



# Dental Provider Manual

UnitedHealthcare Community Plan of Missouri

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# Introduction—Who We Are

## Welcome to UnitedHealthcare®

### UnitedHealthcare welcomes you as a participating Dental Provider in providing dental services to our members .

We are committed to providing accessible, quality, comprehensive dental services in the most cost-effective and efficient manner possible. We realize that to do so, strong partnerships with our providers are critical, and we value you as an important part of our program.

We offer a portfolio of products including, but not limited to: Medicaid and Medicare Special Needs plans, as well as Commercial products such as Preferred Provider Organization (PPO) plans.

This Provider Manual (the “Manual”) is designed as a comprehensive reference guide for the dental plans in your area, primarily UnitedHealthcare Medicaid and Medicare plans. Here you will find the tools and information needed to successfully administer UnitedHealthcare plans. As changes and new information arise, we will send these updates to you.

Our Commercial program plan requirements are contained in a separate Provider Manual. If you support one of our Commercial plans and need that Manual, please contact Provider Services at **1-800-822-5353** (Please note: all other concerns should be directed to **1-855-934-9818**).

If you have any questions or concerns about the information contained within this Manual, please contact the UnitedHealthcare Provider Services team at **1-855-934-9818**.

Unless otherwise specified herein, this Manual is effective on January 1, 2018 for dental providers currently participating in the UnitedHealthcare network, and effective immediately for newly contracted dental providers.

Please note: “Member” is used in this Manual to refer to a person eligible and enrolled to receive coverage for covered services in connection with your agreement with us. “Manual” refers to this 2017 Provider Manual. “You” or “your” refers to any provider subject to this Manual. “Us”, “we” or “our” refers to UnitedHealthcare on behalf of itself and its other affiliates for those products and services subject to this Manual.

The codes and code ranges listed in this Manual were current at the time this Manual was published. Codes and coding requirements, as established by the organizations that create the codes, may periodically change. Please refer to the applicable coding guide for appropriate codes.

Thank you for your continued support as we serve the Medicaid and Medicare beneficiaries in your community.

Sincerely,

UnitedHealthcare, Professional Networks

## Section 2: Resources and Services— How We Help You

### 2.1 Quick Reference Guides—Addresses and Phone Numbers

UnitedHealthcare is committed to providing your office accurate and timely information about our programs, products and policies.

Our **Provider Services Line** and Provider Services teams are available to assist you with any questions you may have. Our toll-free provider services number is available during normal business hours and is staffed with knowledgeable specialists. They are trained to handle specific dentist issues such as **eligibility, claims, benefits information and contractual questions**.

The following is a quick reference table to guide you to the best resource(s) available to meet your needs when questions arise:

YOU WANT TO:	RESOURCE		
	Provider Services Line— Dedicated Service Representatives Phone: 1-855-934-9818 Hours: 8 a.m.-5 p.m. (CST) Monday-Friday	Online uhcproviders .com	Interactive Voice Response (IVR) System Phone: 1-855-934-9818 Hours: 24 hours a day, 7 days a week
Ask a Benefit/Plan Question(including prior authorization requirements)	✓	✓	
Ask a question about your contract	✓		
Changes to practice information (e.g., associate updates, address changes, adding or deleting addresses, Tax Identification Number change, specialty designation)	✓	✓	
Inquire about a claim	✓	✓	✓
Inquire about eligibility	✓	✓	✓
Inquire about the In-Network Practitioner Listing	✓	✓	✓
Nominate a provider for participation	✓	✓	
Request a copy of your contract	✓		
Request a Fee Schedule	✓	✓	
Request an EOB	✓	✓	
Request an office visit (e.g., staff training)	✓		
Request benefit information	✓	✓	
Request documents	✓	✓	
Request participation status change	✓		

NEED:	RESOURCE:				
	Address:	Phone Number:	Payer I .D .:	Submission Guidelines:	Form(s) Required:
<b>Claim Submission (initial)</b>	<b>Claims:</b> UnitedHealthcare P.O. Box 1471 Milwaukee WI 53201	<b>1-855-934-9818</b>	GP133	Within 90 calendar days from the date of service	ADA* Claim Form, 2012 version or later
<b>Prior Authorization Requests</b>	<b>PTE/Pre-authorizations:</b> UnitedHealthcare P.O. Box 5111 Milwaukee, WI 53201	<b>1-855-934-9818</b>	GP133	N/A	ADA Claim Form – check the box titled: Request for Predetermination / Preauthorization section of the ADA Dental Claim Form
<b>Provider Administrative Appeals</b>	<b>UnitedHealthcare:</b> Appeals Coordinator P.O. Box 1427 Milwaukee, WI 53201	<b>1-855-934-9818</b>	GP133	Within 90 days from the date of payment or claim determination	ADA Claim Form Provider narrative supporting appeal
<b>Reprocessing &amp; Adjustment Requests, Corrective Claims, In &amp; Out of Network Provider Disputes</b>	<b>Provider Disputes:</b> UnitedHealthcare P.O. Box 481 Milwaukee, WI 53201	<b>1-855-934-9818</b>	N/A	Within 90 days from receipt of payment	ADA Claim Form Reason for requesting adjustment or resubmission
<b>UnitedHealthcare Member Complaints &amp; Appeals</b>	<b>UnitedHealthcare:</b> Appeals Coordinator PO Box 31364 Salt Lake City, UT 84131	<b>1-866-292-0359</b>	N/A	Appeals must be submitted within 60 days of the date of authorization decision	N/A
<b>UnitedHealthcare Provider UM Appeals</b>	<b>UnitedHealthcare:</b> Appeals Coordinator PO Box 31364 Salt Lake City, UT 84131	<b>1-866-622-7982</b>	N/A	Appeals must be submitted within 60 days of the date of authorization decision	N/A
<b>State Fair Hearing Requests</b>	MO HealthNet Division Participant Services Unit PO Box 6500 Jefferson City, MO 65102	<b>1-800-392-2161 or 1-573-751-6527 or TDD 1-800-735-2966</b>	N/A	N/A	N/A

## 2.2 Integrated Voice Response (IVR) System—1-855-934-9818

We have a toll-free Integrated Voice Response (IVR) system that enables you to access information 24 hours a day, 7 days a week, by responding to the system's voice prompts.

Through this system, network dental offices can obtain immediate **eligibility information**, validate **practitioner participation status** and perform member **claim history** search (by surfaced code and tooth number).

## 2.3 Website

The UnitedHealthcare website at [uhcproviders.com](http://uhcproviders.com) offers many time-saving features including **eligibility verification**, **benefits**, **claims submission and status**, **print remittance information**, **claim receipt acknowledgment** and **network specialist locations**.

To use the website, go to [uhcproviders.com](http://uhcproviders.com) and register as a participating user. For assistance, call **1-855-934-9818**.

## Section 3: Patient Eligibility Verification Procedures

### 3.1 Member Eligibility

Member eligibility or dental benefits may be verified online or via phone.

We receive daily updates on member eligibility and can provide the most up-to-date information available.

*Important Note: Eligibility should be verified on the date of service. Verification of eligibility is not a guarantee of payment. Payment can only be made after the claim has been received and reviewed in light of eligibility, dental necessity and other limitations and/or exclusions. **Additional rules may apply to some benefit plans.***

### 3.2 Member Identification Card

Members are issued an identification (ID) card by UnitedHealthcare Community Plan. There will not be separate dental cards for UnitedHealthcare Community Plan members. The ID cards are customized with the UnitedHealthcare Community Plan logo and include the toll-free customer service number for the health plan.

A member 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 [uhcproviders.com](http://uhcproviders.com) or contact the dental Provider Services line at **1-855-934-9818**.

A sample ID card is provided below. The member's actual ID card may look slightly different.

	
Health Plan (80840)	911-86050-02
Member ID: 001600013	Group Number: MOHNET
Member: NEW MSPANISH DCN #: 99999913 PCP Name: DOUGLAS GETWELL PCP Phone: (717) 851-6816 S1803 MT ROSE AVE STE B3 YORK, MO 174033051	Payer ID: 86050
0501	UnitedHealthcare Community Plan of Missouri Administered by UnitedHealthcare of the Midwest, Inc.

In case of emergency call 911 or go to nearest emergency room. <small>Printed: 10/06/17</small>	
This card does not guarantee coverage. To verify benefits or to find a provider, visit the website <a href="http://www.MyUHC.com/CommunityPlan">www.MyUHC.com/CommunityPlan</a> or call.	
For Members:	866-292-0359 TTY 711
Behavioral Health:	866-292-0359 TTY 711
Dental/Vision:	866-292-0359 TTY 711
NurseLine:	866-351-6827 TTY 711
For Providers:	<a href="http://www.UHCOnline.com">www.UHCOnline.com</a> 866-815-5334
Dental Providers:	855-934-9818
Medical and BH Claims:	PO Box 5240, Kingston, NY, 12402-5240
Transportation:	866-292-0359 Pharmacy: 800-392-2161 or 573-751-6527
UHC18085 Approved 10/06/17	

### 3.3 Eligibility Verification

Eligibility can be verified on our website at [uhcproviders.com](http://uhcproviders.com) 24 hours a day, 7 days a week. In addition to current eligibility verification, our website offers other functionality for your convenience, such as claim status. Once you have registered on our provider website, you can verify your patients' eligibility online with just a few clicks.

To register on the site, you will need the following information:

- Payee ID number from a remittance advice

The username and password that are established during the registration process will be used to access the website. One username and password are granted for each payee ID number. Please call **1-855-934-9818** during normal business hours for assistance with website issues.

UnitedHealthcare also offers an Interactive Voice Response (IVR) system; simply call **1-855-934-9818**. Through our IVR system, you may access real-time information, 24 hours a day, 7 days a week. The UnitedHealthcare IVR system enables you to do the following:

- Verify Eligibility
- Obtain ClaimStatus

### 3.4 Specialist Referral Process

If a member needs specialty care, a general dentist may recommend a network specialty dentist, or the member can self-select a participating network specialist. Referrals must be made to qualified specialists who are participating within the provider network. No written referrals are needed for specialty dental care.

To obtain a list of participating dental network specialists, go to our website at [uhcproviders.com](http://uhcproviders.com) or contact Provider Services at **1-855-934-9818**.

## Section 4: Member Benefits/Exclusions and Limitations

### 4.1 Covered Services for UnitedHealthcare Community Plan of Missouri

Provider Quick Covered Services Reference Guide for the UnitedHealthcare Community Plan of Missouri.

**Covered services are paid at 100% of the provider fee schedule amount with no deductible or copay amount .**

#### 4.1.a Covered Services for UnitedHealthcare Community Plan of Missouri - Adult Benefit

The following benefit information was written in alignment with Section 13 of the MO Dental Manual ([manuals.momed.com/collections/collection\\_den/print .pdf](http://manuals.momed.com/collections/collection_den/print.pdf)).

Adults in certain categories of assistance are eligible for a specific list of dental services, which are outlined with descriptions, requirements and limitations in the table following.

Additional dental services, not shown in the table below (excluding full and partial dentures), will be considered for adults with certain pre-existing medical conditions or if the dental care is related to traumatic injury.

##### Pre-existing Medical Conditions

Services require a written referral from the participant's physician that must state the absence of the dental treatment would adversely affect a specific pre-existing medical condition. The referral document must be maintained in the participant's record and made available to UHC, the MO HealthNet Division, or its agent upon request. Referrals are effective for two (2) years from the date of the referral. Pre-existing medical conditions may include but are not limited to:

- Transplants
- Chemo/radiation therapy
- Heart Valves
- Diabetes
- AIDS
- Seizure Disorder treated with Dilantin
- Any other medical condition where if the dental condition is left untreated, the dental problems would adversely affect the health of the participant resulting in a higher level of care.

##### Dental Care Related to Traumatic Injury

Services are subject to review and may be provided if dental care is related to traumatic injury to the jaw, mouth, teeth or other contiguous (immediately adjoining) sites (above the neck), including but not limited to:

- Motor vehicle accident; or
- Fracture of the jaw or any facial bone.

