UHCdental.com
user guide

United Healthcare | Dental Benefit Providers®

Quick access

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We know your time is valuable. That's why we've created **UHCdental.com** — our portal that provides robust digital resources when you need them, any day at any time. Your workday will go more smoothly, and you'll enhance the dental care experience for your patients with quick and easy access to the services and applications that UnitedHealthcare offers.

UHCdental.com is for participating and non-participating dentists and their staff serving members of these plans:

- Commercial
- Medicare & Retirement

You'll continue to use **UHCdentalproviders.com** to serve members in these plans:

- Medicaid

Texas Medicaid providers can access state-specific resources at **dentaltx.uhc.com.**

Helpful hint

Members can access their dental plan information at **myuhc.com®**.

Why use this portal?

UHCdental.com delivers robust digital resources that supply detailed patient benefit and claims information in real time. Features include:

- A detailed snapshot that highlights the patient's plan information, benefits summary, frequency limits and more
- A treatment plan calculator that provides patients with accurate, real-time treatment pricing and out-of-pocket expenses
- Simplified claims processing with alerts notifying you when procedures have exceptions or require further information
- Online claims and pre-treatment estimate submissions with the required information pre-populated to increase your claims adjudication rate

Helpful hint

Update or validate your practice information on **UHCdental.com** for publication to **myuhc.com**. Click Provider Self Service in the **Quick Links** section.

The portal helps streamline the insurance process, aids in regulations compliance and keeps your practice information up to date. Here's more of what you can do:

- Register and manage electronic payments and statements
- Enroll in Electronic Data Interchange
- View contracted rates by code using the treatment plan calculator, which utilizes your fee schedule*
- Find dental specialists for patient's next level of care
- Access specialty referral forms, clinical and credentialing guidelines, provider manuals and more
- Become a participating UnitedHealthcare provider
- Update, validate and attest to your demographic information, which is required every 90 days. This will help ensure your practice information is accurate and available to members on our online directory.*

*These features on **UHCdental.com** are available to network providers.

Supported browsers

UHCdental.com is supported by the most up-to-date versions of:

- Google Chrome
- Microsoft Edge
- Mozilla Firefox
- Safari

Helpful hint

Get information on **UHCdental.com** without waiting for call center hours to find answers. Still need to speak to the call center? Avoid potential wait times by calling Wednesday–Friday before 10 a.m. or after 2 p.m. CT.

Using the portal for the first time

Follow these instructions to get started:

- Go to **UHCdental.com** and select "Register"
- You'll be redirected to **One Healthcare ID**
- Enter your profile information
- Enter your email address
- Use the instructions to create your **One Healthcare ID**
- Create a password
- Review the Terms of Use and Website Privacy Policy
- Click "I Agree" to complete your registration
- You'll be redirected to **UHCdental.com**
- Enter your email address, tax ID number, license number and dentist information

After registering in **One Healthcare ID**, you will use that ID to securely access **UHCdental.com** and other associated applications.

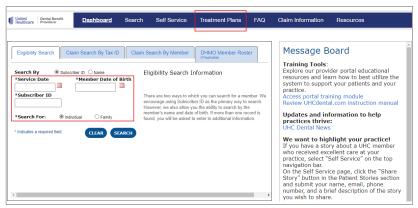NOTE: Each user must create their own personal login.

Login security

Your registration and login information are protected by **One Healthcare ID**, a product of UnitedHealth Group. Do not share your login information with anyone. You will be required to change your password on a regular basis.

Key features

Discover tools on **UHCdental.com** that support your patients and your practice.

Search for an individual or family by name, date of birth or subscriber ID.

Eligibility Search

Note: The Treatment Plans tab will only display for network providers. Out-of-network providers will see "Join Our Network."

Enter a member's name or subscriber ID to see a list of the patient's eligibility, benefits, utilization history and paid claims, and request pre-treatment estimates.

Claim Search By Member

Search by tax ID to see all claims paid to date. You can also show pre-treatment estimates associated with each claim as part of your search.

