UnitedHealthcare Rhode Island RIte Smiles Medicaid Dental Quick Reference Guide

Effective: September 2021

UHCdentalproviders.com

The Provider Web Portal may be used the check eligibility, submit claims, and to access useful information regarding plan coverage.

To use the website, go to **uhcdentalproviders.com** and register as a participating user. Online access requires only an internet browser, a valid user ID, and a password. There is no need to download or purchase software.

To register on the site, you will need your Payee ID number. To receive your Payee ID and for other Provider Web Portal assistance, call **1-877-378-5303**.

Provider services

Phone: **1-877-387-5303**
8 a.m. – 6 p.m. EST Monday–Friday (IVR: 24/7)

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

UnitedHealthcare Dental RIte Smiles eligibility verification

1-877-378-5303

UnitedHealthcare Dental offers an Interactive Voice Response (IVR) system for efficiency. The IVR system is easy to use and should take under two minutes. Through our IVR system, you may access real time information, seven days a week, twenty-four hours a day.

Claims

UnitedHealthcare Dental Claims
UnitedHealthcare Dental RIte Smiles
PO Box 138
Milwaukee, WI 53201

Submit corrected claims to:
UnitedHealthcare Dental RIte Smiles
PO Box 138
Milwaukee, WI 53201

EDI Payer ID

GP133

Claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses above. All remittance information is available 24/7 via **provider.zelispayments.com** and can be downloaded into a PDF, CSV, or, standard 835 file format. For any additional information or questions, please contact Zelis Payments Client Service Department at **1-877-828-8770**.

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 at **1-800-822-5302.**

Change of address, phone number, email address, fax or tax identification number

When there are demographic changes within your office, you must notify us at least 10 calendar days prior to the effective date of the change. This supports accurate claims processing as well as helps to make sure that member directories are up-to-date.

Changes should be submitted to:
UnitedHealthcare – RMO
ATTN: 224-Prov Misc Mail WPN
PO BOX 30567
SALT LAKE CITY, UT 84130

Credentialing updates should be sent to:
UnitedHealthcare Credentialing - RIte Smiles
2300 Clayton Road
Suite 1000
Concord, CA 94520

Requests must be made in writing with corresponding and/or backup documentation. For example, a tax identification number (TIN) change would require submission of a copy of the new W9, versus an office closing notice where we'd need the notice submitted in writing on office letterhead.

When changes need to be made to your practice, we will need an outline of the old information as well as the changes that are being requested. This should include the name(s), TIN(s) and/or Practitioner ID(s) for all associates to whom that the changes apply.

Appointment scheduling standards

UHC Dental providers are committed to ensuring that they are accessible and available to members. Participating providers are expected to meet or exceed the following state mandated or plan requirements:

- **Urgent care appointments** Within 48 hours
- **Routine care appointments** Offered within 60 calendar days of the request

Transportation services

RIte Smiles members may qualify for transportation services to their dental appointments. Members should be referred to call MTM at **1-855-330-9131** (TTY **711**) to request services.

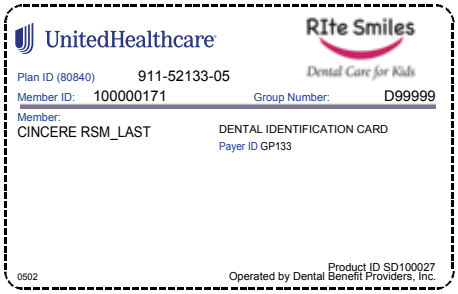
Mileage reimbursement

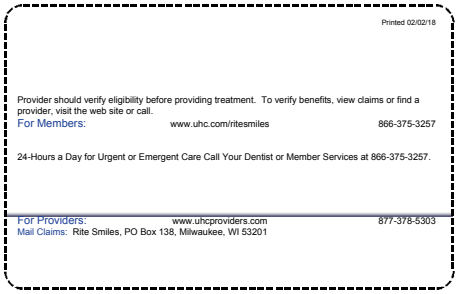
Members may qualify for fuel reimbursement. If an appointment date or time changes the Member is responsible to inform MTM of the change.

