

# UnitedHealthcare Connected® for One Care (Medicare-Medicaid Plan) Dental Quick Reference Guide

Effective: June 2024



## UHCdental.com/medicaid

The Dental Hub may be used to check eligibility, submit claims, and access useful information regarding plan coverage.

To register for the Hub, you will need information on a prior paid claim or a Registration code. To receive your Registration code and for other Dental Hub assistance, call Provider Services.



## Provider services

Phone: **1-800-980-2986**

8 a.m. – 6 p.m. EST Monday–Friday (IVR: 24/7)

Member eligibility, benefits, claims, authorizations, network participation and contract questions



## Prior authorization

UnitedHealthcare Dental Authorizations  
P.O. Box 700  
Milwaukee, WI 53201

## Appeals for service denials

UnitedHealthcare Dental  
Attn: Appeals Department  
P.O. Box 196  
Milwaukee, WI 53201

Toll-free: **1-866-293-1796**



## Claims

### UnitedHealthcare Dental Claims

UnitedHealthcare Dental Claims  
PO Box 637  
Milwaukee, WI 53201

### EDI Payer ID

GP133

## Corrected claims

UnitedHealthcare Dental Corrected Claims  
PO Box 481  
Milwaukee, WI 53201

Claims may be submitted electronically via your clearinghouse, the provider portal, or by mail.



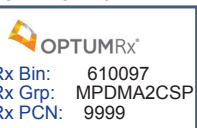
## Important notes

This guide is intended to be used for quick reference and may not contain all the necessary information. It is subject to change without notice. For current detailed benefit information, please visit the Dental Hub or call our Provider Services toll free number.



**Dental Benefit  
Providers®**

## Sample member ID card

			
Health Plan (80840) 000-00000-00		MassHealth+Medicare Bringing your care together	
Member ID: 000000000		Group Number: MAMMP	
Member: Member Name		Payer ID: 87726	
PCP Name: Provider Name (000)000-0000			
Care Coordinator Phone: 866-633-4454		Rx Bin: 610097 Rx Grp: MPDMA2CSP Rx PCN: 9999	
UnitedHealthcare Connected® for One Care (Medicare-Medicaid Plan) Administered by UnitedHealthcare Community Plan of MA			
In an emergency go to nearest emergency room or call 911. <span style="float: right;">Printed: 10/27/21</span>			
This card does not guarantee coverage. To verify benefits or to find a provider, visit the website myuhc.com/communityplan or call.			
Member Engagement Center: 866-633-4454		TTY 711	
Behavioral Health: 866-633-4454		TTY 711	
NurseLine: 866-385-6728		TTY 711	
For Providers: UHCprovider.com		877-790-6543	
Claims: PO Box 31350, Salt Lake City, UT 84131-0350			
Pharmacy Claims: OptumRX, PO Box 650287, Dallas, TX 75265-0287 For Pharmacists: 877-889-6510			

## Benefit coverage, limitations, and requirements

The following Benefit Grid contains all covered dental procedures, along with applicable frequency limits and clinical review requirements. It is intended to align to all State and Federal regulatory requirements; therefore, the Grid is subject to change. Up to date IHCP covered services may be found at [UHCdental.com/medicaid](http://UHCdental.com/medicaid).

Code	Description	Age limits	Frequency limits	Other limits	Auth required
D0120	Periodic Oral Evaluation - Established Patient	21-999	2 per 1 calendar year per member		
D0140	Limited Oral Evaluation - Problem Focused	21-999	2 per 1 calendar year per member		
D0150	Comprehensive Oral Evaluation - New Or Established Patient	21-999	1 per lifetime per dentist		
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	21-999	1 per 1 calendar year per member		
D0190	Screening Of A Patient	21-999	2 per 1 calendar year per member		
D0191	Assessment Of A Patient	21-999	1 per 1 calendar year per member		
D0210	Intraoral - Complete Series of Radiographic Images	21-999	1 per 3 calendar year per member		
D0220	Intraoral - Periapical First Radiographic Image	21-999			
D0230	Intraoral - Periapical Each Additional Image	21-999			
D0270	Bitewing - Single Radiographic Image	21-999	2 per 1 calendar year per member		
D0272	Bitewings - Two Radiographic Images	21-999	2 per 1 calendar year per member		
D0273	Bitewings - Three Radiographic Images	21-999	2 per 1 calendar year per member		
D0274	Bitewings - Four Radiographic Images	21-999	2 per 1 calendar year per member		
D0330	Panoramic Radiographic Image	21-999	1 per 3 calendar year per member		
D0340	2D Cephalometric Radiographic Image	21-999			
D1110	Prophylaxis - Adult	21-999	2 per 1 calendar year per member		
D1354	Interim Caries Arresting Medicament Application - per tooth	21-999	2 per lifetime per tooth		
D1701	Pfizer-BioNTech COVID-19 vaccine administration - first dose	21-999	1 per lifetime per member		
D1702	Pfizer-BioNTech COVID-19 vaccine administration - second dose	21-999	1 per lifetime per member		