Claim Search By Tax ID

Claim information

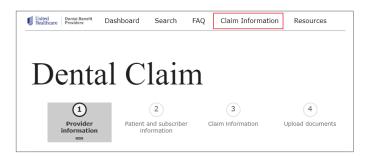Submit claims and attachments at no cost. Use a completed treatment plan or click Claim Information at the top of the page for easy submission. You must be logged in to **UHCdental.com** for your information to pre-populate.

See a list of claims and treatment plans processed within the last 30 days in the Recent Treatment Plans and Recent Claims sections. The explanation of benefits located in the View column provides details on each claim.

Recent treatment plans

Date last edited	Treatment plan name	Member name	View plan
04/14/2021	Diagnostics		Details
04/13/2021	Diagnostic		Details
04/13/2021	PTE		Details
04/13/2021	NA		Details
04/13/2021	Bridges		Details

More >

Recent claims

Subscriber ID	Amount claimed	Claim status	View
XXXXX	$218.00	Processed	EOB/Details
XXXXX	$1,145.45	In process	
XXXXX	$248	Processed	EOB/Details
XXXXX	$1,648.00	Processed	EOB/Details
XXXXX	$1,400.00	Processed	EOB/Details

More >

In the Recent Claims section, expand your search for claims beyond 30 days by clicking "More." You can search for pre-treatment estimates by date, dentist name, office location or member.

Treatment Plan Calculator

Use the Treatment Plan Calculator to provide accurate real-time treatment pricing, benefit plan coverage and out-of-pocket expense information to your patients.
Start by searching for a member's eligibility by subscriber ID or name, then select "Treatment Plan Calculator."

Treatment Plan Calculator (cont.)

Name the treatment plan, select the dentist providing services and begin entering in procedure codes and unit numbers.

Once the procedure codes have been entered, select "Create."

The created treatment plan will display the patient's total out-of-pocket costs, allowed amounts, utilization rules, exception codes, the need for clinical review and more.

You can print and share this with your patients. To email a treatment plan to your patients, click Print and save the document as a PDF, then send it directly from your office email.

You can also edit your treatment plan and create a claim or pre-treatment estimate without re-entering the patient or procedure code information.

Fee Schedule

After searching for a member's eligibility, you can see your fee schedule on the Eligibility Summary page. Select "Fee Schedule" to find your PPO fee schedule.* To see your fee schedule specific to each provider, select a date of service, then the provider's name.

The Provider Network Status displays easy-to-read information on a member's plan and status. If more than one plan is available, the most recent plan will appear first.

The deductible information in the Dental Account Summary section shows a member's out-of-pocket maximum and the amount they've paid toward it so far.

*This feature is available only to network providers.

Additional features

To view the benefits of multiple family members at once, select "Family" in the Eligibility Search tab. On the Essential Health Benefit field, you can see if the member's plan is covered under the Affordable Care Act.

Get a breakdown of a member's coverage on the Benefit Details page. You can view Benefit Breakdown information, Coverage and Deductibles details, Recent Claims and Recent Treatment Plans. You can also see a summary of the incentives earned through the Roll-Over Benefits plan for qualifying members. Incentive-based plans encourage patients to maintain good oral health.

