UnitedHealthcare Community Plan of Texas STAR Medicaid Dental Quick Reference Guide

The service delivery areas covered under this plan are: Harris County, Jefferson County, Hidalgo County, and Nueces County regions. This plan is for eligible **ADULTS ONLY.**

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 Dental Hub, you will need a W-9 and a recently paid claim, or the verification code from your Welcome Letter. For additional assistance with the Dental Hub, call Provider Services.

Provider services

Phone: **1-877-378-5301**
8 a.m.–5 p.m. CST Monday–Friday (IVR: 24/7)

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

Prior authorization

UHC Texas STAR
Attn: Dental Prior Authorizations
P.O. Box 1511
Milwaukee, WI 53201

Appeals for service denials

UHC Texas STAR
Attn: Dental Provider Appeals
P.O. Box 1427
Milwaukee, WI 53201

Claims

UHC Texas STAR
Attn: Dental Claims
P.O. Box 1471
Milwaukee, WI 53201

Claim disputes or adjustments

UHC Texas STAR
Attn: Dental Claim Disputes
P.O. Box 1427
Milwaukee, WI 53201

Corrected claims

UHC Texas STAR
Attn: Dental Corrected Claims
P.O. Box 481
Milwaukee, WI 53201

EDI Payer ID

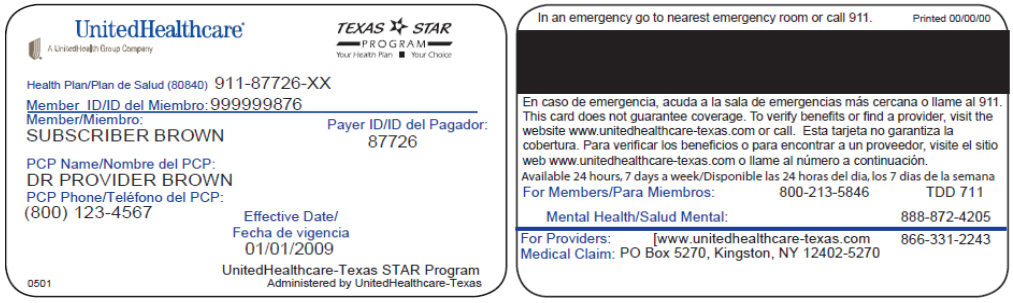
GP133 (Enter MC in the Claim Filing Indicator Field. Failure to enter “MC” in the Claim Filing Indicator field may result in delays in claim payment.)

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 Dental Hub or call our Provider Services toll free number.

Sample member ID card *



*Please note that the medical ID card is Universal and includes all lines of coverage. The actual member ID card may differ from the sample ID card shown above. Please DO NOT use the Medical claims and appeal addresses listed on the Medical ID card for dental services. Use the addresses on the first page of this document for all Dental Claims, Prior Authorizations and Appeals.

Benefit coverage, limitations, and requirements

UnitedHealthcare Texas STAR Medicaid dental plan covers Diagnostic and Preventive dental services for Medicaid eligible **ADULTS** covered under the plan. **This plan has a $250 annual maximum benefit per year.** The following Benefit Grid contains all covered dental procedures.

Procedures not listed as covered services are available to the member at 75% of the provider's normal billed charges. For those services, no claims or pre-authorization requests are required. All payments would be provided by the member at the time of service.

Texas STAR Medicaid Plan

Code	Description	Limitations	Prior auth required	Clinical documentation
D0120	Periodic Oral Evaluation - Established Patient	1 per 6 month period	No	
D0140	Limited Oral Evaluation - Problem Focused	1 per 6 month period	No	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	1 per 12 month period	No	
D0210	Intraoral - Complete Series of Radiographic Images	1 per 3 years	No	
D1110	Prophylaxis - Adult	1 per 6 month period	No	

Prior authorization

"Prior authorization required" means that, before delivering services, the provider must submit the procedures for review along with clinical documentation demonstrating medical necessity. To do this, complete a standard ADA claim form and check the box marked "Pre-Treatment ESTIMATE." Prior authorization request can be submitted via the Dental Hub at **UHCdental.com/medicaid**, submitted electronically via your clearinghouse, or by mailing in a 2019 or later ADA form, to the above address, along with any required supplemental information (films, narrative, perio-charting, etc.). Your office will then receive a determination notice outlining the denial or approval of requested treatment and plan payment amounts when applicable.

Provider appeals and grievances

Providers can appeal prior authorization denials on behalf of their patients. All appeal requests must be made within sixty (60) calendar days of the date on the adverse determination letter. All claims adjustments or requests for reprocessing must be made within sixty (60) calendar days from receipt of payment. An adjustment can be requested in writing or telephonically. To proceed with an appeal please include a copy of the adverse determination notice, a copy of medical records, and any additional

information/documentation, which supports the need for this service, and forward to:

UnitedHealthcare Texas STAR
Attn: Provider Appeals
PO Box 1427
Milwaukee, WI 53201

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