Code	Description	Age limits	Frequency limits	Other limits	Auth required
D1703	Moderna COVID-19 vaccine administration – first dose.	21-999	1 per lifetime per member		
D1704	Moderna COVID-19 vaccine administration – second dose	21-999	1 per lifetime per member		
D1707	Janssen (Johnson & Johnson) COVID-19 vaccine administration	21-999	1 per lifetime per member		
D1708	Pfizer-BioNTech Covid-19 vaccine administration – third dose SARSCOV2 COVID-19 V	0-999		1 PER 1 LIFETIME	NO
D1709	Pfizer-BioNTech Covid-19 vaccine administration – booster dose SARSCOV2 COVID-19	0-999		1 PER 1 LIFETIME	NO
D1710	Moderna Covid-19 vaccine administration – third dose SARSCOV2 COVID-19 VAC mRNA	0-999		1 PER 1 LIFETIME	NO
D1711	Moderna Covid-19 vaccine administration – booster dose SARSCOV2 COVID-19 VAC mRN	0-999		1 PER 1 LIFETIME	NO
D1712	janssen Covid-19 vaccine administration - booster dose SARSCOV2 COVID-19 VAC Ad2	0-999		1 PER 1 LIFETIME	NO
D1713	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - first dose	0-999		1 PER 1 LIFETIME	NO
D1714	Pfizer-BioNTech Covid-19 vaccine administration tris-sucrose pediatric - second dose	0-999		1 PER 1 LIFETIME	NO
D2140	Amalgam - One Surface, Primary Or Permanent	21-999	1 per 1 calendar year per tooth		
D2150	Amalgam - Two Surfaces, Primary Or Permanent	21-999	1 per 1 calendar year per tooth		
D2160	Amalgam - Three Surfaces, Primary Or Permanent	21-999	1 per 1 calendar year per tooth		
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	21-999	1 per 1 calendar year per tooth		
D2330	Resin-Based Composite - One Surface, Anterior	21-999	1 per 1 calendar year per tooth		
D2331	Resin-Based Composite - Two Surfaces, Anterior	21-999	1 per 1 calendar year per tooth		
D2332	Resin-Based Composite - Three Surfaces, Anterior	21-999	1 per 1 calendar year per tooth		
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	21-999	1 per 1 calendar year per tooth		
D2390	Resin-Based Composite Crown, Anterior	21-999	1 per 1 calendar year per tooth		
D2391	Resin-Based Composite - One Surface, Posterior	21-999	1 per 1 calendar year per tooth		
D2392	Resin-Based Composite - Two Surfaces, Posterior	21-999	1 per 1 calendar year per tooth		
D2393	Resin-Based Composite - Three Surfaces, Posterior	21-999	1 per 1 calendar year per tooth		
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	21-999	1 per 1 calendar year per tooth		
D2721	Crown - Resin With Predominantly Base Metal	21-999	1 per 60 months per member		
D2740	Crown - Porcelain/Ceramic	21-999	1 per 60 months per tooth	• Maintain pre-treatment and post-treatment file of the tooth	Y
D2751	Crown - Porcelain Fused To Predominantly Base Metal	21-999	1 per 60 months per tooth	• Maintain pre-treatment and post-treatment file of the tooth	Y
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	21-999			
D2920	Re-Cement or Re-Bond Crown	21-999			