UnitedHealthcare MO Medicaid Adult (ages 21 and older) Dental Benefit					
Code	Description	Age Limits	Frequency/ Limitation	Auth Required?	Required Documents
D0140	Limited Oral Evaluation - Problem Focused				
D0150	Comprehensive Oral Evaluation - New Or Established Patient				
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D0170	Re-Evaluation - Limited, Problem Focused			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D0210	Intraoral - Complete Series of Radiographic Images		1 per 24 Months	Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D0220	Intraoral - Periapical First Radiographic Image		1 per 1 Days		
D0230	Intraoral - Periapical Each Additional Image		Maximum of 4 on same date of service		
D0240	Intraoral - Occlusal Radiographic Image		1 per 1 Days	Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D0250	Extraoral - 2D Projection Radiographic image		1 per 1 Days	Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D0251	Extra-Oral Posterior Dental Radiographic Image		6 per 1 Days	Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D0270	Bitewing - Single Radiographic Image		4 per 6 Months	Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D0272	Bitewings - Two Radiographic Images		2 per 6 Months		
D0273	Bitewings - Three Radiographic Images		1 per 6 Months	Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D0274	Bitewings - Four Radiographic Images		1 set per 6 months		
D0277	Vertical Bitewings - 7 To 8 Radiographic Images		1 per 6 Months	Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D0310	Sialography			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D0330	Panoramic Radiographic Image	6 & over	1 per 24 months		
D0999	Unspecified Diagnostic Procedures, By Report			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D1110	Prophylaxis - Adult	13-125	1 per 6 months, both arches		
D2140	Amalgam - One Surface, Primary Or Permanent				
D2150	Amalgam - Two Surfaces, Primary Or Permanent				
D2160	Amalgam - Three Surfaces, Primary Or Permanent				
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent				
D2330	Resin-Based Composite - One Surface, Anterior				
D2331	Resin-Based Composite - Two Surfaces, Anterior				
D2332	Resin-Based Composite - Three Surfaces, Anterior				
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle				
D2390	Resin-Based Composite Crown, Anterior				
D2391	Resin-Based Composite - One Surface, Posterior				
D2392	Resin-Based Composite - Two Surfaces, Posterior				
D2393	Resin-Based Composite - Three Surfaces, Posterior				
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior				
D2940	Protective Restoration				
D2950	Core Buildup, Including Any Pins When Required			Yes	pre-op x-rays
D2999	Unspecified Restorative Procedure, By Report			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)

UnitedHealthcare MO Medicaid Adult (ages 21 and older) Dental Benefit					
Code	Description	Age Limits	Frequency/ Limitation	Auth Required?	Required Documents
D3110	Pulp Cap - Direct (Excluding Final Restoration)			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3120	Pulp Cap - Indirect (Excluding Final Restoration)			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3220	Therapeutic Pulpotomy			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3221	Pulpal Debridement - Primary And Permanent Teeth			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3332	Incomplete Endodontic Therapy			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3333	Internal Root Repair Of Perforation Defects			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3346	Retreatment Of Previous Root Canal Therapy - Anterior			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3347	Retreatment Of Previous Root Canal Therapy - Premolar			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3348	Retreatment Of Previous Root Canal Therapy - Molar			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3351	Apexification / Recalcification - Initial Visit			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3352	Apexification / Recalcification - Interim			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3353	Apexification / Recalcification - Final Visit			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3410	Apicoectomy - Anterior			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3421	Apicoectomy - Premolar (First Root)			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3425	Apicoectomy - Molar (First Root)			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3426	Apicoectomy - (Each Additional Root)			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3430	Retrograde Filling - Per Root			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3450	Root Amputation - Per Root			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D3999	Unspecified Endodontic Procedure, By Report			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D4230	Anatomical Crown Exposure - Four Or More Contiguous Teeth Per Quadrant			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D4231	Anatomical Crown Exposure - One To Three Teeth Per Quadrant			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)

UnitedHealthcare MO Medicaid Adult (ages 21 and older) Dental Benefit					
Code	Description	Age Limits	Frequency/ Limitation	Auth Required?	Required Documents
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant			Yes	periodontal charting and pre-op x-rays
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant			Yes	periodontal charting and pre-op x-rays
D4355	Full Mouth Debridement				
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle		1 per 6 Months	Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D4910	Periodontal Maintenance			Yes	date of previous periodontal surgical, scaling and root planing or periodontal maintenance procedure
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Staff)			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D4999	Unspecified Periodontal Procedure, By Report			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5913	Nasal Prosthesis			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5914	Auricular Prosthesis			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5919	Facial Prosthesis			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5922	Nasal Septal Prosthesis			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5926	Nasal Posthesis, Replacement			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5927	Auricular Prosthesis, Replacement			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5932	Obturator Prosthesis, Definitive			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5934	Mandibular Resection Prosthesis With Guide Flange			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5935	Mandibular Resection Prosthesis Without Guide Flange			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5936	Obturator Prosthesis, Interim			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5952	Speech Aid Prosthesis, Pediatric			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5953	Speech Aid Prosthesis, Adult			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5954	Palatal Augmentation Prosthesis			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5955	Palatal Lift Prosthesis, Definitive			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5958	Palatal Lift Prosthesis, Interim			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5959	Palatal Lift Prosthesis, Modification			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5960	Speech Aid Prosthesis, Modification			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5988	Surgical Splint			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5992	Adjust Maxillofacial Prosthetic Appliance, By Report			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5993	Maintenance And Cleaning Of A Maxillofacial Prosthesis (Extra Or Intraoral)			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D5999	Unspecified Maxillofacial Prosthesis, By Report			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)

UnitedHealthcare MO Medicaid Adult (ages 21 and older) Dental Benefit					
Code	Description	Age Limits	Frequency/ Limitation	Auth Required?	Required Documents
D6010	Surgical Placement Of Implant Body: Endosteal Implant			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D6040	Surgical Placement: Eposteal Implant			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D6050	Surgical Placement: Transosteal Implant			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D6090	Repair Implant Supported Prosthesis, By Report			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D6092	Re-Cement Or Re-Bond Implant/Abutment Supported Crown			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D6093	Re-Cement Or Re-Bond Implant/Abutment Supported Fixed Partial Denture			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D6095	Repair Implant Abutment, By Report			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D6100	Implant Removal, By Report			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D6999	Unspecified Fixed Prosthodontic Procedure, By Report			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7140	Extraction, Erupted Tooth Or Exposed Root				
D7210	Extraction, Erupted Tooth				
D7220	Removal Of Impacted Tooth - Soft Tissue			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7230	Removal Of Impacted Tooth - Partially Bony			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7240	Removal Of Impacted Tooth - Completely Bony			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7250	Removal Of Residual Tooth (Cutting Procedure)			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7260	Oroantral Fistula Closure			Yes	narrative of medical necessity
D7261	Primary Closure Of Sinus Perforation			Yes	narrative of medical necessity
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed/ Displaced Tooth			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)				
D7286	Incisional Biopsy Of Oral Tissue - Soft				
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7410	Excision Of Benign Lesion Up To 1.25 Cm			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7412	Excision Of Benign Lesion, Complicated			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7413	Excision Of Malignant Lesion Up To 1.25 Cm			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7415	Excision Of Malignant Lesion, Complicated			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)

UnitedHealthcare MO Medicaid Adult (ages 21 and older) Dental Benefit					
Code	Description	Age Limits	Frequency/ Limitation	Auth Required?	Required Documents
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7472	Removal Of Torus Palatinus			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7473	Removal Of Torus Mandibularis			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7485	Reduction Of Osseous Tuberosity			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7490	Radical Resection Of Maxilla Or Mandible			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue				
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated				
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue				
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated				
D7530	Removal Of Foreign Body From Mucosa			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7540	Removal Of Reaction Producing Foreign Bodies			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7550	Partial Ostectomy/Sequestrectomy For Removal Of Non-Vital Bone			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7650	Malar And/Or Zygomatic Arch - Open Reduction			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7660	Malar And/Or Zygomatic Arch - Closed Reduction			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7710	Maxilla - Open Reduction			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7720	Maxilla - Closed Reduction			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)

UnitedHealthcare MO Medicaid Adult (ages 21 and older) Dental Benefit					
Code	Description	Age Limits	Frequency/ Limitation	Auth Required?	Required Documents
D7730	Mandible - Open Reduction			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7740	Mandible - Closed Reduction			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7750	Malar And/Or Zygomatic Arch - Open Reduction			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7760	Malar And/Or Zygomatic Arch - Closed Reduction			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7770	Alveolus - Open Reduction Stabilization Of Teeth			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7771	Alveolus - Closed Reduction Stabilization Of Teeth			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7810	Open Reduction Of Dislocation			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7820	Closed Reduction Of Dislocation			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7830	Manipulation Under Anesthesia			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7840	Condylectomy			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7850	Surgical Discectomy, With/Without Implant			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7860	Arthrotomy			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7865	Arthroplasty			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7870	Arthrocentesis			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7871	Non-Arthroscopic Lysis And Lavage			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7872	Arthroscopy - Diagnosis, With Or Without Biopsy			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7873	Arthroscopy - Lavage And Lysis Of Adhesions			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7874	Arthroscopy - Disc Repositioning And Stabilization			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7875	Arthroscopy - Synovectomy			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7876	Arthroscopy - Discectomy			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7877	Arthroscopy - Debridement			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7880	Occlusal Orthotic Device, By Report			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7910	Suture Of Recent Small Wounds Up To 5 Cm			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7911	Complicated Suture - Up To 5 Cm			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7912	Complicated Suture - Greater Than 5 Cm			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7940	Osteoplasty - For Orthognathic Deformities			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7941	Osteotomy - Mandibular Rami			Yes	MD stmt/ trauma rpt and (x-rays/ perio chart/photos/narr/etc)

UnitedHealthcare MO Medicaid Adult (ages 21 and older) Dental Benefit					
Code	Description	Age Limits	Frequency/ Limitation	Auth Required?	Required Documents
D7943	Osteotomy-Mandibular Rami With Bone Graft: Includes Obtaining The Graft			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7944	Osteotomy - Segmented Or Subapical			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7945	Osteotomy - Body Of Mandible			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7946	Lefort I - (Maxilla - Total)			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7947	Lefort I - (Maxilla - Segmented)			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones)-Without Bone Graft			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7953	Bone Replacement Graft For Ridge Preservation - Per Site			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7955	Repair Of Maxillofacial Soft And/Or Hard Tissue Defect			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7970	Excision Of Hyperplastic Tissue - Per Arch			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7971	Excision Of Pericoronal Gingiva			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7972	Surgical Reduction Of Fibrous Tuberosity			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7980	Surgical Sialolithotomy			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7981	Excision Of Salivary Gland, By Report			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7982	Sialodochoplasty			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7983	Closure Of Salivary Fistula			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7990	Emergency Tracheotomy			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7991	Coronoidectomy			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7995	Synthetic Graft - Mandible Or Facial Bones, By Report			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7996	Implant-Mandible For Augmentation Purposes (Exc Alveolar Ridge)			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7997	Appliance Removal (Not By Dentist Who Placed Appliance)			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7998	Intraoral Placement Of A Fixation Device			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D7999	Unspecified Oral Surgery Procedure, By Report			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure				
D9120	Fixed Partial Denture Sectioning			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D9212	Trigeminal Division Block Anesthesia			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D9219	Evaluation For Deep Sedation or General Anesthesia			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D9222	Deep Sedation/General Anesthesia - First 15 Minutes		1 per 1 Days	Yes	narrative of medical necessity
D9223	Deep Sedation/ General Anesthesia - Each subsequent 15 Minute Increment			Yes	narrative of medical necessity

UnitedHealthcare MO Medicaid Adult (ages 21 and older) Dental Benefit					
Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis				
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia-First 15 Minutes		1 per 1 Days	Yes	narrative of medical necessity
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia-Each 15 Minute Increment			Yes	narrative of medical necessity
D9248	Non-Intravenous Conscious Sedation				
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D9410	House/Extended Care Facility Call			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D9420	Hospital Or Ambulatory Surgical Center Call			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D9430	Office Visit For Observation (During Regularly Scheduled Hours)			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D9440	Office Visit - After Regularly Scheduled Hours			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)
D9610	Therapeutic Parenteral Drug, Single Administration			Yes	Description of drugs and parenteral administration
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations			Yes	Description of drugs and parenteral administration
D9930	Treatment Of Complications (Post-Surgical)-Unusual Circumstances, By Report			Yes	narrative of medical necessity
D9995	Teledentistry - Synchronous; Real-Time Encounter				
D9996	Teledentistry-Asynchronous; Information Stored And Forwarded To Dentist				
D9999	Unspecified Adjunctive Procedure, By Report			Yes	MD stmt / trauma rpt and (x-rays/ perio chart/photos/narr/etc)

### 4.1.b Covered Services for UnitedHealthcare Community Plan of Missouri - Child Benefit

The following benefit information was written in alignment with Section 19 of the MO Dental Manual ([manuals.momed.com/collections/collection\\_den/print.pdf](http://manuals.momed.com/collections/collection_den/print.pdf)).

The following CDT and injection procedure codes are covered for eligible needy children under the age of 21 or persons receiving MO HealthNet under a category of assistance for pregnant women, the blind, or participants residing in a nursing facility.

UnitedHealthcare MO Medicaid Dental Benefit Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents					
Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D0120	Periodic Oral Evaluation - Established Patient				
D0140	Limited Oral Evaluation - Problem Focused				
D0145	Oral Evaluation, Patient Under Three	0-2	Includes counseling with primary caregiver		
D0150	Comprehensive Oral Evaluation - New Or Established Patient				
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report				
D0170	Re-Evaluation - Limited, Problem Focused				
D0171	Re-Evaluation - Post Operative Office Visit				
D0210	Intraoral - Complete Series of Radiographic Images		1 per 24 months; May not bill D0330 during same 24 month period		
D0220	Intraoral - Periapical First Radiographic Image		1 per date of service		
D0230	Intraoral - Periapical Each Additional Image		Maximum of 4 on same date of service		

UnitedHealthcare MO Medicaid Dental Benefit Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents					
Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D0240	Intraoral - Occlusal Radiographic Image		1 per date of service		
D0250	Extraoral - 2D Projection Radiographic image		1 per date of service		
D0251	Extra-Oral Posterior Dental Radiographic Image				
D0270	Bitewing - Single Radiographic Image		Maximum qty of 4 single, or combination of D270 (qty 2) and D0272 (qty1) in 6 months; Not covered during same six months as D0274 or D0277		
D0272	Bitewings - Two Radiographic Images		2 per 6 month intervals; Not covered during same six months as D0274 or D0277		
D0273	Bitewings - Three Radiographic Images		1 per 6 month intervals; Not covered during same six months as D0272, D0274 or D0277		
D0274	Bitewings - Four Radiographic Images		1 per 6 month intervals; Not covered during same six months as D0272 or D0277		
D0277	Vertical Bitewings - 7 To 8 Radiographic Images		1 per 6 month intervals; Not covered during same six months as D0272 or D0274; Cannot bill on the same date of service as regular bitewings		
D0310	Sialography			Yes	narrative of medical necessity
D0330	Panoramic Radiographic Image	6 & over	1 per 24 months; May not bill D0210 during same 24 month period		
D0340	2D Cephalometric Radiographic Image	0-20			
D0350	Oral/Facial Photographic Images	0-20			
D0415	Collection Of Microorganisms For Culture And Sensitivity	0-20			
D0460	Pulp Vitality Tests	0-20			
D0470	Diagnostic Casts	0-20			
D0999	Unspecified Diagnostic, by report			Yes	description of procedure and narrative of medical necessity
D1110	Prophylaxis - Adult	13 & over	1 per 6 month intervals		
D1120	Prophylaxis - Child	0-12	1 per 6 month intervals		
D1206	Topical Application Of Fluoride Varnish	0-20	1 per 6 month intervals		
D1208	Topical Application of Fluoride				
D1351	Sealant - Per Tooth	5-20			
D1353	Sealant Repair - Per Tooth	5-20			
D1354	Interim Caries Arresting Medicament Application	1-5	1 per 6 month intervals; 4 applications per tooth per lifetime		
D1510	Space Maintainer - Fixed - Unilateral	0-20			
D1515	Space Maintainer - Fixed - Bilateral	0-20			
D1550	Re-Cement Or Re-Bond Space Maintainer				
D1555	Removal Of Fixed Space Maintainer	0-20			
D1575	Distal shoe space maintainer - fixed	0-20			
D2140	Amalgam - One Surface, Primary Or Permanent				