Benefit Details

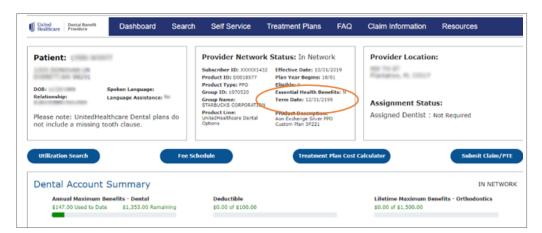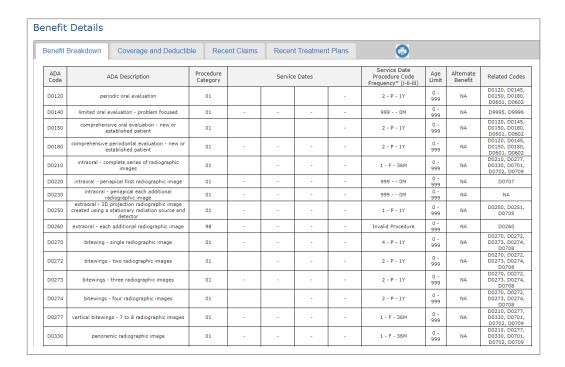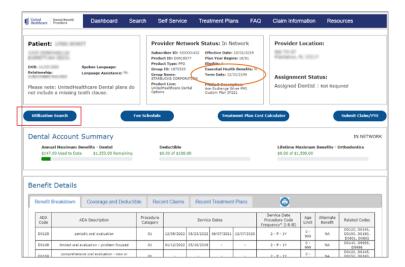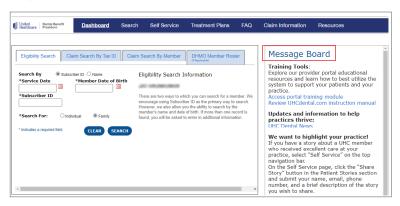| ADA Code	ADA Description	Procedure Category	Service Dates				Service Date Procedure Code Frequency* (i-ii-iii)	Age Limit	Alternate Benefit	Related Codes
D0120	periodic oral evaluation	01				-	2 - P - 1Y	0 - 999	NA	D0120, D0145, D0150, D0180, D0601, D0602
D0140	limited oral evaluation - problem focused	01	-	-	-	-	999 - - 0M	0 - 999	NA	D9995, D9996
D0150	comprehensive oral evaluation - new or established patient	01				-	2 - P - 1Y	0 - 999	NA	D0120, D0145, D0150, D0180, D0601, D0602
D0180	comprehensive periodontal evaluation - new or established patient	01	-	-	-	-	2 - P - 1Y	0 - 999	NA	D0120, D0145, D0150, D0180, D0601, D0602
D0210	intraoral - complete series of radiographic images	01		-	-	-	1 - F - 36M	0 - 999	NA	D0210, D0277, D0330, D0701, D0702, D0709
D0220	intraoral - periapical first radiographic image	01	-	-	-	-	999 - - 0M	0 - 999	NA	D0707
D0230	intraoral - periapical each additional radiographic image	01	-	-	-	-	999 - - 0M	0 - 999	NA	NA
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	01	-	-	-	-	1 - P - 1Y	0 - 999	NA	D0250, D0251, D0705
D0260	extraoral - each additional radiographic image	98	-	-	-	-	Invalid Procedure	0 - 999	NA	D0260
D0270	bitewing - single radiographic image	01	-	-	-	-	4 - P - 1Y	0 - 999	NA	D0270, D0272, D0273, D0274, D0708
D0272	bitewings - two radiographic images	01	-	-	-	-	2 - P - 1Y	0 - 999	NA	D0270, D0272, D0273, D0274, D0708
D0273	bitewings - three radiographic images	01	-	-	-	-	2 - P - 1Y	0 - 999	NA	D0270, D0272, D0273, D0274, D0708
D0274	bitewings - four radiographic images	01				-	2 - P - 1Y	0 - 999	NA	D0270, D0272, D0273, D0274, D0708
D0277	vertical bitewings - 7 to 8 radiographic images	01	-	-	-	-	1 - F - 36M	0 - 999	NA	D0210, D0277, D0330, D0701, D0702, D0709
D0330	panoramic radiographic image	01	-	-	-	-	1 - F - 36M	0 - 999	NA	D0210, D0277, D0330, D0701, D0702, D0709

Use the "Utilization Search" button to identify when a member received a specific service. Utilization history goes back 5 years.

Stay informed with important UnitedHealthcare news and updates posted on the Message Board.

Access frequently used tools and resources, including the provider self-service portal, forms, manuals, guidelines and more in the Quick Links section. Be sure to leverage the Provider Self Service tool to update any office and provider information. This is also where you validate and attest to your demographic information every 90 days, per requirement.

Quick Links

UHC On Air Dental Channel
Provider Self Service
Manuals/Other Supporting Documents
National Standardized Claim Utilization Review Criteria
Manage One Healthcare ID
Quick Reference Card
Demographic Change Form

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