Code	Description	Age limits	Frequency limits	Other limits	Auth required
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	21-999			
D2950	Core Buildup, Including Any Pins When Required	21-999	1 per 60 months per member		
D2951	Pin Retention - Per Tooth, In Addition To Restoration	21-999			
D2954	Prefabricated Post And Core In Addition To Crown	21-999	1 per 60 months per member	<ul style="list-style-type: none"> <li>Maintain pre-treatment and post-treatment film of the tooth.</li> </ul>	
D2980	Crown Repair	21-999			
D2999	Unspecified Restorative Procedure, By Report			<ul style="list-style-type: none"> <li>X-rays showing broken crown</li> <li>Narrative reason cannot be repaired chairside</li> <li>Include documentation to substantiate why the repair could not be done chairside.</li> </ul>	Y
D3110	Pulp Cap - Direct (Excluding Final Restoration)	21-999			
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	21-999			
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	21-999	1 per lifetime per tooth		
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	21-999	1 per lifetime per tooth		
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	21-999	1 per lifetime per tooth		
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	21-999			
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	21-999			
D3348	Retreatment Of Previous Root Canal Therapy - Molar	21-999			
D3410	Apicoectomy - Anterior	21-999	1 per lifetime per tooth	<ul style="list-style-type: none"> <li>Maintain periapical film of the tooth and date of the original root canal treatment.</li> </ul>	
D3421	Apicoectomy - Premolar (First Root)	21-999	1 per lifetime per tooth	<ul style="list-style-type: none"> <li>Maintain periapical film of the tooth and date of the original root canal treatment.</li> </ul>	
D3425	Apicoectomy - Molar (First Root)	21-999	1 per lifetime per tooth	<ul style="list-style-type: none"> <li>Maintain periapical film of the tooth and date of the original root canal treatment.</li> </ul>	
D3426	Apicoectomy - Each Additional Root)	21-999		<ul style="list-style-type: none"> <li>Maintain periapical film of the tooth and date of the original root canal treatment.</li> </ul>	
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	21-999	1 per 3 calendar years per quadrant	<ul style="list-style-type: none"> <li>Perio chart</li> <li>x-rays</li> <li>previous perio treatment</li> <li>Narrative describing condition</li> <li>Gingivectomy or Gingivoplasty is indicated for:               <ol style="list-style-type: none"> <li>Restoring normal architecture when hyperplastic or hypertrophic gingival enlargement is evident with normal bony configuration.</li> <li>The elimination of suprabony pockets of 5+mm caused by drug therapy, hormonal disturbances, or congenital defects</li> </ol> </li> </ul>	Y
D4211	gingivectomy or gingivoplasty to allow access for a restorative procedure, per tooth.	21-999	1 per 3 calendar years per quadrant	<ul style="list-style-type: none"> <li>Perio chart</li> <li>x-rays</li> <li>previous perio treatment</li> <li>Narrative describing condition</li> <li>Gingivectomy or Gingivoplasty is indicated for:               <ol style="list-style-type: none"> <li>Restoring normal architecture when hyperplastic or hypertrophic gingival enlargement is evident with normal bony configuration.</li> <li>The elimination of suprabony pockets of 5+mm caused by drug therapy, hormonal disturbances, or congenital defects</li> </ol> </li> </ul>	Y
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	21-999	1 per 3 accum years per quadrant	<ul style="list-style-type: none"> <li>Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition.</li> <li>Maximum Two quadrants on the same date of service in an office setting only</li> </ul>	Y