UnitedHealthcare MO Medicaid Dental Benefit Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents					
Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D2150	Amalgam - Two Surfaces, Primary Or Permanent				
D2160	Amalgam - Three Surfaces, Primary Or Permanent				
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent				
D2330	Resin-Based Composite - One Surface, Anterior				
D2331	Resin-Based Composite - Two Surfaces, Anterior				
D2332	Resin-Based Composite - Three Surfaces, Anterior				
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle				
D2390	Resin-Based Composite Crown, Anterior				
D2391	Resin-Based Composite - One Surface, Posterior				
D2392	Resin-Based Composite - Two Surfaces, Posterior				
D2393	Resin-Based Composite - Three Surfaces, Posterior				
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior				
D2710	Crown - Resin-Based Composite (Indirect)	0-20		Yes	pre-op x-rays
D2720	Crown - Resin With High Noble Metal	0-20		Yes	pre-op x-rays
D2721	Crown - Resin With Predominantly Base Metal	0-20		Yes	pre-op x-rays
D2722	Crown - Resin With Noble Metal	0-20		Yes	pre-op x-rays
D2740	Crown - Porcelain/Ceramic Substrate	0-20		Yes	pre-op x-rays
D2750	Crown - Porcelain Fused To High Noble Metal	0-20		Yes	pre-op x-rays
D2751	Crown - Porcelain Fused To Predominantly Base Metal	0-20		Yes	pre-op x-rays
D2752	Crown - Porcelain Fused To Noble Metal	0-20		Yes	pre-op x-rays
D2780	Crown - 3/4 Cast High Noble Metal	0-20		Yes	pre-op x-rays
D2781	Crown - 3/4 Cast Predominantly Base Metal	0-20		Yes	pre-op x-rays
D2782	Crown - 3/4 Cast Noble Metal	0-20		Yes	pre-op x-rays
D2783	Crown - 3/4 Porcelain/Ceramic	0-20		Yes	pre-op x-rays
D2790	Crown - Full Cast High Noble Metal	0-20		Yes	pre-op x-rays
D2791	Crown - Full Cast Predominantly Base Metal	0-20		Yes	pre-op x-rays
D2792	Crown - Full Cast Noble Metal	0-20		Yes	pre-op x-rays
D2799	Provisional Crown			Yes	full mouth x-rays or panorex, treatment plan
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration				
D2915	Re-Cement or Re-Bond Cast Indirectly Fabricated Or Pre-Fabricated Post and Core				
D2920	Re-Cement or Re-Bond Crown				
D2929	Prefabricated Porcelain / Ceramic Crown - Primary Tooth	0-20			
D2930	Prefabricated Stainless Steel Crown - Primary Tooth		Replacement within 6 months is not covered		
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth		Replacement within 6 months is not covered		
D2932	Prefabricated Resin Crown		Replacement within 6 months is not covered		
D2933	Prefabricated Stainless Steel Crown With Resin Window		Replacement within 6 months is not covered		
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth				
D2940	Protective Restoration				
D2950	Core Buildup, Including Any Pins When Required			Yes	pre-op x-rays
D2951	Pin Retention - Per Tooth, In Addition To Restoration				
D2952	Post And Core In Addition To Crown, Indirectly Fabricated			Yes	pre-op x-rays

UnitedHealthcare MO Medicaid Dental Benefit Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents					
Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D2953	Each Additional Indirectly Fabricated Post - Same Tooth		Used with D2952	Yes	pre-op x-rays
D2954	Prefabricated Post And Core In Addition To Crown			Yes	pre-op x-rays
D2955	Post Removal				
D2957	Each Additional Prefabricated Post - Same Tooth		Used with D2954		
D2960	Labial Veneer (Resin Laminate) - Chairside	0-20		Yes	pre-op x-rays
D2961	Labial Veneer (Resin Laminate) - Laboratory	0-20		Yes	pre-op x-rays
D2962	Labial Veneer (Porcelain Laminate) - Laboratory	0-20		Yes	pre-op x-rays
D2971	Additional Procedures To Construct New Crown Under Existing Partial	0-20		Yes	pre-op x-rays
D2980	Crown Repair	0-20		Yes	pre-op x-ray of restoration and narrative of medical necessity
D2981	Inlay Repair	0-20		Yes	pre-op x-ray of restoration and narrative of medical necessity
D2982	Onlay Repair	0-20		Yes	pre-op x-ray of restoration and narrative of medical necessity
D2999	Unspecified Restorative Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D3110	Pulp Cap - Direct (Excluding Final Restoration)				
D3120	Pulp Cap - Indirect (Excluding Final Restoration)				
D3220	Therapeutic Pulpotomy				
D3221	Pulpal Debridement - Primary And Permanent Teeth				
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth				
D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Primary Tooth				
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)			Yes	pre-op x-rays (excluding bitewings)
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)			Yes	pre-op x-rays (excluding bitewings)
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)			Yes	pre-op x-rays (excluding bitewings)
D3331	Treatment Of Root Canal Obstruction; Non-Surgical Access			Yes	pre-op x-rays (excluding bitewings)
D3332	Incomplete Endodontic Therapy			Yes	pre-op x-rays (excluding bitewings)
D3333	Internal Root Repair Of Perforation Defects			Yes	pre-op x-rays (excluding bitewings)
D3346	Retreatment Of Previous Root Canal Therapy - Anterior			Yes	pre-op x-rays (excluding bitewings)
D3347	Retreatment Of Previous Root Canal Therapy - Bicuspid			Yes	pre-op x-rays (excluding bitewings)
D3348	Retreatment Of Previous Root Canal Therapy - Molar			Yes	pre-op x-rays (excluding bitewings)
D3351	Apexification / Recalcification - Initial Visit			Yes	pre-op x-rays (excluding bitewings)
D3352	Apexification / Recalcification - Interim			Yes	date of initial apexification visit
D3353	Apexification / Recalcification - Final Visit			Yes	date of initial visit and post trmt x-ray
D3410	Apicoectomy - Anterior			Yes	pre-op x-rays (excluding bitewings)
D3421	Apicoectomy - Bicuspid (First Root)			Yes	pre-op x-rays (excluding bitewings)
D3425	Apicoectomy - Molar (First Root)			Yes	pre-op x-rays (excluding bitewings)
D3426	Apicoectomy - Each Additional Root)			Yes	pre-op x-rays (excluding bitewings)

UnitedHealthcare MO Medicaid Dental Benefit Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents					
Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D3430	Retrograde Filling - Per Root			Yes	pre-op x-rays (excluding bitewings)
D3450	Root Amputation - Per Root			Yes	pre-op x-rays (excluding bitewings)
D3910	Surgical Procedure For Isolation Of Tooth With Rubber Dam				
D3999	Unspecified Endodontic Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4212	Gingivectomy/Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth		Per tooth	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4230	Anatomical Crown Exposure - Four Or More Contiguous Teeth Per Quadrant		Per quadrant	Yes	pre-op x-rays
D4231	Anatomical Crown Exposure - One To Three Teeth Per Quadrant		Per quadrant	Yes	pre-op x-rays
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4245	Apically Positioned Flap			Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4249	Clinical Crown Lengthening - Hard Tissue	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4261	Osseous Surgery (Including Flap And Closure) - One To Three Teeth		Per quadrant	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4263	Bone Replacement Graft - First Site In Quadrant	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4265	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration			Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4266	Guided Tissue Generation - Resorbable Barrier, Per Site	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4267	Guided Tissue Regeneration	0-20	Include membrane removal	Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4268	Surgical Revision Procedure, Per Tooth	0-20	Claim must include pre-op x-rays	Yes	pre-op x-rays
D4270	Pedicle Soft Tissue Graft Procedure	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional

UnitedHealthcare MO Medicaid Dental Benefit Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents					
Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D4274	Distal Or Proximal Wedge Procedure	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4275	Non-Autogenous Connective Tissue Graft, First Tooth, Implant Or Tooth Position			Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4276	Combined Connective Tissue And Double Pedicle Graft, Per Tooth			Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) First	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4278	Free Soft Tissue Graft Procedure (Including Donor Site Surgery) Each Additional	0-20		Yes	pre-op x-rays, periodontal chart, narrative of medical necessity, photos optional
D4320	Provisional Splinting - Intracoronal			Yes	documentation of medical necessity
D4321	Provisional Splinting - Extracoronal			Yes	documentation of medical necessity
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant		Per quadrant	Yes	periodontal charting and pre-op x-rays
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant		Per quadrant	Yes	periodontal charting and pre-op x-rays
D4355	Full Mouth Debridement				
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle		Via controlled release	Yes	periodontal charting
D4910	Periodontal Maintenance		Office visit not covered on date of service	Yes	date of previous periodontal surgical, scaling and root planing or periodontal maintenance procedure
D4920	Unscheduled Dressing Change (By Someone Other Than Treating Dentist Or Staff)		Different dentist		
D4999	Unspecified Periodontal Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D5110	Complete Denture - Maxillary			Yes	full mouth x-rays or panorex
D5120	Complete Denture - Mandibular			Yes	full mouth x-rays or panorex
D5130	Immediate Denture - Maxillary		1 per lifetime	Yes	full mouth x-rays or panorex
D5140	Immediate Denture - Mandibular		1 per lifetime	Yes	full mouth x-rays or panorex
D5211	Maxillary Partial Denture - Resin Base	8 & over		Yes	full mouth x-rays or panorex
D5212	Mandibular Partial Denture - Resin Base	8 & over		Yes	full mouth x-rays or panorex
D5213	Maxillary Partial Denture - Cast Metal Framework With Resin Denture Bases	8 & over		Yes	full mouth x-rays or panorex
D5214	Mandibular Partial Denture - Cast Metal Framework With Resin Denture Bases	8 & over		Yes	full mouth x-rays or panorex
D5225	Maxillary Partial Denture - Flexible Base	8 & over			
D5226	Mandibular Partial Denture - Flexible Base	8 & over			
D5410	Adjust Complete Denture - Maxillary				
D5411	Adjust Complete Denture - Mandibular				
D5421	Adjust Partial Denture - Maxillary				
D5422	Adjust Partial Denture - Mandibular				
D5511	Repair Broken Complete Denture Base - Mandibular				
D5512	Repair Broken Complete Denture Base - Maxillary				
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)				
D5611	Repair Resin Partial Denture Base - Mandibular				
D5612	Repair Resin Partial Denture Base - Maxillary				

UnitedHealthcare MO Medicaid Dental Benefit Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents					
Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D5621	Repair Cast Partial Framework - Mandibular	8 & over		Yes	date of service
D5622	Repair Cast Partial Framework - Maxillary	8 & over		Yes	date of service
D5630	Repair Or Replace Broken Clasp - Per Tooth				
D5640	Replace Broken Teeth - Per Tooth				
D5650	Add Tooth To Existing Partial Denture				
D5660	Add Clasp To Existing Partial Denture - Per Tooth				
D5710	Rebase Complete Maxillary Denture				
D5711	Rebase Complete Mandibular Denture				
D5720	Rebase Maxillary Partial Denture				
D5721	Rebase Mandibular Partial Denture				
D5730	Reline Complete Maxillary Denture (Chairside)				
D5731	Reline Complete Mandibular Denture (Chairside)				
D5740	Reline Maxillary Partial Denture (Chairside)				
D5741	Reline Mandibular Partial Denture (Chairside)				
D5750	Reline Complete Maxillary Denture (Laboratory)				
D5751	Reline Complete Mandibular Denture (Laboratory)				
D5760	Reline Maxillary Partial Denture (Laboratory)				
D5761	Reline Mandibular Partial Denture (Laboratory)				
D5820	Interim Partial Denture (Maxillary)		1 per lifetime	Yes	full mouth x-rays or panorex, narrative of medical necessity
D5821	Interim Partial Denture (Mandibular)		1 per lifetime	Yes	full mouth x-rays or panorex, narrative of medical necessity
D5850	Tissue Conditioning, Maxillary				
D5851	Tissue Conditioning, Mandibular				
D5862	Precision Attachment, By Report	0-20		Yes	documentation describing type of device and narrative of medical necessity
D5863	Overdenture - Complete Maxillary			Yes	pre-op x-rays (excluding bitewings)
D5864	Overdenture - Partial Maxillary			Yes	pre-op x-rays (excluding bitewings)
D5865	Overdenture - Complete Mandibular			Yes	pre-op x-rays (excluding bitewings)
D5866	Overdenture - Partial Mandibular			Yes	pre-op x-rays (excluding bitewings)
D5867	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment	0-20		Yes	narrative describing type of attachment and medical necessity for the need
D5899	Unspecified Removable Prosthodontic Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D5913	Nasal Prosthesis			Yes	narrative of medical necessity
D5914	Auricular Prosthesis			Yes	narrative of medical necessity
D5919	Facial Prosthesis			Yes	narrative of medical necessity
D5922	Nasal Septal Prosthesis			Yes	narrative of medical necessity
D5926	Nasal Posthesis, Replacement			Yes	narrative of medical necessity
D5927	Auricular Prosthesis, Replacement			Yes	narrative of medical necessity
D5932	Obturator Prosthesis, Definitive			Yes	narrative of medical necessity
D5934	Mandibular Resection Prosthesis With Guide Flange			Yes	narrative of medical necessity
D5935	Mandibular Resection Prosthesis Without Guide Flange			Yes	narrative of medical necessity
D5936	Obturator Prosthesis, Interim			Yes	narrative of medical necessity

