

# UnitedHealthcare Community Plan of New Jersey Medicaid Dental Quick Reference Guide

Effective: January 1, 2024



## UHCdental.com/medicaid

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

NJ FamilyCare website: [www.njfamilycare.org](http://www.njfamilycare.org)



## Prior authorization

UnitedHealthcare Dental Authorizations  
P.O. Box 2073  
Milwaukee, WI 53201

## Appeals for service denials

UnitedHealthcare Community Plan  
Attn: Appeals Department  
P.O. Box 31364  
Salt Lake City, UT 84131-0364  
Toll-free: **1-800-508-4881**



## Provider services

Phone: **1-800-508-4881**

9 a.m. – 6 p.m. ET Monday – Friday (IVR: 24/7)

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



## Claims

### UnitedHealthcare Dental Claims

P.O. Box 2180  
Milwaukee, WI 53201

### EDI Payer ID

GP133

## Claim disputes or adjustments

UnitedHealthcare Dental  
Claim Appeals  
P.O. Box 1266  
Milwaukee, WI 53201

## Corrected claims

UnitedHealthcare Dental  
Corrected Claims  
P.O. Box 2180  
Milwaukee, WI 53201

Claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.

## Important notes

This guide is intended to be used for quick reference and may not contain all of the necessary information; it is subject to change without notice. For current detailed benefit information, please visit the provider web portal or contact our provider services toll free number.

## Coordination of benefits

If Coordination of Benefits (COB) is involved where UnitedHealthcare is considered a secondary payer, COB claims should be submitted within 60 days from the date of the primary insurer's Explanation of Benefits (EOB) or 180 days from the date of service, whichever is later.

## Dental provider manual

A comprehensive UnitedHealthcare Dental Provider Manual is available at [UHCdental.com/medicaid](https://UHCdental.com/medicaid).

## Dental emergencies

Emergency dental services are covered by the plan. In network dental providers should be contacted for emergencies, unless the member is experiencing facial trauma including broken bones and dislocated jaw or severe swelling/infection which may require an emergency room visit. There is no prior authorization requirement for emergency dental services. (Prior authorization may be needed post treatment if definitive treatment was provided in the course of emergent care).

## Provider enrollment

Dental providers interested in joining the UnitedHealthcare network should visit [UHCdental.com](https://UHCdental.com) and click Join Our Network to request a provider packet from the Northeast region. A Network Contractor will contact the provider to review dental fees and the application process.

## Out-of-State and Out-of-Network providers

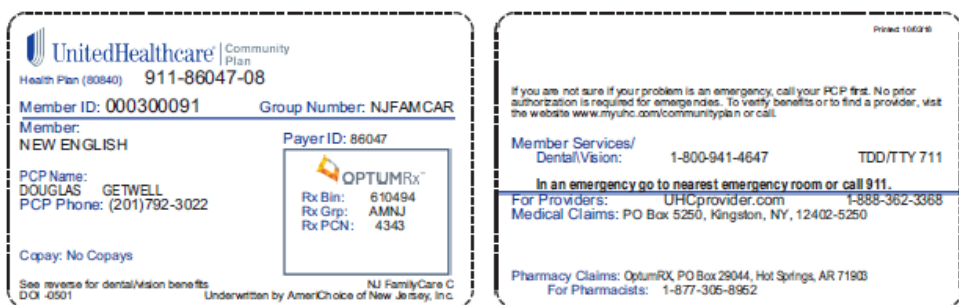
Questions related to procedures regarding approvals and claims payment for Out-of-State and Out-of-Network providers should be directed to Provider Services at **1-800-508-4881**.

## Dental directories

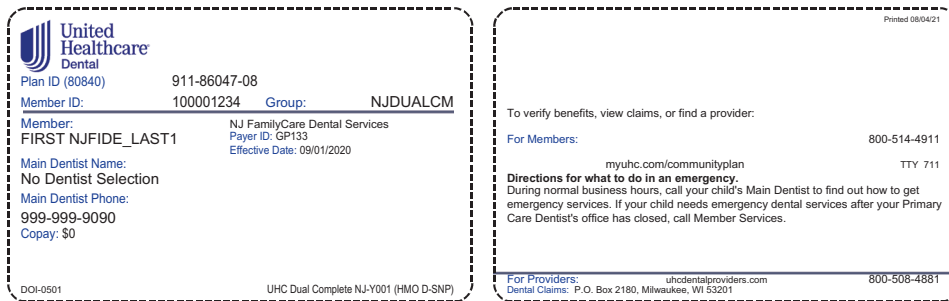
For a listing of the of the New Jersey Directory of Dentists Treating Members with Intellectual and Developmental Disabilities or The NJFC Directory of Dentists Treating Children under the Age of 6 visit [uhcommunityplan.com/nj](https://uhcommunityplan.com/nj) > NJFamilyCare > Find a Dentist > Search for a dental providerBenefit coverage, limitations, and requirements

## Sample member ID card

Members are issued an identification (ID) card by UnitedHealthcare Community Plan. The ID cards are customized with the UnitedHealthcare Community Plan logo and include the toll-free customer service number for the health plan.



All members age 1-20 are assigned to a PCD. We notify members of their assigned dental home and send them a separate dental ID card with the PCD information. Members can change dental homes and visit a participating dentist of their choice at any time, regardless of where we assign them. A sample dental ID card is provided below. The member's actual dental ID card may look slightly different.



An ID card is not a guarantee of payment. It is the responsibility of the provider to verify eligibility at the time of service. To verify a member's dental coverage, go to [UHCdental.com/medicaid](https://UHCdental.com/medicaid) or contact Provider Services at **1-800-508-4881**.

## Benefit coverage, limitations, and requirements

A list of covered benefits can be found on the [NJ FamilyCare Dental Services Clinical Criteria Grid](#).

Claim payment is based on Plan Benefits and Patient Eligibility on the date of service. The Clinical Criteria Grid is a quick reference guide and is not a guarantee of payment.

For procedures that may be considered either medical or dental such as maxillofacial prosthetics, surgical procedures for fractured jaw or removal of cysts the plan accepts prior authorization and payment requests from either qualified participating physicians or qualified participating oral surgeons and prosthodontists. Physician requests must be made through the physician portal utilizing medical codes and dentist requests must be made through the dental portal utilizing dental codes.



**Dental Benefit Providers®**