Code	Description	Age limits	Frequency limits	Other limits	Auth required
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	21-999	1 per 3 accum years per quadrant	<ul style="list-style-type: none"> <li>• Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition.</li> <li>• Maximum Two quadrants on the same date of service in an office setting only</li> </ul>	Y
D4346	Scaling in moderate or severe gingival inflammation	21-999	2 per 1 calendar year per member	<ul style="list-style-type: none"> <li>• Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition. See</li> </ul>	
D5110	Complete Denture - Maxillary	21-999	1 per 84 months per member		
D5120	Complete Denture - Mandibular	21-999	1 per 84 months per member		
D5211	Maxillary Partial Denture - Resin Base	21-999	1 per 84 months per member		
D5212	Mandibular Partial Denture - Resin Base	21-999	1 per 84 months per member		
D5511	Repair Broken Complete Denture Base - Mandibular	21-999			
D5512	Repair Broken Complete Denture Base - Maxillary	21-999			
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	21-999			
D5611	Repair Resin Partial Denture Base - Mandibular	21-999			
D5612	Repair Resin Partial Denture Base - Maxillary	21-999			
D5621	Repair Cast Partial Framework - Mandibular	21-999			
D5622	Repair Cast Partial Framework - Maxillary	21-999			
D5630	Repair Or Replace Broken Retentive / Clasp Materials - Per Tooth	21-999			
D5640	Replace Broken Teeth - Per Tooth	21-999			
D5650	Add Tooth To Existing Partial Denture	21-999			
D5660	Add Clasp To Existing Partial Denture - Per Tooth	21-999			
D5730	reline complete maxillary denture (direct)	21-999	1 per 24 months per arch		
D5731	reline complete mandibular denture (direct)	21-999	1 per 24 months per arch		
D5750	reline complete maxillary denture (indirect)	21-999	1 per 24 months per arch		
D5751	reline complete mandibular denture (indirect)	21-999	1 per 24 months per arch		
D6752	Retainer Crown - Porcelain Fused To Noble Metal	21-999			
D6780	Retainer Crown - 3/4 Cast High Noble Metal	21-999			
D6790	Retainer Crown - Full Cast High Noble Metal	21-999			
D6791	Retainer Crown - Full Cast Predominantly Base Metal	21-999			
D6792	Retainer Crown - Full Cast Noble Metal	21-999			
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	21-999		<ul style="list-style-type: none"> <li>• X-rays showing broken bridge</li> <li>• Narrative reason cannot be repaired chairside</li> <li>• A crown or bridge that requires extensive laboratory repair that cannot be done chairside</li> </ul>	Y
D7111	Extraction, Coronal Remnants - Primary Tooth	21-999			
D7140	Extraction, Erupted Tooth Or Exposed Root	21-999			
D7210	Extraction, Erupted Tooth	21-999			
D7220	Removal Of Impacted Tooth - Soft Tissue	21-999			
D7230	Removal Of Impacted Tooth - Partially Bony	21-999			
D7240	Removal Of Impacted Tooth - Completely Bony	21-999			



Code	Description	Age limits	Frequency limits	Other limits	Auth required
D7250	Removal Of Residual Tooth (Cutting Procedure)	21-999			
D7251	Coronectomy - Intentional Partial Tooth Removal - Impacted Teeth Only	21-999	1 per lifetime per member per tooth		N
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	21-999			
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth	21-999	1 per 6 months per quadrant		
D7311	Alveoplasty In Conjunction With Extractions - One To Three Teeth	21-999	1 per 6 months per quadrant		
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth	21-999	1 per 6 months per quadrant		
D7321	Alveoplasty Not In Conjunction With Extractions - One To Three Teeth	21-999	1 per 6 months per quadrant		
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	21-999		<ul style="list-style-type: none"> <li>Narrative of need to increase ridge height</li> <li>Vestibuloplasty is indicated for the following:               <ol style="list-style-type: none"> <li>Ridge extension, or lowering or altering submucous displacing attachments prior to prosthetic construction</li> <li>To complement and complete osseous procedure when reconstructing edentulous bone</li> <li>To correct inadequate or inappropriate soft tissue drape where a resection has been previously performed and prosthetic restoration requires improvement</li> <li>For overall stability of a dental implant and the maintenance of bone health around an implant</li> </ol> </li> <li>Vestibuloplasty is not indicated for the following:               <ol style="list-style-type: none"> <li>For individuals with unmanaged medical conditions that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response</li> <li>When there is minimal alveolar ridge height</li> <li>For individuals who have undergone radiation therapy to the head and neck</li> </ol> </li> </ul>	Y
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)	21-999		<ul style="list-style-type: none"> <li>Narrative of need to increase ridge height</li> <li>Proof performed by oral surgeon</li> <li>Vestibuloplasty is indicated for the following:               <ol style="list-style-type: none"> <li>Ridge extension, or lowering or altering submucous displacing attachments prior to prosthetic construction</li> <li>To complement and complete osseous procedure when reconstructing edentulous bone</li> <li>To correct inadequate or inappropriate soft tissue drape where a resection has been previously performed and prosthetic restoration requires improvement</li> <li>For overall stability of a dental implant and the maintenance of bone health around an implant</li> </ol> </li> <li>Vestibuloplasty is not indicated for the following:               <ol style="list-style-type: none"> <li>For individuals with unmanaged medical conditions that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response</li> <li>When there is minimal alveolar ridge height</li> <li>For individuals who have undergone radiation therapy to the head and neck</li> </ol> </li> </ul>	Y
D7410	Excision Of Benign Lesion Up To 1.25 Cm	21-999			
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	21-999			
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	21-999			
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	21-999			
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	21-999			
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	21-999			
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	21-999	1 per lifetime per arch		
D7472	Removal Of Torus Palatinus	21-999	1 per lifetime per arch		