UnitedHealthcare MO Medicaid Dental Benefit Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents					
Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D5952	Speech Aid Prosthesis, Pediatric			Yes	narrative of medical necessity
D5953	Speech Aid Prosthesis, Adult			Yes	narrative of medical necessity
D5954	Palatal Augmentation Prosthesis			Yes	narrative of medical necessity
D5955	Palatal Lift Prosthesis, Definitive			Yes	narrative of medical necessity
D5958	Palatal Lift Prosthesis, Interim			Yes	narrative of medical necessity
D5959	Palatal Lift Prosthesis, Modification			Yes	narrative of medical necessity
D5960	Speech Aid Prosthesis, Modification			Yes	narrative of medical necessity
D5988	Surgical Splint			Yes	narrative of medical necessity
D5992	Adjust Maxillofacial Prosthetic Appliance, By Report			Yes	narrative of medical necessity
D5993	Maintenance And Cleaning Of A Maxillofacial Prosthesis (Extra Or Intraoral)			Yes	narrative of medical necessity
D5994	Periodontal Medicament Carrier With Peripheral Seal - Laboratory Processed			Yes	narrative of medical necessity
D5999	Unspecified Maxillofacial Prosthesis, By Report			Yes	description of procedure and narrative of medical necessity
D6010	Surgical Placement Of Implant Body: Endosteal Implant			Yes	pre-op x-rays and narrative of medical necessity
D6040	Surgical Placement: Eosteal Implant			Yes	pre-op x-rays and narrative of medical necessity
D6050	Surgical Placement: Transosteal Implant			Yes	pre-op x-rays and narrative of medical necessity
D6090	Repair Implant Supported Prosthesis, By Report			Yes	narrative of medical necessity
D6092	Re-Cement Or Re-Bond Implant/Abutment Supported Crown				
D6093	Re-Cement Or Re-Bond Implant/Abutment Supported Fixed Partial Denture				
D6095	Repair Implant Abutment, By Report			Yes	narrative of medical necessity
D6100	Implant Removal, By Report			Yes	narrative of medical necessity
D6210	Pontic - Cast High Noble Metal	0-20		Yes	pre-op x-rays
D6211	Pontic - Cast Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6212	Pontic - Cast Noble Metal	0-20		Yes	pre-op x-rays
D6240	Pontic - Porcelain Fused To High Noble Metal	0-20		Yes	pre-op x-rays
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6242	Pontic - Porcelain Fused To Noble Metal	0-20		Yes	pre-op x-rays
D6245	Pontic - Porcelain/Ceramic	0-20		Yes	pre-op x-rays
D6250	Pontic - Resin With High Noble Metal	0-20		Yes	pre-op x-rays
D6251	Pontic - Resin With Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6252	Pontic - Resin With Noble Metal	0-20		Yes	pre-op x-rays
D6545	Retainer - Cast Metal For Resin Bonded Fixed Prosthesis	0-20		Yes	pre-op x-rays
D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixed Prosthesis	0-20		Yes	pre-op x-rays
D6549	Resin Retainer - For Resin Bonded Fixed Prosthesis	0-20		Yes	pre-op x-rays
D6600	Retainer Inlay - Porcelain/Ceramic, Two Surfaces	0-20		Yes	pre-op x-rays
D6601	Retainer Inlay - Porcelain/Ceramic, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6602	Retainer Inlay - Cast High Noble Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6603	Retainer Inlay - Cast High Noble Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6604	Retainer Inlay - Cast Predominantly Base Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6605	Retainer Inlay - Cast Predominantly Base Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays

UnitedHealthcare MO Medicaid Dental Benefit Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents					
Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D6606	Retainer Inlay - Cast Noble Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6607	Retainer Inlay - Cast Noble Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6608	Retainer Onlay - Porcelain/Ceramic, Two Surfaces	0-20		Yes	pre-op x-rays
D6609	Retainer Onlay-Porcelain/Ceramic, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6610	Retainer Onlay - Cast High Noble Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6611	Retainer Onlay - Cast High Noble Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6612	Retainer Onlay - Cast Predominantly Base Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6613	Retainer Onlay - Cast Predominantly Cast Base Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6614	Retainer Onlay - Cast Noble Metal, Two Surfaces	0-20		Yes	pre-op x-rays
D6615	Retainer Onlay - Cast Noble Metal, Three Or More Surfaces	0-20		Yes	pre-op x-rays
D6720	Retainer Crown - Resin With High Noble Metal	0-20		Yes	pre-op x-rays
D6721	Retainer Crown - Resin With Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6722	Retainer Crown - Resin With Noble Metal	0-20		Yes	pre-op x-rays
D6740	Retainer Crown - Porcelain/Ceramic	0-20		Yes	pre-op x-rays
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	0-20		Yes	pre-op x-rays
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6752	Retainer Crown - Porcelain Fused To Noble Metal	0-20		Yes	pre-op x-rays
D6780	Retainer Crown - 3/4 Cast High Noble Metal	0-20		Yes	pre-op x-rays
D6781	Retainer Crown - 3/4 Cast Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6782	Retainer Crown - 3/4 Cast Noble Metal	0-20		Yes	pre-op x-rays
D6783	Retainer Crown - 3/4 Porcelain/Ceramic	0-20		Yes	pre-op x-rays
D6790	Retainer Crown - Full Cast High Noble Metal	0-20		Yes	pre-op x-rays
D6791	Retainer Crown - Full Cast Predominantly Base Metal	0-20		Yes	pre-op x-rays
D6792	Retainer Crown - Full Cast Noble Metal	0-20		Yes	pre-op x-rays
D6920	Connector Bar	0-20		Yes	documentation describing type of device and narrative of medical necessity
D6930	Re-Cement Or Re-Bond Fixed Partial Denture				
D6940	Stress Breaker	0-20		Yes	documentation describing type of device and narrative of medical necessity
D6950	Precision Attachment	0-20		Yes	documentation describing type of device and narrative of medical necessity
D6980	Fixed Partial Denture Repair			Yes	narrative of medical necessity
D6999	Unspecified Fixed Prosthodontic Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D7111	Extraction, Coronal Remnants - Deciduous Tooth				
D7140	Extraction, Erupted Tooth Or Exposed Root				
D7210	Extraction, Erupted Tooth				
D7220	Removal Of Impacted Tooth - Soft Tissue			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7230	Removal Of Impacted Tooth - Partially Bony			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity

UnitedHealthcare MO Medicaid Dental Benefit Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents					
Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D7240	Removal Of Impacted Tooth - Completely Bony			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7241	Removal Of Impacted Tooth-Completely Bony, Unusual Surgical Complications			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7250	Removal Of Residual Tooth (Cutting Procedure)			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7251	Coronectomy - Intentional Partial Tooth Removal			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7260	Oroantral Fistula Closure			Yes	narrative of medical necessity
D7261	Primary Closure Of Sinus Perforation			Yes	narrative of medical necessity
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth				
D7280	Exposure of an Unerupted Tooth	0-20		Yes	pre-op x-rays and narrative of medical necessity
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	0-20		Yes	pre-op x-rays and narrative of medical necessity
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)				
D7286	Incisional Biopsy Of Oral Tissue - Soft				
D7287	Exfoliative Cytological Sample Collection	0-20		Yes	copy of pathology report
D7290	Surgical Repositioning Of Teeth			Yes	pre-op x-rays and narrative of medical necessity
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	0-125		Yes	pre-op x-rays and narrative of medical necessity
D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure			Yes	narrative of medical necessity
D7296	Corticotomy - One To Three Teeth Or Tooth Spaces, Per Quadrant			Yes	Pre-op x-rays and narrative of medical necessity
D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant			Yes	Pre-op x-rays and narrative of medical necessity
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth			Yes	pre-op x-rays (excluding bitewings)
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7340	Vestibuloplasty-Ridge Extension (Secondary Epithelialization)			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7350	Vesibuloplasty-Ridge Extension (Including Soft Tissue Grafts)			Yes	pre-op x-rays (excluding bitewings) and narrative of medical necessity
D7410	Excision Of Benign Lesion Up To 1.25 Cm			Yes	copy of pathology report
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm			Yes	copy of pathology report
D7412	Excision Of Benign Lesion, Complicated			Yes	copy of pathology report
D7413	Excision Of Malignant Lesion Up To 1.25 Cm			Yes	copy of pathology report
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm			Yes	copy of pathology report
D7415	Excision Of Malignant Lesion, Complicated			Yes	copy of pathology report
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm			Yes	copy of pathology report
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm			Yes	copy of pathology report
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm			Yes	copy of pathology report
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm			Yes	copy of pathology report

UnitedHealthcare MO Medicaid Dental Benefit Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents					
Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm			Yes	copy of pathology report
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm			Yes	copy of pathology report
D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report			Yes	copy of pathology report
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)			Yes	narrative of medical necessity, x-rays or photos optional
D7472	Removal Of Torus Palatinus			Yes	narrative of medical necessity, x-rays or photos optional
D7473	Removal Of Torus Mandibularis			Yes	narrative of medical necessity, x-rays or photos optional
D7485	Reduction Of Osseous Tuberosity			Yes	narrative of medical necessity, x-rays or photos optional
D7490	Radical Resection Of Maxilla Or Mandible			Yes	narrative of medical necessity, x-rays or photos optional
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue				
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue				
D7530	Removal Of Foreign Body From Mucosa			Yes	narrative of medical necessity, x-rays or photos optional
D7540	Removal Of Reaction Producing Foreign Bodies			Yes	narrative of medical necessity, x-rays or photos optional
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone			Yes	narrative of medical necessity, x-rays or photos optional
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body			Yes	narrative of medical necessity, x-rays or photos optional
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)			Yes	narrative of medical necessity, x-rays or photos optional
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)			Yes	narrative of medical necessity, x-rays or photos optional
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)			Yes	narrative of medical necessity, x-rays or photos optional
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)			Yes	narrative of medical necessity, x-rays or photos optional
D7650	Malar And/Or Zygomatic Arch - Open Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7660	Malar And/Or Zygomatic Arch - Closed Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth			Yes	narrative of medical necessity, x-rays or photos optional
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth			Yes	narrative of medical necessity, x-rays or photos optional
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical			Yes	narrative of medical necessity, x-rays or photos optional
D7710	Maxilla - Open Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7720	Maxilla - Closed Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7730	Mandible - Open Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7740	Mandible - Closed Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7750	Malar And/Or Zygomatic Arch - Open Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7760	Malar And/Or Zygomatic Arch - Closed Reduction			Yes	narrative of medical necessity, x-rays or photos optional
D7770	Alveolus - Open Reduction Stabilization Of Teeth			Yes	narrative of medical necessity, x-rays or photos optional

UnitedHealthcare MO Medicaid Dental Benefit Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents					
Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D7771	Alveolus - Closed Reduction Stabilization Of Teeth			Yes	narrative of medical necessity, x-rays or photos optional
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches			Yes	narrative of medical necessity, x-rays or photos optional
D7810	Open Reduction Of Dislocation			Yes	narrative of medical necessity, x-rays or photos optional
D7820	Closed Reduction Of Dislocation			Yes	narrative of medical necessity, x-rays or photos optional
D7830	Manipulation Under Anesthesia			Yes	narrative of medical necessity, x-rays or photos optional
D7840	Condylectomy			Yes	narrative of medical necessity, x-rays or photos optional
D7850	Surgical Discectomy, With/Without Implant			Yes	narrative of medical necessity, x-rays or photos optional
D7860	Arthrotomy			Yes	narrative of medical necessity, x-rays or photos optional
D7865	Arthroplasty			Yes	narrative of medical necessity, x-rays or photos optional
D7870	Arthrocentesis			Yes	narrative of medical necessity, x-rays or photos optional
D7871	Non-Arthroscopic Lysis And Lavage			Yes	narrative of medical necessity, x-rays or photos optional
D7872	Arthroscopy - Diagnosis, With Or Without Biopsy			Yes	narrative of medical necessity, x-rays or photos optional
D7873	Arthroscopy - Lavage And Lysis Of Adhesions			Yes	narrative of medical necessity, x-rays or photos optional
D7874	Arthroscopy - Disc Repositioning And Stabilization			Yes	narrative of medical necessity, x-rays or photos optional
D7875	Arthroscopy - Synovectomy			Yes	narrative of medical necessity, x-rays or photos optional
D7876	Arthroscopy - Discectomy			Yes	narrative of medical necessity, x-rays or photos optional
D7877	Arthroscopy - Debridement			Yes	narrative of medical necessity, x-rays or photos optional
D7880	Occlusal Orthotic Device, By Report			Yes	narrative of medical necessity, x-rays or photos optional
D7910	Suture Of Recent Small Wounds Up To 5 Cm			Yes	narrative of medical necessity, x-rays or photos optional
D7911	Complicated Suture - Up To 5 Cm			Yes	narrative of medical necessity, x-rays or photos optional
D7912	Complicated Suture - Greater Than 5 Cm			Yes	narrative of medical necessity, x-rays or photos optional
D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)			Yes	narrative of medical necessity, x-rays or photos optional
D7940	Osteoplasty - For Orthognathic Deformities			Yes	narrative of medical necessity, x-rays or photos optional
D7941	Osteotomy - Mandibular Rami			Yes	narrative of medical necessity, x-rays or photos optional
D7943	Osteotomy - Mandibular Rami With Bone Graft: Includes Obtaining The Graft			Yes	narrative of medical necessity, x-rays or photos optional
D7944	Osteotomy - Segmented Or Subapical			Yes	narrative of medical necessity, x-rays or photos optional
D7945	Osteotomy - Body Of Mandible			Yes	narrative of medical necessity, x-rays or photos optional
D7946	Lefort I - (Maxilla - Total)			Yes	narrative of medical necessity, x-rays or photos optional
D7947	Lefort I - (Maxilla - Segmented)			Yes	narrative of medical necessity, x-rays or photos optional

