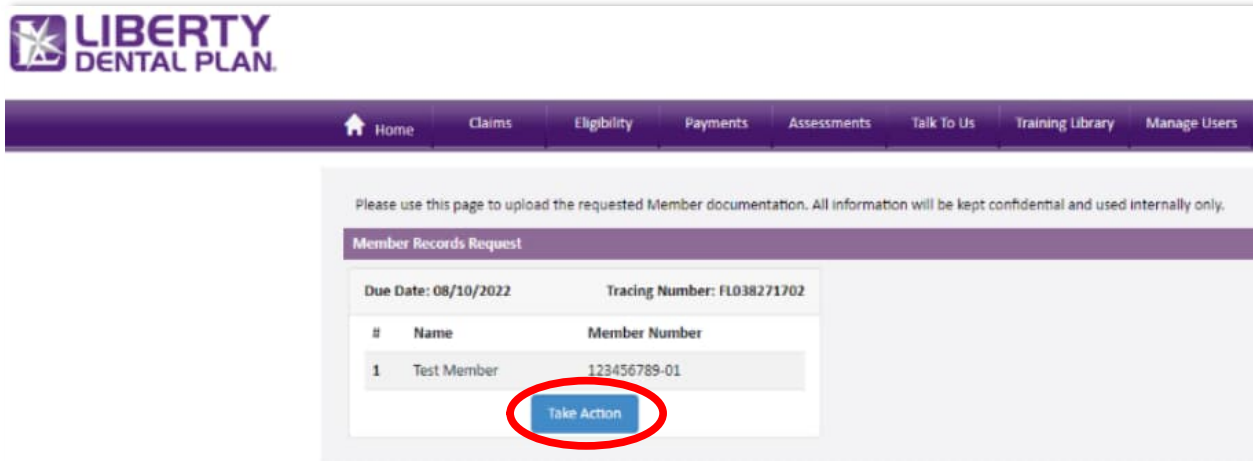
Please Note: If selecting “Complete” from the pop-up notification, the Members Records Request screen will open in a new tab.

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**.



Please use this page to upload the requested Member documentation. All information will be kept confidential and used internally only.

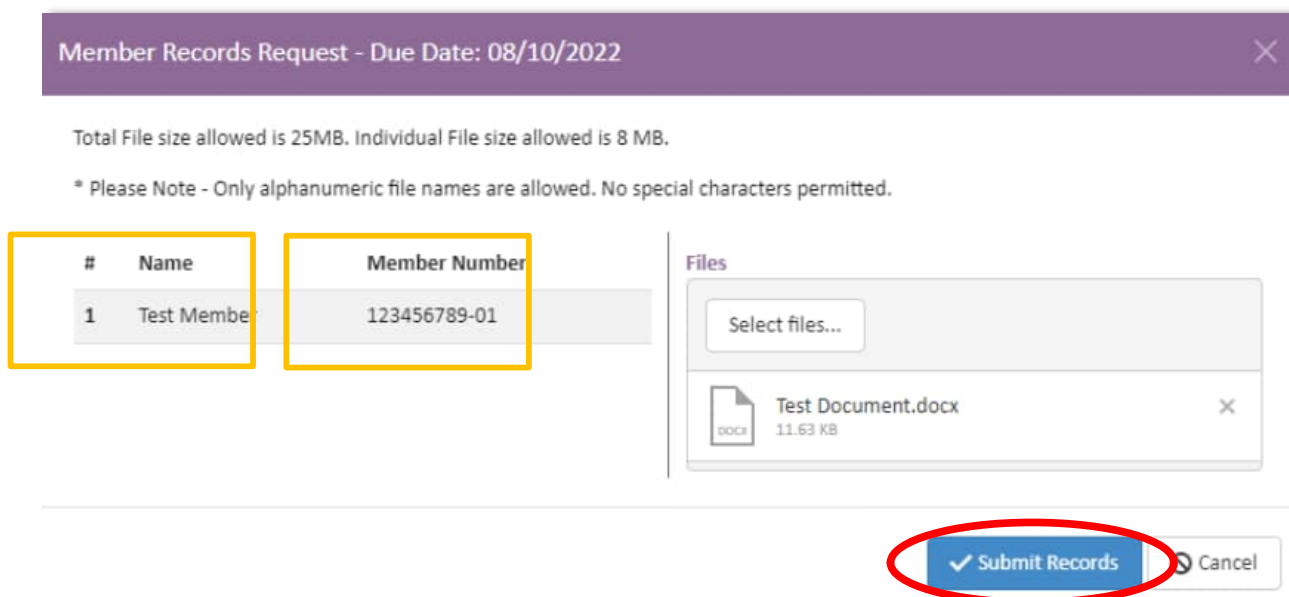
Member Records Request

Due Date: 08/10/2022 Tracing Number: FL038271702

#	Name	Member Number
1	Test Member	123456789-01

[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.



Member Records Request - Due Date: 08/10/2022

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
1	Test Member	123456789-01

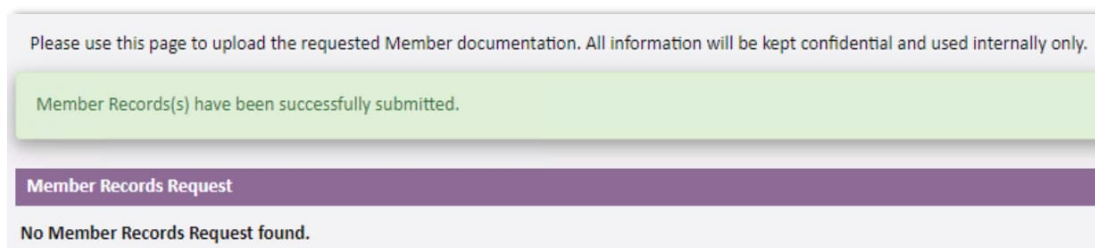
Files

Select files...

Test Document.docx
11.63 KB

[✓ Submit Records](#) [Cancel](#)

7. Upon successful submission, a confirmation window will appear.



Please use this page to upload the requested Member documentation. All information will be kept confidential and used internally only.

Member Records(s) have been successfully submitted.

Member Records Request

No Member Records Request found.

Logging Off

HOW TO LOG OFF OF THE ONLINE PROVIDER PORTAL

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