Code	Description	Age limits	Frequency limits	Other limits	Auth required
D7473	Removal Of Torus Mandibularis	21-999	1 per lifetime per arch		
D7961	buccal / labial frenectomy (frenulectomy)	21-999			
D7962	lingual frenectomy (frenulectomy)	21-999			
D7963	Frenuloplasty	21-999			
D7970	Excision Of Hyperplastic Tissue - Per Arch	21-999			
D7999	Unspecified Oral Surgery Procedure, By Report	21-999			
D8670	Periodic ortho treatment visit (part of contract)	21-999	5 per lifetime per member	<ul style="list-style-type: none"> <li>Auth approval for banding with number of units used and remaining needed</li> <li>In scenarios where the master ortho D8060, D8070, D8080 was previously approved, all that should be needed is the documentation showing approval of the master procedure. We would then be able to approve the supplemental monthly visits and the retainer for continuity with the approval of the master ortho procedure.</li> </ul>	Y
D8680	Ortho retention (incl. removal of appliances, construction, and placement of retainer)	21-999	1 per lifetime per member	<ul style="list-style-type: none"> <li>Auth approval for banding</li> <li>Narrative of projected timeline</li> <li>there are no acutal clinical criteria for this code. If master ortho is approved, this is a supplemental pay code defined only by administrative limitations. If master ortho is denied, this will not be paid regardless of circumstances. If something must be defined here, use the criteria for master ortho defined above.</li> </ul>	Y
D8999	Unspecified ortho procedure (include description)	21-999		<ul style="list-style-type: none"> <li>Narrative description, necessity</li> <li>Image if needed</li> <li>Proof provider is orthodontist</li> <li>Medically necessary orthodontic procedures that are not adequately described by an existing code</li> </ul>	Y
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	21-999			
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	21-999			
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	21-999			
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	21-999			
D9239	Intravenous Moderate (Conscious) Sedation/ Analgesia - First 15 Minutes	21-999			
D9243	Intravenous Moderate (Conscious) Sedation/ Analgesia - Each Subsequent 15 Minute	21-999			
D9248	Non-Intravenous Conscious Sedation	21-999			
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	21-999	1 per lifetime per member		N
D9410	House/Extended Care Facility Call	21-999	per 1 day per facility		
D9450	Case Presentation, detailed and extensive treatment planning	21-999	1 per member per day	<ul style="list-style-type: none"> <li>Providers who render covered dental services to members in their business practice address as an FQHC are eligible for reimbursement. Also providers whose business practice address is within the following five counties: Barnstable, Berkshire, Dukes, Franklin, and Hampshire and meet the criteria are eligible for a rural add-on payment using code D9450.</li> </ul>	
D9920	Behavior Management, By Report	21-999		<ul style="list-style-type: none"> <li>Description of dental service, member impairment, type of behavior mgmt planned</li> <li>Behavior management is indicated for: <ol style="list-style-type: none"> <li>The safe dental treatment of severely mentally, physically, or developmentally-impaired members for whom routine management techniques have been or are expected to be ineffective.</li> </ol> </li> </ul>	Y



Code	Description	Age limits	Frequency limits	Other limits	Auth required
D9930	Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report	21-999		<ul style="list-style-type: none"> <li>With the claim, the provider must include the date, the location of the original surgery, and the type of procedure. The claim should receive individual consideration to determine payment.</li> <li>Treatment Of Post-Surgical Complications is indicated for non-routine procedures required to ensure the safety and comfort of a post-surgical member, including:               <ol style="list-style-type: none"> <li>Drain removal</li> <li>Packing change (ie: for the treatment of alveolar osteitis (dry socket))</li> </ol> </li> </ul>	Y- POST AUTH
D9999	Unspecified Adjunctive Procedure, By Report	21-999		<ul style="list-style-type: none"> <li>Description of service</li> <li>Narrative of necessity</li> <li>Images if needed to show condition</li> <li>Unspecified Adjunctive Procedure is indicated for:               <ol style="list-style-type: none"> <li>A medically necessary procedure that cannot be adequately described by an existing code</li> <li>A procedure that is medically necessary due to disease, disorder, or disability</li> </ol> </li> </ul>	Y



**Dental Benefit Providers®**