UnitedHealthcare MO Medicaid Dental Benefit Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents					
Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones) -Without Bone Graft			Yes	narrative of medical necessity, x-rays or photos optional
D7949	Lefort Ii Or Lefort Iii - With Bone Graft			Yes	narrative of medical necessity, x-rays or photos optional
D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla			Yes	narrative of medical necessity, x-rays or photos optional
D7953	Bone Replacement Graft For Ridge Preservation - Per Site			Yes	narrative of medical necessity, x-rays or photos optional
D7955	Repair Of Maxillofacial Soft And/Or Hard Tissue Defect			Yes	narrative of medical necessity, x-rays or photos optional
D7960	Frenulectomy -Also Known As Frenectomy Or Frenotomy - Separate Procedure			Yes	narrative of medical necessity, x-rays or photos optional
D7970	Excision Of Hyperplastic Tissue - Per Arch			Yes	pre-op x-rays, narrative of medical necessity, photos optional
D7971	Excision Of Pericoronal Gingiva			Yes	pre-op x-rays, narrative of medical necessity, photos optional
D7972	Surgical Reduction Of Fibrous Tuberosity			Yes	pre-op x-rays, narrative of medical necessity, photos optional
D7980	Sialolithotomy			Yes	narrative of medical necessity, x-rays or photos optional
D7981	Excision Of Salivary Gland, By Report			Yes	narrative of medical necessity, x-rays or photos optional
D7982	Sialodochoplasty			Yes	narrative of medical necessity, x-rays or photos optional
D7983	Closure Of Salivary Fistula			Yes	narrative of medical necessity, x-rays or photos optional
D7990	Emergency Tracheotomy				
D7991	Coronoidectomy			Yes	narrative of medical necessity, x-rays or photos optional
D7995	Synthetic Graft - Mandible Or Facial Bones, By Report			Yes	narrative of medical necessity, x-rays or photos optional
D7996	Implant -Mandible For Augmentation Purposes (Exc Alveolar Ridge)			Yes	narrative of medical necessity, x-rays or photos optional
D7997	Appliance Removal (Not By Dentist Who Placed Appliance)			Yes	narrative of medical necessity, x-rays or photos optional
D7998	Intraoral Placement Of A Fixation Device		Not in conjunction with fracture	Yes	narrative of medical necessity, x-rays or photos optional
D7999	Unspecified Oral Surgery Procedure, By Report			Yes	description of procedure and narrative of medical necessity
D8010	Limited Orthodontic Treatment Of The Primary Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8040	Limited Orthodontic Treatment Of The Adult Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8050	Interceptive Orthodontic Treatment Of The Primary Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos
D8060	Interceptive Orthodontic Treatment Of The Transitional Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos

UnitedHealthcare MO Medicaid Dental Benefit Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents					
Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos, HLD scoresheet, narrative of medical necessity
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos, HLD scoresheet, narrative of medical necessity
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	0-20	1 per lifetime	Yes	panoramic or full mouth x-rays, cephalometric x-ray, diagnostic quality photos, HLD scoresheet, narrative of medical necessity
D8210	Removable Appliance Therapy		1 per lifetime	Yes	panoramic and/or cephalometric x-ray, narrative of medical necessity
D8220	Fixed Appliance Therapy		1 per lifetime	Yes	panoramic and/or cephalometric x-ray, narrative of medical necessity
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development				
D8670	Periodic Orthodontic Treatment Visit		22 services per lifetime; Bill at least 21 days apart		
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	0-20		Yes	diagnostic quality photos
D8691	Repair Of Orthodontic Appliance	0-20		Yes	narrative of previous / current orthodontic case
D8692	Replacement Of Lost Or Broken Retainer	0-20			
D8693	Re-Cement Or Re-Bonding Fixed Retainers	0-20			
D8694	Repair Of Fixed Retainers, Includes Reattachment	0-20			
D8695	Removal Of Fixed Orthodontic Appliances	0-20		Yes	diagnostic quality photos
D8999	Unspecified Orthodontic Procedure, By Report	0-20		Yes	procedure and narrative of medical necessity or Ortho COC requirements. Ortho COC requirements: Original banding information, 5 diagnostic quality ortho photos, # of D8670's needed, narrative optional
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure				
D9120	Fixed Partial Denture Sectioning				
D9212	Trigeminal Division Block Anesthesia				
D9219	Evaluation For Deep Sedation or General Anesthesia			Yes	narrative of medical necessity
D9222	Deep Sedation/General Anesthesia - First 15 Minutes		1 per date of service	Yes	narrative of medical necessity
D9223	Deep Sedation/ General Anesthesia - Each 15 Minute Increment			Yes	narrative of medical necessity
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis				
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes		1 per date of service	Yes	narrative of medical necessity
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each 15 Minute Increment			Yes	narrative of medical necessity
D9248	Non-Intravenous Conscious Sedation				
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician				
D9410	House/Extended Care Facility Call				
D9420	Hospital Or Ambulatory Surgical Center Call				
D9430	Office Visit For Observation (During Regularly Scheduled Hours)				
D9440	Office Visit - After Regularly Scheduled Hours				

UnitedHealthcare MO Medicaid Dental Benefit Children (ages 20 and under), Pregnant Women, the Blind, & Nursing Facility Residents					
Code	Description	Age Limits	Frequency/Limitation	Auth Required?	Required Documents
D9610	Therapeutic Parenteral Drug, Single Administration			Yes	description of drugs and parental administration
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations			Yes	description of drugs and parental administration
D9910	Application Of Desensitizing Medicament				
D9911	Application Of Desensitizing Resin For Cervical And/Or Root Surface, Per Tooth				
D9930	Treatment Of Complications (Post Surgical)- Unusual Circumstances, By Report			Yes	narrative of medical necessity
D9940	Occlusal Guard, By Report	0-20		Yes	narrative of medical necessity
D9942	Repair And/Or Reline Occlusal Guard			Yes	narrative of medical necessity
D9995	Teledentistry - Synchronous; Real-Time Encounter				
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist				
D9999	Unspecified Adjunctive Procedure, By Report			Yes	description of procedure and narrative of medical necessity

## 4.2 Exclusions & Limitations

Please refer to the benefits grid for applicable exclusions and limitations and covered services. Standard ADA coding guidelines are applied to all claims.

Any service not listed as a covered service in the benefit grids (Section 4.1) is excluded.

Please call Provider Services at **1-855-934-9818** if you have any questions regarding frequency limitations.

### Additional Exclusions

- Unnecessary dental services.
- Hospitalization or other facility charges.
- Any dental procedure performed solely for cosmetic/aesthetic reasons.
- Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body.
- Any dental procedure not directly associated with dental disease.
- Any procedure not performed in a dental setting that has not had prior authorization.
- Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on Dental Therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.
- Service for injuries or conditions covered by workers' compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
- Expenses for dental procedures begun prior to the covered person's eligibility with the plan.
- Dental services otherwise covered under the policy, but rendered after the date that an individual's coverage under the policy terminates, including dental services for dental conditions arising prior to the date that an individual's coverage under the policy terminates.
- Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child.
- Charges for failure to keep a scheduled appointment without giving the dental office proper notification.

## 4.3 Appeals, State Fair Hearings and Complaints (Grievances)

### Your Right to Appeal

Providers may have members that want to file a grievance, appeal, or request a State Fair Hearing. Providers may assist or instruct members on how to do so. These processes are explained in detail in the Member Handbook.

Excerpts from the Member Handbook are provided below for your reference. Please note that the Member Handbook may be updated, so for the most current information, please refer to the Member Handbook.

### Grievances and Appeals

You may not always be happy with UnitedHealthcare Community Plan of Missouri. We want to hear from you. UnitedHealthcare Community Plan has people who can help you. **UnitedHealthcare Community Plan cannot take your benefits away because you make a grievance, appeal, or ask for a State Fair Hearing .**

There are two ways to tell UnitedHealthcare Community Plan about a problem:

#### Grievance or Appeal

A Grievance is a way for you to show dissatisfaction about things like:

- The quality of care or services you received;
- The way you were treated by a provider;
- A disagreement you may have with a MO HealthNet Managed Care health plan policy; or
- You do not agree to extend the time for a decision of a grievance or an appeal.
- You do not agree to the extension of time requested by your MO HealthNet Managed care health plan to make an authorization decision.

#### An Appeal is a way for you to ask for a review when your MO HealthNet Managed Care health plan:

Makes an adverse benefit determination to:

- Deny or give a limited approval of a requested service;
- Deny, reduce, suspend, or end a service already approved; or
- Deny payment for a service;

Or fails to:

- Act within required time frames for getting a service;
- Make a grievance decision within thirty (30) calendar days of receipt of request;
- Make an expedited decision within seventy-two (72) hours of receipt of request;
- Make an appeal resolution within thirty (30) calendar days of receipt of request.

UnitedHealthcare Community Plan must give you a written Notice of Adverse Benefit Determination if any of these actions happen. The Notice of Adverse Benefit Determination will tell you what we did and why and give you your rights to appeal and ask for a State Fair Hearing.

#### You have some special rights when making a Grievance or Appeal .

1. A qualified clinical professional will look at medical grievances or appeals.
2. If you do not speak or understand English, call **1-866-292-0359, TTY 711**, to get help from someone who speaks your language.
3. You may ask anyone such as a family member, your minister, a friend, or an attorney to help you make a grievance or an appeal.
4. If your physical or behavioral health is in danger, a review will be done within seventy-two (72) hours or sooner. This is called an expedited review. Call UnitedHealthcare Community Plan and tell UnitedHealthcare Community Plan if you think you need an expedited review.
5. UnitedHealthcare Community Plan may take up to to fourteen (14) calendar days longer to decide if you request the change of time or if we think it is in your best interest. If UnitedHealthcare Community Plan changes the time we must tell you in writing the reason for the delay.

6. If you have been getting medical care and your MO HealthNet Managed Care health plan reduces, suspends, or ends the service, you can appeal. In order for medical care not to stop while you appeal the decision you must appeal within ten (10) calendar days from the date the Notice of Adverse Benefit Determination was mailed and tell us not to stop the service while you appeal. If you do not win your appeal you may have to pay for the medical care you got during this time.
7. You may request enrollment in another MO HealthNet Managed Care health plan if the issue cannot be resolved.

## How to make a Grievance or Appeal or ask for a State Fair Hearing .

### Grievance

You may file a grievance on the telephone, in person, or in writing. Call UnitedHealthcare Community Plan at **1-866-292-0359, TTY 711**, to file a grievance.

- UnitedHealthcare Community Plan will write you within ten (10) calendar days and let you know we got your grievance.
- UnitedHealthcare Community Plan must give written notice of a decision within thirty (30) calendar days.

### Appeal

You may file an appeal orally or in writing to UnitedHealthcare Community Plan. Unless you need an expedited review, you must complete a written request even if you filed orally.

- You must appeal within sixty (60) calendar days from the date of our Notice of Adverse Benefit Determination.
- For help on how to make an appeal, call UnitedHealthcare Community Plan at **1-866-292-0359, TTY 711**.
- Send your written appeal to:

#### Member Services

UnitedHealthcare Community Plan  
Grievance and Appeals  
P.O. Box 31364  
Salt Lake City, UT 84131-0364

- UnitedHealthcare Community Plan must write you within ten (10) calendar days and let you know we got your appeal.
- UnitedHealthcare Community Plan must give written notice of a decision within thirty (30) calendar days unless it is an expedited review.

### State Fair Hearing

You have the right to ask for a State Fair Hearing when your MO HealthNet Managed Care health plan appeal process is complete and your appeal is not decided in your favor. You may ask for a State Fair Hearing orally or in writing. Unless you need an expedited review you must complete a written request even if you asked orally.

- You must ask for a State Fair Hearing within within one hundred twenty (120) calendar days from the date of the MO HealthNet Managed Care health plan's written Notice of Appeal Resolution.
- For help on how to ask for a State Fair Hearing, call the MO HealthNet Division at **1-800-392-2161**.
- If you do not speak or understand English, or need American Sign Language, call **1-800-392-2161** to get help from someone who speaks your language at no cost to you. This includes auxiliary aids and services. Members who use a Telecommunications Device for the Deaf (TDD) can call **1-800-735-2966**. These services are available to you at no cost.
- You can send your written request to:

MO HealthNet Division  
Stakeholders Services  
Participant Services Unit  
P.O. Box 6500  
Jefferson City, MO 65102-6500

or fax to 1-573-526-2471.

- You will be sent a form to complete. Once you send the form back, a date will be set for your hearing.
- You may ask anyone such as a family member, your minister, a friend, or an attorney to help you with a State Fair Hearing.

- A decision will be made within ninety (90) calendar days from the the state agency's receipt of a State Fair Hearing request.
- If your physical or behavioral health is in danger, a decision will be made within three (3) business days. This is called an expedited hearing. Call **1-800-392-2161** if you think you need an expedited hearing.
- If you have been getting medical care and your MO HealthNet Managed Care health plan reduces, suspends, or ends the service, you can ask for a State Fair Hearing. In order for medical care not to stop you must ask for a State Fair Hearing within ten (10) calendar days of the date the written Notice of Adverse Benefit Determination was mailed and tell us not to stop the service while you appeal. If you do not win, you may have to pay for the medical care you got during this time.

## Section 5: Authorization for Treatment

### 5.1 Dental Treatment Requiring Authorization

To make sure that desirable quality of care standards are achieved and to maintain the overall clinical effectiveness of the program, there are times when prior authorization is required prior to the delivery of clinical services.

These services may include specific restorative, endodontic, periodontic, prosthodontic and oral surgery procedures. For a complete listing of procedures requiring authorization, refer to the benefit grid within this Manual.

Prior authorization means the practitioner must submit those procedures for approval with clinical documentation supporting necessity before initiating treatment. For questions concerning prior authorization, dental claim procedures, or to request clinical criteria, please call the Provider Services Line at **1-855-934-9818**. Documentation or questions regarding prior authorizations can also be sent to:

#### **UnitedHealthcare**

PO Box 1511  
Milwaukee, WI 53201

All documentation submitted should be accompanied with ADA Claim Form and by checking the box titled: *“Request for Predetermination/Preauthorization section of the ADA Dental Claim Form”*.

Authorized services must be performed within 180 calendar days from the date of approval.

United HealthCare will comply with the Prior Authorization guidelines set forth in the MO Medicaid Managed Care Contract and subsequent Amendments ([dss.mo.gov/business-processes/managed-care](https://dss.mo.gov/business-processes/managed-care)).