Interpreter/translation services

- Professional in-person interpreter services are available for dental appointments. Members can request an interpreter by calling Member Services at **1-866-375-3257**, TTY **711** at least 72 hours before the scheduled appointment. If a sign language interpreter is needed, a minimum of 2 weeks notice is required before the appointment. If the appointment date or time changes the Member is responsible to contact and inform Member Services.
- Dentists may request an interpreter service on behalf of an eligible RIte Smiles member by calling our Provider Services Line at **1-877-378-5303**.

Sample member ID card





A RIte Smiles member can call member services at **1-800-375-3257** (TTY **711**) to verify their RIte Smiles eligibility, Plan benefits or if they require a new RIte Smiles ID card.

If a RI Medicaid member does not have a dental plan listed or is missing a dental card, the member can call the RI Anchor Eligibility verification line at **1-855-697-4347** (TTY **711**).

Benefit coverage, limitations, and requirements

The UnitedHealthcare – RIte Smiles dental schedule plan is a comprehensive dental plan that covers all Medicaid eligible children in Rhode Island born on or after May 1, 2000. Under the RIte Smiles plan there is no member copay, deductible, or coinsurance. There is no annual maximum benefit. Some services do require prior authorization. Comprehensive dental benefits include coverage in the following categories.

Covered services	Benefit guidelines
Periodic Oral Exam	Twice in calendar year
Prophylaxis	Twice in calendar year
X-Rays	Bitewing- Allowed once per calendar year
Intraoral/complete series	Every 4 years
Panoramic Film	Every 4 years
Fluoride treatments	Twice in calendar year
Sealants	Covered only for permanent molars; One treatment per tooth every 5 years excluding third molars
Emergency Services	As medically necessary*
Restorative Services	As medically necessary*
Endo/Perio/Extractions	As medically necessary* requires prior approval
Oral Surgery	As medically necessary* requires prior approval
Inlays, Onlays, Crowns	As medically necessary* requires prior approval
Root Canals	As medically necessary*
Orthodontics	As medically necessary* The handicapping malocclusion must be supported by either an indication of an automatic qualifier on the HLD Index (Handicapping Labio-lingual Deviation Index), or a minimum score of 26 on the HLD Index (Handicapping Labio-lingual Deviation Index). Requires prior Authorization

The term “medical necessity” or “medically necessary service” means medical, surgical, or other services required for the prevention, diagnosis, cure or treatment of a health-related condition including such services necessary to prevent a detrimental change in either medical or mental health status.

Medically necessary services must be provided in the most cost effective and appropriate setting and shall not be provided solely for the convenience of the member or service provider.

Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D0120	Periodic Oral Evaluation - Established Patient	0 -22	No		2 per 1 Year
D0140	Limited Oral Evaluation - Problem Focused	0 -22	No		
D0145	Oral Evaluation, Patient Under Three	0 - 2	No		2 per Lifetime
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0 -22	No		1 per 1 Year
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	0 -22	No		
D0170	Re-Evaluation - Limited, Problem Focused	0 -22	No		
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	0 -22	No		1 per 1 Year
D0210	Intraoral - Complete Series of Radiographic Images	0 -22	No		1 per 4 Years
D0220	Intraoral - Periapical First Radiographic Image	0 -22	No		
D0230	Intraoral - Periapical Each Additional Image	0 -22	No		
D0240	Intraoral - Occlusal Radiographic Image	0 -22	No		
D0250	Extraoral - 2D Projection Radiographic image	0 -22	No		1 per 1 Year
D0270	Bitewing - Single Radiographic Image	0 -22	No		1 per 1 Year
D0272	Bitewings - Two Radiographic Images	0 -22	No		1 per 1 Year
D0273	Bitewings - Three Radiographic Images	0 -22	No		1 per 1 Year
D0274	Bitewings - Four Radiographic Images	0 -22	No		1 per 1 Year
D0310	Sialography	0 -22	Yes		
D0320	Temporomandibular Joint Arthrogram, Including Injection	0 -22	Yes		
D0321	Other Temporomandibular Joint Radiographic Images, By Report	0 -22	Yes		
D0322	Tomographic Survey	0 -22	Yes		
D0330	Panoramic Radiographic Image	0 -22	No		1 per 4 Years
D0340	2D Cephalometric Radiographic Image	0 -22	Yes		
D0350	Oral/Facial Photographic Images	0 -22	No		
D0411	Test For Diabetes	0 -22	No		1 per 1 Year
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities	0 -22	No		
D0460	Pulp Vitality Tests	0 -22	No		
D0470	Diagnostic Casts	0 -22	No		
D0502	Other Pathology Procedures, By Report	0 -22	Yes		
D1110	Prophylaxis - Adult	15 - 22	No		2 per 1 Year
D1120	Prophylaxis - Child	0 - 14	No		2 per 1 Year
D1206	Topical Application Of Fluoride Varnish	0 -22	No		2 per 1 Year
D1208	Topical Application of Fluoride	0 -22	No		2 per 1 Year
D1351	Sealant - Per Tooth	0 - 20	No		1 per 5 Years
D1354	Interim Caries Arresting Medicament Application - per tooth	0 -22	No		8 per 1 Year
D1510	Space Maintainer - Fixed - Unilateral - per quadrant	0 - 20	No		
D1516	Space Maintainer - Fixed - Bilateral, maxillary	0 - 20	No		
D1517	Space Maintainer - Fixed - Bilateral, mandibular	0 - 20	No		
D1520	Space Maintainer - Removable - Unilateral - per quadrant	0 - 20	No		
D1526	Space Maintainer - Removable - Bilateral, maxillary	0 - 20	No		
D1527	Space Maintainer - Removable - Bilateral, mandibular	0 - 20	No		
D1550	Re-Cement Or Re-Bond Space Maintainer	0 - 20	No		1 per Lifetime
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - maxillary	0 -22	No		1 per Lifetime
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - mandibular	0 -22	No		1 per Lifetime
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per quadrant	0 -22	No		1 per Lifetime

Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D1555	Removal Of Fixed Space Maintainer	0 -22	No		1 per Lifetime
D1556	Removal Of Fixed Unilateral Space Maintainer - Per quadrant	0 -22	No		1 per Lifetime
D1557	Removal Of Fixed Bilateral Space Maintainer - maxillary	0 -22	No		1 per Lifetime
D1558	Removal Of Fixed Bilateral Space Maintainer - mandibular	0 -22	No		1 per Lifetime
Restorative					
D2140	Amalgam - One Surface, Primary Or Permanent	0 -22	No		
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0 -22	No		
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0 -22	No		
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0 -22	No		
D2330	Resin-Based Composite - One Surface, Anterior	0 -22	No		
D2331	Resin-Based Composite - Two Surfaces, Anterior	0 -22	No		
D2332	Resin-Based Composite - Three Surfaces, Anterior	0 -22	No		
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	0 -22	No		
D2390	Resin-Based Composite Crown, Anterior	0 -22	Yes		1 per 5 Years
D2391	Resin-Based Composite - One Surface, Posterior	0 -22	No		
D2392	Resin-Based Composite - Two Surfaces, Posterior	0 -22	No		
D2393	Resin-Based Composite - Three Surfaces, Posterior	0 -22	No		
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	0 -22	No		
D2710	Crown - Resin-Based Composite (Indirect)	0 -22	Yes		
D2720	Crown - Resin With High Noble Metal	0 -22	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2721	Crown - Resin With Predominantly Base Metal	0 -22	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2722	Crown - Resin With Noble Metal	0 -22	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2740	Crown - Porcelain/Ceramic	0 -22	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2750	Crown - Porcelain Fused To High Noble Metal	0 -22	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2751	Crown - Porcelain Fused To Predominantly Base Metal	0 -22	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2752	Crown - Porcelain Fused To Noble Metal	0 -22	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2790	Crown - Full Cast High Noble Metal	0 -22	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2791	Crown - Full Cast Predominantly Base Metal	0 -22	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2792	Crown - Full Cast Noble Metal	0 -22	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	0 -22	No		1 per 1 Year
D2920	Re-Cement or Re-Bond Crown	0 -22	No		1 per 1 Year
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0 - 20	No		
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	0 -22	No		
D2932	Prefabricated Resin Crown	0 -22	No		
D2933	Prefabricated Stainless Steel Crown With Resin Window	0 - 20	No		
D2940	Protective Restoration	0 -22	No		
D2950	Core Buildup, Including Any Pins When Required	0 -22	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2951	Pin Retention - Per Tooth, In Addition To Restoration	0 -22	No		2 per 1 Year

Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	0 -22	No		
D2954	Prefabricated Post And Core In Addition To Crown	0 -22	Yes	Narrative of necessity, Post RCT PA (if RCT performed)	
D2980	Crown Repair	0 -22	Yes	Pre-op x-ray of crown and narrative of medical necessity	
D2999	Unspecified Restorative Procedure, By Report	0 -22	Yes	Description of procedure and narrative of medical necessity	
Endodontics					
D3110	Pulp Cap - Direct (Excluding Final Restoration)	0 -22	No		
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0 -22	No		
D3220	Therapeutic Pulpotomy	0 -20	No		
D3221	Pulpal Debridement - Primary And Permanent Teeth	0 -22	No		
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth	0 -22	No		
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	0 -22	No		
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	0 -22	No		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	0 -22	No		1 per Lifetime
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	0 - 20	No		1 per Lifetime
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	0 - 20	No		1 per Lifetime
D3351	Apexification / Recalcification - Initial Visit	0 - 20	No		5 per Lifetime
D3352	Apexification / Recalcification - Interim	0 - 20	No		5 per Lifetime
D3353	Apexification / Recalcification - Final Visit	0 - 20	No		5 per Lifetime
D3410	Apicoectomy - Anterior	0 - 22	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D3421	Apicoectomy - Premolar (First Root)	0 - 20	No		
D3425	Apicoectomy - Molar (First Root)	0 - 20	No		
D3426	Apicoectomy - Each Additional Root)	0 - 20	No		
D3430	Retrograde Filling - Per Root	0 - 20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D3450	Root Amputation - Per Root	0 - 20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	0 - 20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D3999	Unspecified Endodontic Procedure, By Report	0 - 22	Yes	Description of procedure and narrative of medical necessity	
Periodontics					
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	0 - 22	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	0 - 22	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	0 - 20	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	1 per 3 Years
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	0 - 20	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	1 per 3 Years

Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth	0 - 20	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	1 per 3 Years
D4261	Osseous Surgery (Including Flap And Closure) - One To Three Teeth	0 - 20	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	1 per 3 Years
D4263	Bone Replacement Graft - First Site In Quadrant	0 - 22	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	0 - 22	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4266	Guided Tissue Generation - Resorbable Barrier, Per Site	0 - 22	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4267	Guided Tissue Regeneration	0 - 22	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4270	Pedicle Soft Tissue Graft Procedure	0 - 22	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	0 - 22	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4274	Distal Or Proximal Wedge Procedure	0 - 22	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4320	Provisional Splinting - Intracoronal	0 - 22	Yes	Documentation of medical necessity	
D4321	Provisional Splinting - Extracoronal	0 - 22	Yes	Documentation of medical necessity	
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	0 - 22	No		2 per 1 Year
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	0 - 22	No		2 per 1 Year
D4346	Scaling in moderate or severe gingival inflammation	0 - 22	Yes	Pre-op xrays or diagnostic quality photos	1 per 2 Years
D4355	Full Mouth Debridement	0 - 22	No		
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle	0 - 22	Yes	Periodontal charting	
D4910	Periodontal Maintenance	0 - 22	Yes	Date of previous periodontal surgical or scaling and root planing with claim	2 per 1 Year
D4999	Unspecified Periodontal Procedure, By Report	0 - 22	Yes	Description of procedure and narrative of medical necessity	
Prosthodontics, Removable					
D5110	Complete Denture - Maxillary	0 - 22	Yes	FMX or panoramic x-rays	1 per 5 Years
D5120	Complete Denture - Mandibular	0 - 22	Yes	FMX or panoramic x-rays	1 per 5 Years

Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D5130	Immediate Denture - Maxillary	0 - 21	Yes	Narrative of medical necessity with pre authorization	1 per 1 Year
D5140	Immediate Denture - Mandibular	0 - 21	Yes	Narrative of medical necessity with pre authorization	1 per 1 Year
D5211	Maxillary Partial Denture - Resin Base	0 - 22	Yes	FMX or panoramic x-rays	1 per 5 Years
D5212	Mandibular Partial Denture - Resin Base	0 - 22	Yes	FMX or panoramic x-rays	1 per 5 Years
D5213	maxillary partial denture - cast metal framework with resin denture bases	0 - 22	Yes	FMX or panoramic x-rays	1 per 5 Years
D5214	mandibular partial denture - cast metal framework with resin denture bases	0 - 22	Yes	FMX or panoramic x-rays	1 per 5 Years
D5410	Adjust Complete Denture - Maxillary	0 - 22	No		
D5411	Adjust Complete Denture - Mandibular	0 - 22	No		
D5421	Adjust Partial Denture - Maxillary	0 - 22	No		
D5422	Adjust Partial Denture - Mandibular	0 - 22	No		
D5511	Repair Broken Complete Denture Base - Mandibular	0 - 22	No		
D5512	Repair Broken Complete Denture Base - Maxillary	0 - 22	No		
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	0 - 22	No		
D5611	Repair Resin Partial Denture Base - Mandibular	0 - 22	No		
D5612	Repair Resin Partial Denture Base - Maxillary	0 - 22	No		
D5621	Repair Cast Partial Framework - Mandibular	0 - 22	No		
D5622	Repair Cast Partial Framework - Maxillary	0 - 22	No		
D5630	Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth	0 - 22	No		
D5640	Replace Broken Teeth - Per Tooth	0 - 22	No		
D5650	Add Tooth To Existing Partial Denture	0 - 22	No		
D5660	Add Clasp To Existing Partial Denture - Per Tooth	0 - 22	No		
D5710	Rebase Complete Maxillary Denture	0 - 22	No		1 per 2 Years
D5711	Rebase Complete Mandibular Denture	0 - 22	No		1 per 2 Years
D5720	Rebase Maxillary Partial Denture	0 - 22	No		1 per 2 Years
D5721	Rebase Mandibular Partial Denture	0 - 22	No		1 per 2 Years
D5730	reline complete maxillary denture (direct)	0 - 22	No		1 per 1 Year
D5731	reline complete mandibular denture (direct)	0 - 22	No		1 per 1 Year
D5740	reline maxillary partial denture (direct)	0 - 22	No		1 per 1 Year
D5741	reline mandibular partial denture (direct)	0 - 22	No		1 per 1 Year
D5750	reline complete maxillary denture (indirect)	0 - 22	No		1 per 1 Year
D5751	reline complete mandibular denture (indirect)	0 - 22	No		1 per 1 Year
D5760	reline maxillary partial denture (indirect)	0 - 22	No		1 per 1 Year
D5761	reline mandibular partial denture (indirect)	0 - 22	No		1 per 1 Year
D5810	Interim Complete Denture (Maxillary)	0 - 22	Yes	FMX or panoramic and narrative of medical necessity	
D5811	Interim Complete Denture (Mandibular)	0 - 22	Yes	FMX or panoramic and narrative of medical necessity	
D5820	interim partial denture (Including retentive clasping materials and teeth) - max	0 - 22	Yes	FMX or panoramic and narrative of medical necessity	

Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D5821	interim partial denture (Including retentive clasping materials and teeth) - man	0 - 22	Yes	FMX or panoramic and narrative of medical necessity	
D5862	Precision Attachment, By Report	0 - 22	Yes	Narrative describing type of attachment and the medical necessity	
D5899	Unspecified Removable Prosthodontic Procedure, By Report	0 - 22	Yes	Description of procedure and narrative of medical necessity	
Maxillofacial Prosthetics					
D5999	Unspecified Maxillofacial Prosthesis, By Report	0 - 22	Yes	Description of procedure and narrative of medical necessity	
Prosthodontics, Fixed					
D6210	Pontic - Cast High Noble Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6211	Pontic - Cast Predominantly Base Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6212	Pontic - Cast Noble Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6240	Pontic - Porcelain Fused To High Noble Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6242	Pontic - Porcelain Fused To Noble Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6250	Pontic - Resin With High Noble Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6251	Pontic - Resin With Predominantly Base Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6252	Pontic - Resin With Noble Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6720	Retainer Crown - Resin With High Noble Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6721	Retainer Crown - Resin With Predominantly Base Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6722	Retainer Crown - Resin With Noble Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6752	Retainer Crown - Porcelain Fused To Noble Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6780	Retainer Crown - 3/4 Cast High Noble Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6790	Retainer Crown - Full Cast High Noble Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6791	Retainer Crown - Full Cast Predominantly Base Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6792	Retainer Crown - Full Cast Noble Metal	15 -20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	15 -22	Yes	Description of procedure and narrative of medical necessity	
Oral and Maxillofacial Surgery					
D7111	Extraction, Coronal Remnants - PrimaryTooth	0 - 22	No		1 per Lifetime

Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D7140	Extraction, Erupted Tooth Or Exposed Root	0 - 22	No		1 per Lifetime
D7210	Extraction, Erupted Tooth	0 - 22	Yes	Pre-op x-ray with claim and narrative of medical necessity (optional)	1 per Lifetime
D7220	Removal Of Impacted Tooth - Soft Tissue	0 - 22	Yes	Pre-op x-rays (excluding BWX)	1 per Lifetime
D7230	Removal Of Impacted Tooth - Partially Bony	0 - 22	Yes	Pre-op x-rays (excluding BWX)	1 per Lifetime
D7240	Removal Of Impacted Tooth - Completely Bony	0 - 22	Yes	Pre-op x-rays (excluding BWX)	1 per Lifetime
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	0 - 22	Yes	Pre-op x-rays (excluding BWX)	1 per Lifetime
D7250	Removal Of Residual Tooth (Cutting Procedure)	0 - 22	Yes	Pre-op x-rays (excluding BWX)	1 per Lifetime
D7260	Oroantral Fistula Closure	0 - 22	Yes	An oroantral fistula will not heal spontaneously and must be surgically repaired	
D7261	Primary Closure Of Sinus Perforation	0 - 22	Yes	An oroantral fistula will not heal spontaneously and must be surgically repaired	
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	0 - 22	Yes	Documentation describes accident and / or medical necessity	
D7280	Exposure of an Unerupted Tooth	0 - 22	Yes	When a normally developing permanent tooth is unable to erupt into a functional position	1 per Lifetime
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	0 - 22	No		1 per Lifetime
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	0 - 22	No		
D7286	Incisional Biopsy Of Oral Tissue - Soft	0 - 22	No		
D7290	Surgical Repositioning Of Teeth	0 - 22	No		
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	0 - 22	Yes	Narrative of necessity, panoramic x-ray	
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	0 - 22	Yes	Narrative of necessity, panoramic x-ray	
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	0 - 22	Yes	Narrative of necessity, panoramic x-ray	
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)	0 - 22	Yes	Narrative of necessity, panoramic x-ray	
D7410	Excision Of Benign Lesion Up To 1.25 Cm	0 - 22	No		
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	0 - 22	No		
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	0 - 22	No		
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	0 - 22	No		
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	0 - 22	No		
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	0 - 22	No		
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	0 - 22	No		
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	0 - 22	No		
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	0 - 22	No		
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	0 - 22	No		
D7530	Removal Of Foreign Body From Mucosa	0 - 22	No		

Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D7540	Removal Of Reaction Producing Foreign Bodies	0 - 22	No		
D7550	Partial Ostectomy/Sequestrectomy For Removal Of Non-Vital Bone	0 - 22	No		
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	0 - 22	No		
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	0 - 22	No		
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	0 - 22	No		
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical	0 - 22	No		
D7710	Maxilla - Open Reduction	0 - 22	No		
D7730	Mandible - Open Reduction	0 - 22	No		
D7740	Mandible - Closed Reduction	0 - 22	No		
D7770	Alveolus - Open Reduction Stabilization Of Teeth	0 - 22	No		
D7910	Suture Of Recent Small Wounds Up To 5 Cm	0 - 22	No		
D7911	Complicated Suture - Up To 5 Cm	0 - 22	No		
D7912	Complicated Suture - Greater Than 5 Cm	0 - 22	No		
D7961	buccal / labial frenectomy (frenulectomy)	0 - 22	No		
D7962	lingual frenectomy (frenulectomy)	0 - 22	No		
D7970	Excision Of Hyperplastic Tissue - Per Arch	0 - 22	Yes	Narrative of necessity, panoramic x-ray	
D7971	Excision Of Pericoronal Gingiva	0 - 22	Yes	Narrative of necessity, panoramic x-ray	
D7979	Non-Surgical Sialolithotomy	0 - 22	No		1 per Lifetime
D7998	Intraoral Placement Of A Fixation Device	0 - 22	Yes		
Orthodontics					
D8010	Limited Orthodontic Treatment Of The Primary Dentition	0 - 20	Yes	RI HLD scoresheet, panoramic/FMX, ceph x-rays, diagnostic quality photos	
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	0 - 20	Yes	RI HLD scoresheet, panoramic/FMX, ceph x-rays, diagnostic quality photos	
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	0 - 20	Yes	RI HLD scoresheet, panoramic/FMX, ceph x-rays, diagnostic quality photos	
D8040	Limited Orthodontic Treatment Of The Adult Dentition	0 - 22	Yes	RI HLD scoresheet, panoramic/FMX, ceph x-rays, diagnostic quality photos	
D8050	Interceptive Orthodontic Treatment Of The Primary Dentition	0 - 20	Yes	RI HLD scoresheet, panoramic/FMX, ceph x-rays, diagnostic quality photos	
D8060	Interceptive Orthodontic Treatment Of The Transitional Dentition	0 - 20	Yes	RI HLD scoresheet, panoramic/FMX, ceph x-rays, diagnostic quality photos	
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	0 - 20	Yes	RI HLD scoresheet, panoramic/FMX, ceph x-rays, diagnostic quality photos	
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	0 - 20	Yes	RI HLD scoresheet, panoramic/FMX, ceph x-rays, diagnostic quality photos	

Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	21 - 22	Yes	Narrative of medical necessity with pre authorization	1 per Lifetime
D8210	Removable Appliance Therapy	0 - 20	Yes	Narrative of medical necessity, panorex of full mouth x-rays, photos	
D8220	Fixed Appliance Therapy	0 - 20	Yes	Narrative of medical necessity, panorex of full mouth x-rays, photos	
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	0 - 20	No		
D8670	Periodic Orthodontic Treatment Visit	0 - 20	No		23 per Lifetime
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	0 - 20	No		
D8695	Removal Of Fixed Orthodontic Appliances	20-Dec	No		1 per Lifetime
D8999	Unspecified Orthodontic Procedure, By Report	0 - 22	Yes	N/A	
Adjunctive General Services					
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	0 - 22	No		
D9212	Trigeminal Division Block Anesthesia	0 - 22	No		
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	0 - 22	No		
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	0 - 22	Yes	Narrative of medical necessity with pre authorization	
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	0 - 22	No		
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	0 - 22	No		
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute	0 - 22	No		
D9248	Non-Intravenous Conscious Sedation	0 - 22	No		
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	0	No		
D9410	House/Extended Care Facility Call	0 - 22	No		
D9420	Hospital Or Ambulatory Surgical Center Call	0 - 22	No		
D9430	Office Visit For Observation (During Regularly Scheduled Hours)	0 - 22	No		
D9450	Case Presentation, Detailed And Extensive Treatment Planning	0 - 22	No		
D9610	Therapeutic Parenteral Drug, Single Administration	0 - 22	Yes	Description of drugs and parental administration with pre authorization	
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations	0 - 22	No		
D9630	Drugs or Medicaments - dispensed for home use	0 - 22	Yes	Description of drugs and parental administration with pre authorization	
D9910	Application Of Desensitizing Medicament	0 - 21	Yes	Narrative of medical necessity with pre authorization	1 per 1 Year
D9920	Behavior Management, By Report	0 - 22	No		4 per 1 Day
D9930	Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report	0 - 22	No		
D9944	Occlusal Guard-hard appliance, full arch	0 - 20	Yes	Narrative of medical necessity	
D9945	Occlusal Guard-soft appliance, full arch	0 - 20	Yes	Narrative of medical necessity	
D9946	Occlusal Guard-hard appliance, partial arch	0 - 20	Yes	Narrative of medical necessity	

Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D9950	Occlusion Analysis - Mounted Case	0 - 22	No		1 per 5 Years
D9951	Occlusal Adjustment - Limited	0 - 22	No		
D9952	Occlusal Adjustment - Complete	0 - 22	No		
D9992	Dental Case Management - Care Coordinator	0 - 22	No		1 per 1 Day

Requesting a prior authorization

Complete a standard ADA claim form (2012 or later) and check the box marked "Pre-Treatment ESTIMATE." Mail the form to the below address, along with any required supplemental information (films, narrative, perio-charting, etc). Your office will then receive an Explanation of Benefits (EOB) outlining the denial or approval of requested treatment and plan payment amounts when applicable.

Submit Prior Authorizations by mail to:
UnitedHealthcare Dental RIte Smiles
PO Box 1274
Milwaukee, WI 53201

Submit online to: **uhcdentalproviders.com**

Orthodontic prior authorization requests

The following must be included with your orthodontic prior authorization request:

- A completed ADA claim form clearly marked as Pre-Treatment ESTIMATE,
- A completed HLD Index Diagnostic Score Sheet,
- Cephalometric film, lips together, including tracing, and
- A digital panoramic image. Treatment plan, including projected length and cost of treatment.

All radiographs, photographs, and accompanying documentation should be clearly labeled with patient name, date, and provider requesting treatment. The orthodontic records listed above must be submitted on a separate claim form for payment.

Prior Authorizations are subject to the following conditions:

1. Total benefit maximums may not exceed the plan maximums. Actual dates of service may alter benefits payable.
2. Allowances may vary if plan benefits change prior to treatment.
3. The patient must be eligible for benefits when the services are deemed incurred. An expense is incurred when a service is performed.

When submitting for payment, please include the approved EOB, including the actual date(s) of service

Appeals process

UnitedHealthcare Dental – RIte Smiles
Attn: Appeals Dept.
P.O. Box 170
Milwaukee, WI 53201

Effective September 1, 2021, UnitedHealthcare Dental implemented a Medical Access Assistance Program to support RIte Smiles providers when Rhode Island medical facilities have informed providers of limited operating room availability, and a RIte Smiles member is unable to receive necessary dental treatment.

A RIte Smiles Medical Access Request form can be used to request scheduling assistance on behalf of an eligible RIte Smiles patient in need of medically necessary dental treatment that must be performed in a Rhode Island medical facility and only when scheduling attempts have been unsuccessful.

The UnitedHealthcare RIte Smiles Medical Access Request form is available for download post login-in at **uhcdentalproviders.com**.