When submitting for prior authorization /retrospective review of these procedures, please note the documentation requirements when sending in the information.

Criteria utilized for medical necessity determination were developed from information collected from American Dental Association’s Code Manuals, clinical articles and guidelines, as well as dental schools, practicing dentists, insurance companies, other dental related organizations, and local state or health plan requirements.

The criteria reviewers will look for in order to approve the request is listed below. Should the procedure need to be initiated under an emergency condition to relieve pain and suffering, you are to provide treatment to alleviate the patient’s condition. However, to receive reimbursement for the treatment, the same criteria /documentation must be provided (with the claim for payment) and the same criteria must be met to receive payment for the treatment.

### **CHILD**

#### **Sialography**

- Documentation describes medical necessity

#### **Crowns**

- Root canals
  - Clinically acceptable RCT
  - Minimum 50% bone support
  - No periodontal furcation
  - No subcrestal caries
- Non Root canals
  - Anterior - 50% incisal edge / 4+ surfaces involved
  - Bicuspid – 1 cusp / 3+ surfaces involved
  - Molar – 2 cusps / 4+ surfaces involved
  - Minimum 50% bone support
  - No periodontal furcation
  - No subcrestal caries

**Provisional crown**

- Documentation describes medical necessity and provisional crown need for a minimum of 6 months.
- Not to be used as a temporary crown for a routine prosthetic restoration

**Core buildup**

- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Clinically acceptable RCT
- Cuspid – 1 cusp / 2+ surfaces involved
- Bicuspoid – 1 cusp / 3+ surfaces involved
- Molar – 2 cusps / 4+ surfaces involved

**Cast posts and cores / Prefabricated post and cores**

- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Clinically acceptable RCT

**Labial veneers**

- Age appropriate
- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Clinically acceptable RCT
- Anterior - 50% incisal edge / 4+ surfaces involved

**Additional procedures to construct new crown under existing partial**

- Documentation supports procedure, missing teeth on at least one side of requested crown

**Restoration repair**

- Documentation supports procedure

**Root canals**

- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Evidence of apical pathology/fistula
- Pain from percussion / temp
- Closed apex

**Treatment of root canal obstruction**

- Documentation supports procedure

**Incomplete endodontic therapy**

- Documentation supports procedure

**Internal root repair of perforation defects**

- Documentation supports procedure

**Root canal retreatment**

- Minimum 50% bone support
- No periodontal furcation

- No subcrestal caries
- Evidence of apical pathology/fistula
- Pain from percussion / temp

#### **Apexification / recalcification**

- Deep caries
- Traumatic fracture with near pulpal exposure
- Pain from percussion, temperature
- History of trauma
- Presence of open root apex / apices

#### **Apicoectomy / periradicular surgery / retrograde filling / root amputation**

- Minimum 50% bone support
- No caries below bone level
- Repair of root perforation or resorptive defect
- Exploratory curettage for root fractures
- Removal of extruded filling materials or instruments
- Removal of broken tooth fragments
- Sealing of accessory canals, etc.

#### **Gingivectomy or gingivoplasty**

- Hyperplasia or hypertrophy from drug therapy, hormonal disturbances or congenital defects
- Generalized 5 mm or more pocketing indicated on the perio charting

#### **Anatomical crown exposure**

- Documentation supports procedure, need to remove tissue / bone to provide anatomically correct gingival relationship

#### **Gingival flap procedure**

- Perio classification of Type III or IV
- Lack of attached gingiva

#### **Apically positioned flap**

- Related to preserving gingiva related to an implant or during exposure of labially impacted tooth

#### **Crown lengthening**

- Documentation supports procedure, greater than 50% bone support after surgery due to coronal fracture / caries and not on same day as restoration preparation

#### **Osseous surgery**

- History of periodontal scaling and root planning
- No previous recent history of osseous surgery
- Perio classification of Type III or IV

#### **Bone replacement graft**

- Documentation supports need to correct bone defect

#### **Biologic materials to aid in soft and osseous tissue regeneration**

- Documentation supports need to correct bone defect

#### **Guided tissue regeneration**

- Documentation supports need in conjunction with bone replacement or to correct deformities resulting from inadequate faciolingual bone

#### **Surgical Revision**

- Documentation supports need to refine results of previous surgical procedure

**Pedicle soft tissue graft**

- Cover exposed root
- Eliminate gingival defect

**Autogenous connective tissue graft / combined connective tissue and double pedicle graft**

- Eliminate root sensitivity
- Eliminate frenum pull
- Extend vestibule
- Cover gingival interface with restoration
- Cover bone or ridge regeneration site

**Distal wedge**

- No history of D4260/D4261 within 12 months
- More than 50% bone to remain after procedure
- To expose coronal fracture or caries but not on same day as restorative procedure

**Non-autogenous connective tissue graft / Free soft tissue graft**

- Eliminate frenum pull
- Extend vestibule
- Eliminate gingival recession
- Cover gingival interface with restoration
- Cover bone or ridge regeneration site

**Provisional splinting**

- Documentation indicates periodontal mobility Type 3 or 4
- Documentation shows treatment plan of planned or completed periodontal therapy

**Scaling and root planning**

- D4341
  - Four or more teeth in the quadrant
  - 5 mm or more pocketing on 2 or more teeth indicated on the perio charting and
  - Presence of root surface calculus and/or noticeable loss of bone support on x-rays
- D4342
  - One to three teeth in the quadrant
  - 5 mm or more pocketing on 1 or more teeth indicated on the perio charting and
  - Presence of root surface calculus and/or noticeable loss of bone support on x-rays

**Localized delivery of antimicrobial agents**

- Documented 5 mm or more pocket depth around tooth indicated on perio charting for localized delivery

**Periodontal maintenance**

- Periodontal surgical, scaling and root planning or periodontal maintenance procedure more than 90 days previous to the current requested periodontal maintenance procedure

**Full dentures**

- Existing denture greater than 5 years old and unserviceable
- Remaining teeth do not have adequate bone support or are not restorable

**Immediate dentures**

- Remaining teeth do not have adequate bone support or are not restorable

**Partial dentures**

- Replacing one or more anterior teeth

- Replacing three or more posterior teeth (excluding 3rd molars)
- Existing partial denture greater than 5 years old and unserviceable
- Remaining teeth have greater than 50% bone support and are restorable

#### **Immediate partial dentures**

- Replacing one or more anterior teeth
- Replacing three or more posterior teeth (excluding 3rd molars)
- Existing partial denture greater than 5 years old and unserviceable
- Remaining teeth have greater than 50% bone support and are restorable

#### **Partial dentures – repairs**

- Dentures greater than 6 months old

#### **Interim partial dentures**

- Documentation supports need for interim partial denture to allow healing of multiple extractions or prior to periodontal surgery
- Premature loss of primary / permanent teeth where traditional partial / full denture would be inappropriate at the present time

#### **Precision attachment, by report**

- Attachment will significantly enhance function

#### **Overdenture**

- Remaining teeth supporting overdenture have adequate bone support

#### **Replacement or replaceable part of semi-precision or precision attachment**

- Documentation supports need to replace attachment

#### **Replacement or replaceable part of semi-precision or precision attachment**

- Documentation supports need to replace attachment

#### **Maxillofacial prosthetics**

- Documentation describes accident, facial trauma, disease, facial reconstruction or other medical necessity need

#### **Implant, surgical placement**

- Documentation shows healthy bone and periodontium

#### **Implant repair**

- Documentation describes medical necessity

#### **Implant removal, by report**

- Documentation describes medical necessity for surgical removal of an implant

#### **Fixed partial denture pontics / retainers**

- Minimum 50% bone support on abutments
- No periodontal furcation on abutments
- No subcrestal caries on abutments
- Clinically acceptable RCT on abutments
- One of the abutment crowns is defective on existing bridge
- One of the abutment crowns has recurrent decay on existing bridge
- One of the abutment crowns needs root canal on existing bridge

#### **Connector bar / stress breaker / precision attachment**

- Attachment will significantly enhance function

#### **Fixed partial denture repair, by report**

- Documentation describes medical necessity

#### **Impacted teeth**

- Pain

- Pericoronitis
- Carious lesion
- Facilitation of the management of or limitation of progression of periodontal disease
- Nontreatable pulpal or periapical lesion
- Acute or chronic infection
- Ectopic position
- Elective therapeutic removal
- Abnormalities of tooth size or shape precluding normal function
- Facilitation of orthodontic tooth movement and promotion of dental stability
- Tooth impeding the normal eruption of an adjacent tooth
- Tooth in line of fracture
- Impacted tooth
- Pathology associated with tooth
- Pathology associated with impacted tooth (odontogenic cysts, neoplasms)
- Tooth involved in tumor resection
- Preventive or prophylactic removal, when indicated, for patients with medical or surgical conditions or treatments
- Clinical findings of fractured tooth or teeth
- Internal or external resorption of tooth or adjacent teeth
- Anatomical position causing potential damage to adjacent teeth
- Patient's informed refusal of nonsurgical treatment options

#### **Surgical removal of residual tooth roots**

- Tooth root is completely covered by tissue on x-ray and/or documentation indicates cutting of soft tissue and bone, removal of tooth structures and closure
- Documentation describes pain, swelling, etc around tooth (must be symptomatic) and documentation noted in patient record

#### **Coronectomy**

- Documentation describes neurovascular complication if entire impacted tooth is removed

#### **Oroantral fistula closure / sinus perforation**

- Due to extraction, oral infection or sinus infection

#### **Surgical access of an unerupted tooth**

- Documentation supports impacted/unerupted tooth
- Tooth is beyond one year of normal eruption pattern

#### **Placement of device to facilitate eruption**

- Documentation supports procedure

#### **Efolliative cytological sample collection**

- Copy of pathology report or test results

#### **Surgical repositioning of teeth**

- Documentation supports need for procedure

#### **Transeptal fiberotomy / supra crestal fiberotomy, by report**

- Documentation supports need for procedure

#### **Harvest of bone for use in autogenous grafting procedure**

- Documentation indicates harvest of bone reported in addition to autogenous grafting procedure that do not include harvest of bone

**Alveoplasty with extractions**

- In preparation for a prosthesis
- Other treatments such as radiation therapy and transplant surgery

**Alveoplasty without extractions**

- In preparation for a prosthesis
- Other treatments such as radiation therapy and transplant surgery

**Vestibuloplasty**

- Documentation supports lack of ridge for denture placement

**Excision of lesion / tumor**

- Copy of pathology report

**Excision of bone tissue**

- Necessary for fabrication of a prosthesis

**Fractures – simple / compound**

- Documentation describes accident, operative report and medical necessity

**Reduction and dislocation and management of TMJ dysfunctions**

- Narrative, x-rays or photos support medical necessity for procedure

**TMJ, occlusal orthotic device**

- Documentation supports history of TMJ pain / treatment efforts
- Not for bruxism, grinding or other occlusal factors

**Suture repairs**

- Documentation describes accident
- Not for tooth extraction or to close surgical incision

**Skin graft**

- Documentation describes location and type of graft

**Osteoplasty / osteotomy**

- Correction of congenital, developmental or acquired traumatic or surgical deformity

**Other repair procedures (Oral & Maxillofacial Surgery)**

- Narrative, x-rays or photos support medical necessity for procedure

**Bone replacement graft for ridge preservation**

- Correct vertical / horizontal bone defect in preparation for surgical implant
- Prepare alveolar contour for planned prosthetic reconstruction

**Frenulectomy**

- Documentation describes removal or release of mucosal and muscle of a buccal, labial or lingual frenum to treat such conditions as tongue tied, diastema, tissue pull condition, etc.

**Excision of hyperplastic tissue**

- Documentation describes medical necessity due to ill fitting denture

**Excision of pericoronal gingival**

- Documentation shows tissue partially covers occlusal surface of crown
- Documented history of repeat infections

**Surgical reduction of fibrous tuberosity**

- Documentation indicates medical necessity need for future denture placement

**Sialolithotomy**

- Documentation describes evidence of salivary blockage

**Excision of salivary gland, by report**

- Documentation describes evidence of salivary blockage and inability to open duct

**Sialodochoplasty / closure of salivary fistula**

- Documentation describes repair / surgical closure of salivary duct

**Appliance removal (not by dentist who placed appliance)**

- Documentation describes removal not by dentist who placed appliance

**Limited / interceptive treatment**

- Partial treatment to correct crowding in one arch
- Minor tooth movement
- Uprighting teeth
- Rotating teeth
- Opening space(s)
- Closing space(s)
- Correct permanent incisor crossbite before tissue damage occurs
- Palatal expansion, skeletal disharmonies, space deficiency to lessen future effects of malformation dentition (primary / transitional / adolescent dentition)

**Comprehensive orthodontic treatment (HLD index Score)**

- Documentation shows cleft palate
- Documentation shows deep impinging overbite when the lower incisors are damaging the soft tissue of the palate (lower incisor contact only on the palate is not sufficient).
- Documentation shows a cross-bite of the individual anterior teeth when damage of the soft tissue is present.
- Documentation shows severe traumatic deviations.
- Documentation shows over-jet greater than nine millimeter (9 mm) or reverse over-jet of greater than three and one-half millimeters (3.5 mm).
- Documentation shows an impacted maxillary central incisor.
- Documentation supports a score of twenty-eight (28) points or greater on the HLD Index.
- Documentation meets medical necessity exception

**Fixed or removable appliance therapy**

- Documentation of thumb sucking or tongue thrusting habit

**Orthodontic retention**

- Documentation shows completed case based on original case initiated (limited / comprehensive)

**Orthodontic repair**

- Narrative of active ortho case or reference to past ortho case

**Evaluation for deep sedation or general anesthesia**

- Documentation describes medical necessity for procedure

**Deep sedation / General anesthesia - IV moderate (conscious) sedation / Analgesia (Dental Office Setting) - 1 or more of the criteria below**

- Extractions of impacted teeth or surgical exposure of unerupted cuspids
- 2 or more extractions in 2 or more quadrants
- 4 or more extractions in 1 quadrant
- Excision of lesions greater than 1.25 cm
- Surgical recovery from the maxillary antrum
- Documentation that patient is less than 9 years old with extensive treatment (described)
- Documentation of failed local anesthesia and documentation noted in patient record

- Documentation of situational anxiety and documentation noted in patient record
- Documentation and narrative of medical necessity supported by submitted medical records (cardiac, cerebral palsy, epilepsy or condition that would render patient noncompliant)

#### **Therapeutic drug injection**

- Description of drugs (antibiotics, steroids, anti-inflammation or other therapeutic medication) and parental administration

#### **Treatment of complications (post surgical)**

- Documentation describes medical necessity for procedure

#### **Occlusal guard / repair**

- Medically necessary for bruxism, grinding or other occlusal factors
- Not for temporomandibular dysfunction (TMD)
- Narrative supports need for repair, reline or adjustment

#### **Unspecified procedures, by report**

- Procedure cannot be adequately described by an existing code

## **ADULT**

#### **Core buildup**

- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Clinically acceptable RCT
- Cuspid – 1 cusp / 2+ surfaces involved
- Bicuspid – 1 cusp / 3+ surfaces involved
- Molar – 2 cusps / 4+ surfaces involved

#### **Scaling and root planning**

- D4341
  - Four or more teeth in the quadrant
  - 5 mm or more pocketing on 2 or more teeth indicated on the perio charting and
  - Presence of root surface calculus and/or noticeable loss of bone support on x-rays
- D4342
  - One to three teeth in the quadrant
  - 5 mm or more pocketing on 1 or more teeth indicated on the perio charting and
  - Presence of root surface calculus and/or noticeable loss of bone support on x-rays

#### **Periodontal maintenance**

- Periodontal surgical, scaling and root planning or periodontal maintenance procedure more than 90 days previous to the current requested periodontal maintenance procedure

#### **Impacted teeth**

- Pain
- Pericoronitis
- Carious lesion
- Facilitation of the management of or limitation of progression of periodontal disease
- Nontreatable pulpal or periapical lesion
- Acute or chronic infection
- Ectopic position
- Elective therapeutic removal

- Abnormalities of tooth size or shape precluding normal function
- Facilitation of orthodontic tooth movement and promotion of dental stability
- Tooth impeding the normal eruption of an adjacent tooth
- Tooth in line of fracture
- Impacted tooth
- Pathology associated with tooth
- Pathology associated with impacted tooth (odontogenic cysts, neoplasms)
- Tooth involved in tumor resection
- Preventive or prophylactic removal, when indicated, for patients with medical or surgical conditions or treatments
- Clinical findings of fractured tooth or teeth
- Internal or external resorption of tooth or adjacent teeth
- Anatomical position causing potential damage to adjacent teeth
- Patient's informed refusal of nonsurgical treatment options

#### **Surgical removal of residual tooth roots**

- Tooth root is completely covered by tissue on x-ray and/or documentation indicates cutting of soft tissue and bone, removal of tooth structures and closure
- Documentation describes pain, swelling, etc around tooth (must be symptomatic) and documentation noted in patient record

#### **Additional Dental Services for adults 21 and older are limited to:**

- Medical Condition related to or for a:
  - Transplants
  - Chemo / radiation therapy
  - Any other condition where if the dental condition is left untreated, the dental problem would adversely affect the health of the patient resulting in a higher level of care
  - Heart valves
  - Uncontrolled diabetes
  - AIDS
  - Paraplegic / Quadriplegic
  - Seizure disorder treated with Dilantin
- Traumatic injury to the jaw, mouth, teeth or other contiguous (adjoining) sites (above the neck), including but not limited to:
  - Motor vehicle accident
  - Fracture of the jaw or any facial bone

#### **Necessary Documentation and Clinical criteria:**

- Physician statement of medical condition and need for dental services / trauma report, and (x-rays, perio charting, photos, narratives) must be provided with all adult authorization requests.

#### **Clinical Oral evaluations**

- Documentation describes medical necessity

#### **Diagnostic Imaging**

- Documentation describes medical necessity

#### **Sialography**

- Documentation describes medical necessity

#### **Pulp caps**

- Caries close to pulp

**Pulpotomy / debridement / pulp therapy**

- Documentation supports procedure (decay, large restoration, pain, etc.)

**Root canals**

- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Evidence of apical pathology/fistula
- Pain from percussion / temp
- Closed apex

**Treatment of root canal obstruction**

- Documentation supports procedure

**Incomplete endodontic therapy**

- Documentation supports procedure

**Internal root repair of perforation defects**

- Documentation supports procedure

**Root canal retreatment**

- Minimum 50% bone support
- No periodontal furcation
- No subcrestal caries
- Evidence of apical pathology/fistula
- Pain from percussion / temp

**Apexification / recalcification**

- Deep caries
- Traumatic fracture with near pulpal exposure
- Pain from percussion, temperature
- History of trauma
- Presence of open root apex / apices

**Apicoectomy / periradicular surgery / retrograde filling / root amputation**

- Minimum 50% bone support
- No caries below bone level
- Repair of root perforation or resorptive defect
- Exploratory curettage for root fractures
- Removal of extruded filling materials or instruments
- Removal of broken tooth fragments
- Sealing of accessory canals, etc.

**Surgical procedure for isolation of tooth**

- Documentation supports procedure

**Anatomical crown exposure**

- Documentation supports procedure, need to remove tissue / bone to provide anatomically correct gingival relationship

**Gingival flap procedure**

- Perio classification of Type III or IV
- Lack of attached gingiva

**Bone replacement graft**

- Documentation supports need to correct bone defect

**Localized delivery of antimicrobial agents**

- Documented 5 mm or more pocket depth around tooth indicated on perio charting for localized delivery

**Unscheduled dressing change**

- Documentation describes medical necessity

**Maxillofacial prosthetics**

- Documentation describes accident, facial trauma, disease, facial reconstruction or other medical necessity need

**Implant, surgical placement**

- Documentation shows healthy bone and periodontium

**Implant repair**

- Documentation describes medical necessity

**Recent implant /abutment supported crown/fixed partial denture**

- Documentation describes medical necessity

**Implant removal, by report**

- Documentation describes medical necessity for surgical removal of an implant

**Connector bar**

- Attachment will significantly enhance function

**Oroantral fistula closure / sinus perforation**

- Due to extraction, oral infection or sinus infection

**Tooth reimplantation / transplantation**

- Documentation describes accident and / or medical necessity

**Vestibuloplasty**

- Documentation supports lack of ridge for denture placement

**Excision of lesion / tumor**

- Copy of pathology report

**Excision of bone tissue**

- Necessary for fabrication of a prosthesis

**Radical resection of maxilla or mandible**

- Documentation supports medical necessity

**Removal of foreign body / reaction producing foreign bodies**

- Documentation describes presence or description of foreign body

**Partial ostectomy**

- Documentation describes presence or description of non-vital bone or foreign body

**Maxillary sinusotomy**

- Documentation describes presence or description of root fracture of foreign body in maxillary antrum

**Fractures – simple / compound**

- Documentation describes accident, operative report and medical necessity

**Reduction and dislocation and management of TMJ dysfunctions**

- Narrative, x-rays or photos support medical necessity for procedure

**TMJ, occlusal orthotic device**

- Documentation supports history of TMJ pain / treatment efforts
- Not for bruxism, grinding or other occlusal factors

- Narrative supports need for adjustment

#### **Suture repairs**

- Documentation describes accident
- Not for tooth extraction or to close surgical incision

#### **Skin graft**

- Documentation describes location and type of graft

#### **Osteoplasty / osteotomy**

- Correction of congenital, developmental or acquired traumatic or surgical deformity

#### **Other repair procedures (Oral & Maxillofacial Surgery)**

- Narrative, x-rays or photos support medical necessity for procedure

#### **Bone replacement graft for ridge preservation**

- Correct vertical / horizontal bone defect in preparation for surgical implant
- Prepare alveolar contour for planned prosthetic reconstruction

#### **Frenulectomy**

- Documentation describes removal or release of mucosal and muscle of a buccal, labial or lingual frenum to treat such conditions as tongue tied, diastema, tissue pull condition, etc.

#### **Excision of hyperplastic tissue**

- Documentation describes medical necessity due to ill fitting denture

#### **Excision of pericoronal gingival**

- Documentation shows tissue partially covers occlusal surface of crown
- Documented history of repeat infections

#### **Surgical reduction of fibrous tuberosity**

- Documentation indicates medical necessity need for future denture placement

#### **Sialolithotomy**

- Documentation describes evidence of salivary blockage

#### **Excision of salivary gland, by report**

- Documentation describes evidence of salivary blockage and inability to open duct

#### **Sialodochoplasty / closure of salivary fistula**

- Documentation describes repair / surgical closure of salivary duct

#### **Emergency tracheotomy**

- Documentation describes surgical formation of a tracheal opening to allow for respiratory exchange

#### **Appliance removal (not by dentist who placed appliance)**

- Documentation describes removal not by dentist who placed appliance

#### **Fixed partial denture sectioning**

- Medical necessity supporting need for procedure

#### **Trigeminal division block anesthesia**

- Documentation describes medical necessity for procedure

#### **Evaluation for deep sedation or general anesthesia**

- Documentation describes medical necessity for procedure

#### **Deep sedation / General anesthesia - IV moderate (conscious) sedation / Analgesia (Dental Office Setting) - 1 or more of the criteria below:**

- Extractions of impacted teeth or surgical exposure of unerupted cuspids
- 2 or more extractions in 2 or more quadrants

- 4 or more extractions in 1 quadrant
- Excision of lesions greater than 1.25 cm
- Surgical recovery from the maxillary antrum
- Documentation that patient is less than 9 years old with extensive treatment (described)
- Documentation of failed local anesthesia and documentation noted in patient record
- Documentation of situational anxiety and documentation noted in patient record
- Documentation and narrative of medical necessity supported by submitted medical records (cardiac, cerebral palsy, epilepsy or condition that would render patient noncompliant)

#### Consultation

- Documentation describes referral from requesting provider regarding evaluation and / or management of a specific problem by a dentist / physician
- Consultation includes an oral evaluation
- Consultation is with a medical health care professional

#### House / extended care facility call

- Documentation describes medical necessity and location type

#### Hospital call

- Documentation of time spent and reason for hospital call

#### Office visit – for observation, no other services performed

- Documentation describes medical necessity for procedure

#### Office visit – after regularly scheduled hours

- Documentation describes medical necessity for procedure

#### Treatment of complications (post surgical)

- Documentation describes medical necessity for procedure

#### Unspecified procedures, by report

- Procedure cannot be adequately described by an existing code

## 5.1.a Payment for Non-Covered Services

When non-covered services are provided for Medicaid members, providers shall hold members and UnitedHealthcare harmless, except as outlined below.

In instances when non-covered services are recommended by the provider or requested by the member, an Informed Consent Form or similar waiver must be signed by the member confirming:

- That the member was informed and given written acknowledgement regarding proposed treatment plan and associated costs in advance of rendering treatment;
- That those specific services are not covered under the member's plan and that the member is financially liable for such services rendered.
- That the member was advised that they have the right to request a determination from the insurance company prior to services being rendered.

**Please note:** It is recommended that benefits and eligibility be confirmed by the provider before treatment is rendered. Members are held harmless and cannot be billed for services that are covered under the plan, in excess of cost sharing as required under the Member's benefit plan.

## 5.1.b After-Hours Emergency

When a provider treats a patient outside of the normal business hours of 8 a.m. to 6 p.m., Monday through Friday, providers should:

- Confirm patient eligibility on the date of service through our website, or our Interactive Voice Response system.

- Consult the benefit guide included in this Manual to determine if services are covered under the plan and if prior authorization is required for the service.
- Provide covered services that do not require prior authorization.
- If prior authorization is required for a needed service, the provider should relieve the patient's immediate pain with covered services that do not require prior authorization (e.g., palliative treatment or sedative filling). The provider will submit a written request for prior authorization, and may call the provider call center on the next business day to request information for submitting an expedited prior authorization request.

**Please note:** Prior authorization requirements are not waived for emergency appointments. Prior authorization requests and supporting documents must be received in writing via paper, electronic or website submission, and the request must be approved **prior** to rendering service. Claims will be denied for services that require prior authorization, when prior authorization has not been obtained.

## Section 6: Radiology Requirements

To learn what Prior Authorization requests would require radiographs, refer to Section 4.1 and Section 5.1 of the Manual.

Guidelines for providing radiographs are as follows:

- Send a copy or duplicate radiograph instead of the original.
- Radiograph must be diagnostic for the condition or site.
- Radiographs should be mounted and labeled with the practice name, patient name and exposure date (not the duplication date).
- When a radiograph does not demonstrate a clinical condition well, an intra-oral photo and/or narrative are suggested as additional diagnostic aides.

X-rays submitted with Authorizations or Claims will not be returned. This includes original film radiographs, duplicate films, paper copies of x-rays and photographs.

Electronic submission, rather than paper copies of digital x-rays is preferred. Film copies are only accepted if labeled, mounted and paper clipped to the authorization. Please do not utilize staples.

Orthodontic and other models are not accepted forms of supporting documentation and will not be reviewed. Orthodontic models will be returned to you along with a copy of the paperwork submitted.

Please note: Authorizations, including attachments, can be submitted online at no additional cost by visiting our website: [www .uhcproviders .com](http://www.uhcproviders.com).

## Section 7: Claim Submission Procedures

### 7.1 Claim Submission Options

#### 7.1.a Electronic Claims

Electronic Claims Submission refers to the ability to submit claims electronically versus on paper. This expedites the claim adjudication process and can improve overall claim payment turnaround time (especially when combined with Electronic Funds Transfer, which is the ability to be paid electronically directly into your bank account).

Electronic claims processing requires access to a computer and usually the use of practice management software. Electronically generated claims can be submitted through a clearinghouse or directly to our claims processing system via the internet. UnitedHealthcare partners with electronic clearinghouses to support electronic claims submissions. If you wish to submit claims electronically, contact your clearinghouse to initiate this process.

While the payer ID may vary for some plans, the UnitedHealthcare number for **Community Plan members is GP133**. Please refer to the Important Addresses and Phone Numbers section for additional information as needed.

Electronic submission is private as the information being sent is encrypted. Call **1-800-508-4881** for more information regarding electronic claims submission.

#### HIPAA-Compliant 837D File

The 837D is a HIPAA-compliant EDI transaction format for the submission of dental claims. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers via established claims clearinghouses.

#### 7.1.b Paper Claims

To receive payment for services, practices must submit claims via paper or electronically. When submitting a paper claim, dentists are required to submit an American Dental Association (ADA) Dental Claim Form (2012 version or later). If an incorrect claim form is used, the claim cannot be processed and will be returned.

All dental claims must be legible. Computer-generated forms are recommended. Additional documentation and radiographs should be attached, when applicable. Such attachments are required for pre-treatment estimates and for the submission of claims for complex clinical procedures. Refer to the Exclusions, Limitations and Benefits section of this Manual to find the recommendations for dental services.

Refer to Section 7.2 for more information on claims submission best practices and required information. Our Quick Reference Guide will provide you with the appropriate claims address information to ensure your claims are routed to the correct resource for payment.

### 7.2 Claim Submission Requirements and Best Practices

#### 7.2.a Dental Claim Form Required Information

The most current Dental ADA claim form (2012 or later) must be submitted for payment of services rendered.

One claim form should be used for each patient and the claim should reflect only 1 treating dentist for services rendered. The claims must also have all necessary fields populated as outlined in the following:

##### Header Information

Indicate the type of transaction by checking the appropriate box: Statement of Actual Services or Request for Pre-Treatment Estimate.

##### Subscriber Information

- Name (last, first and middle initial)
- Address (street, city, state, ZIP code)

- Date of birth
- Gender
- Subscriber ID number

### **Patient Information**

- Name (last, first and middle initial)
- Address (street, city, state, ZIP code)
- Date of birth
- Gender
- Patient ID number

### **Primary Payer Information**

Record the name, address, city, state and ZIP code of the carrier.

### **Other Coverage**

If the patient has other insurance coverage, completing the “Other Coverage” section of the form with the name, address, city, state and ZIP code of the carrier is required. You will need to indicate if the “other insurance” is the primary insurance. You may need to provide documentation from the primary insurance carrier, including amounts paid for specific services.

### **Other Insured’s Information (Only if other coverage exists)**

If the patient has other coverage, provide the following information:

- Name of subscriber/policy holder (last, first and middle initial)
- Date of birth
- Gender
- Subscriber ID number
- Relationship to the member

### **Billing Dentist or Dental Entity**

Indicate the provider or entity responsible for billing, including the following:

- Name
- Address (street, city, state, ZIP code)
- License number
- Social Security number (SSN) or tax identification number (TIN)
- Phone number
- National provider identifier (NPI)

### **Treating Dentist and Treatment Location**

List the following information regarding the dentist that provided treatment.

- Certification—Signature of dentist and the date the form was signed
- Name (use name provided on the Practitioner Application)
- License number
- TIN (or SSN)
- Address (street, city, state, ZIP code)
- Phone number
- NPI

## Record of Services Provided

Most claim forms have 10 fields for recording procedures. Each procedure must be listed separately and must include the following information, if applicable. If the number of procedures exceeds the number of available lines, the remaining procedures must be listed on a separate, fully completed claim form.

- Procedure date
- Area of oral cavity
- Tooth number or letter and the tooth surface
- Procedure code
- Description of procedure
- Billed charges—report the dentist’s full fee for the procedure
- Total sum of all fees

## Missing Teeth Information

When submitting for periodontal or prosthodontal procedures, this area should be completed. An “X” can be placed on any missing tooth number or letter when missing.

## Remarks Section

Some procedures require a narrative. If space allows, you may record your narrative in this field. Otherwise, a narrative attached to the claim form, preferably on practice letterhead with all pertinent member information, is acceptable.

## ICD-10 Instructions

RECORD OF SERVICES PROVIDED																			
24. Procedure Date (MM/DD/YYYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty	30. Description	31. Fee										
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
33. Missing Teeth Information (Place an "X" on each missing tooth.)					34. Diagnosis Code List Qualifier		( ICD-9 = B; ICD-10 = AB )		31a. Other Fee(s)										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s)	A	C	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A")	B	D	32. Total Fee
35. Remarks																			

- 29a **Diagnosis Code Pointer:** Enter the letter(s) from Item 34 that identifies the diagnosis code(s) applicable to the dental procedure. List the primary diagnosis pointer first.
- 29b **Quantity:** Enter the number of times (01-99) the procedure identified in Item 29 is delivered to the patient on the date of service shown in Item 24. The default value is “01”.
- 34 **Diagnosis Code List Qualifier:** Enter the appropriate code to identify the diagnosis code source:  
**B** = ICD-9-CM      **AB** = ICD-10-CM (as of Oct. 1, 2013)

This information is required when the diagnosis may have an impact on the adjudication of the claim in cases where specific dental procedures may minimize the risks associated with the connection between the patient’s oral and systemic health conditions.

- 34a **Diagnosis Code(s):** Enter up to 4 applicable diagnosis codes after each letter (A.-D.). The primary diagnosis code is entered adjacent to the letter “A.”

This information is required when the diagnosis may have an impact on the adjudication of the claim in cases where specific dental procedures may minimize the risks associated with the connection between the patient’s oral and systemic health conditions.

## By Report Procedures

All “By Report” procedures require a narrative along with the submitted claim form. The narrative should explain the need for the procedure and any other pertinent information.

## Using Current ADA Codes

It is expected that providers use Current Dental Terminology (CDT). For the latest dental procedure codes and descriptions, you may order a current CDT book by calling the ADA or visiting the catalog website at [adacatalog.org](http://adacatalog.org).

## 7.2.b Claim Submission Best Practices

### Insurance Fraud

All insurance claims must reflect truthful and accurate information to avoid committing insurance fraud. Examples of fraud are falsification of records and using incorrect charges or codes. Falsification of records includes errors that have been corrected using “white-out,” pre- or post-dating claim forms, and insurance billing before completion of service. Incorrect charges and codes include billing for services not performed, billing for more expensive services than performed, or adding unnecessary charges or services.

Any person who knowingly files a claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties. By signing a claim for services, the practitioner certifies that the services shown on the claim were medically indicated and necessary for the health of the patient and were personally furnished by the practitioner or an employee under the practitioner’s direction. The practitioner certifies that the information contained on the claim is true and accurate.

## 7.3 Timely Submission

All claims should be submitted within 90 days from the date of service.

All adjustments or requests for reprocessing must be made within 90 calendar days from receipt of payment. An adjustment can be requested in writing or telephonically. Refer to the Quick Reference Guide for address and phone number information.

## 7.4 Coordination of Benefits (COB)

Coordination of Benefits (COB) is used when a member is covered by more than one dental insurance policy. By coordinating benefit payments, the member receives maximum benefits available under each plan. Coordination of Benefits rules are mandated by the Department of Insurance and it is each provider’s responsibility to correctly coordinate benefits.

The practitioner office is required to identify when a patient has coverage through multiple carriers and to inform UnitedHealthcare on the claim form.

If the patient is covered by more than one dental carrier, or if the procedure is also covered under the patient’s health plan, include any explanation of benefits or remittance notice from the other payer. Payers are required by state law or regulation to coordinate benefits when more than one entity is involved — this is not a payer choice. The objective is to ensure the dentist is reimbursed appropriately by the proper payer first (primary) with any other payer coordinating the benefit on the balance.

When a claim is being submitted to us as the secondary payer for Coordination of Benefits (COB), a fully completed claim form must be submitted along with the primary payer’s Explanation of Benefits (EOB) showing the amount paid by the primary payer.

Medicaid payers, such as UnitedHealthcare when acting on behalf of a Medicaid program, are considered secondary payers. When COB is present in this situation, providers should bill the appropriate primary carrier first, and then submit to UnitedHealthcare Dental for any additional payment along with primary payer’s Explanation of Benefits (EOB).

## 7.5 Claim Adjudication and Periodic Overview

### Claim Processing Standards:

- 100% of all clean claims will be paid or denied within 30 calendar days of receipt.
- 100% of all unclean claims will be processed within 45 days.

Quality Assurance (QA) audits are performed to ensure the accuracy and effectiveness of our claim adjudication procedures. Any identified discrepancies are resolved within established timelines. The QA process is based on an established methodology but as a general overview, on a daily basis various samples of claims are selected for quality assurance reviews. QA samples include center-specific claims, adjustments, claims adjudicated by newly hired claims processors, and high-dollar claims. In addition, management selects other areas for review, including customer-specific and processor-specific audits. Management reviews the summarized results and correction is implemented, if necessary.

#### **Invalid or Incomplete Claims:**

If claims are submitted with missing information, incomplete or outdated claim forms, the claim will be rejected or returned to the provider and a request for the missing information will be sent to the provider.

For example, if the claim is missing a tooth number or surface, a letter will be generated to the provider requesting this information.

## **7.6 Explanation of Dental Plan Reimbursement (Remittance Advice)**

The Provider Remittance Advice is a claim detail of each patient and each procedure considered for payment. Use these as a guide to reconcile member payments. As a best practice, it is recommended that remittance advice is kept for future reference and reconciliation.

Below is a list and description of each field:

**PROVIDER NAME AND ID NUMBER** - Treating dentist's name, practitioner ID number

**PROVIDER LOCATION AND ID** - Treating location as identified on submitted claim and location ID number

**AMOUNT BILLED** - Amount submitted by provider

**AMOUNT PAYABLE** - Amount payable after benefits have been applied

**PATIENT PAY** - Any amounts owed by the patient after benefits have been applied

**OTHER INSURANCE** - Amount payable by another carrier

**PRIOR MONTH ADJUSTMENT** - Adjustment amount(s) applied to prior overpayments

**NET AMOUNT (Summary Page)** - Total amount paid

**PATIENT NAME**

**SUBSCRIBER/MEMBER NO** - Identifying number on the subscriber's ID card

**PATIENT DOB**

**PLAN** - Health plan through which the member receives benefits (i.e., UnitedHealthcare Community Plan)

**PRODUCT** - Benefit plan that the member is under (i.e., Medicaid or Family Care)

**ENCOUNTER NUMBER** - Claim reference number

**BENEFIT LEVEL** - In our out-of-network coverage

**LINE ITEM NUMBER** - Reference number for item number within a claim

**DOS**

**CDTCODE**

**TOOTH NO .**

**SURFACE(S)**

**PLACE OF SERVICE** - Treating location (office, hospital, other)

**QTY OR NO . OF UNITS**

**PAYMENT PERCENTAGE** - Reflects benefit coverage level in terms of percentage to be paid by plan

**PAYABLE AMOUNT** - Contracted amount

**COPAY AMOUNT** - Member responsibility

**COINSURANCE AMOUNT** - Member responsibility of total payment amount

**DEDUCTIBLE AMOUNT** - Member responsibility before benefits begin

**PATIENT PAY** - Amount to be paid by the member

**OTHER INSURANCE AMOUNT** - Amount paid by other carriers

**NET AMOUNT (Services Detail)** - Final amount to be paid

**EXCEPTION CODES** - Codes that explain how the claim was adjudicated

Provider Remittance Advice Sample (Page 1)

**UnitedHealthcare MO Medicaid**

Payee ID: 55555

Payee Name: Dental Office Name

Remittance Date: 10/20/2017



**Please address questions to:**

UnitedHealthcare MO Medicaid  
 PO Box 1427  
 Milwaukee, WI 53201

Contact: UnitedHealthcare Community Plan -  
 Provider Services  
 Phone: (855)934-9818  
 Fax:

Dental Office Name  
 Street Address  
 City, State ZIP

**Current Period: 10/20/2017**  
 Payee ID: 55555  
 Phone: (555)555-5555  
 Fax: (555)555-5555  
 Tax ID: 55555555

**Remittance Summary**

<b>Fee For Service:</b>	<b>\$2,164.33</b>
<b>Budget Allocation:</b>	<b>\$0.00</b>
<b>Capitation:</b>	<b>\$0.00</b>
<b>Case Fees:</b>	<b>\$0.00</b>
<b>Additional Compensation:</b>	<b>\$0.00</b>
<b>Prior Period Recovery and other Payee Adjustments:</b>	<b>\$0.00</b>
<b>Total:</b>	<b>\$2,164.33</b>

What if I do not agree with this decision?  
 If you do not agree with the denial, you may appeal. You may appeal within 90 calendar days after the payment, denial or recoupment of a timely claim submission. Administrative appeals should be sent to the address below.  
 UnitedHealthcare Community Plan  
 P.O. Box 1427  
 Milwaukee, WI 53201  
 If you have any questions, please call Provider Customer Services at 855-934-9818

Provider Remittance Advice Sample (Page 2)

<b>UnitedHealthcare MO Medicaid</b>		Payee ID: 55555		Payee Name: Dental Office Name	Remittance Date: 10/20/2017		
<b><u>Fee For Service Summary</u></b>							
Dental Office Name Street Address City, State ZIP							
Provider / ID	Location / ID	Amount Billed	Amount Payable	Patient Pay	Other Insurance	Prior Mo. Adj	Net Amount
Provider Name/ 55555	Dental Office Name / 55555	\$4,785.00	\$1,870.84	\$0.00	\$0.00	\$0.00	\$1,870.84
Provider Name / 55555	Dental Office Name / 55555	\$1,110.00	\$109.37	\$0.00	\$0.00	\$0.00	\$109.37
Provider Name / 55555	Dental Office Name / 55555	\$450.00	\$184.12	\$0.00	\$0.00	\$0.00	\$184.12
<b>Totals:</b>		<b>\$6,345.00</b>	<b>\$2,164.33</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,164.33</b>
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Provider Remittance Advice Sample (Page 3)

UnitedHealthcare MO Medicaid

Payee ID: 55555

Payee Name: Dental Office Name

Remittance Date: 10/20/2017

**Services Detail**

FFS - Fee For Service      GBA - Global Budget Allocation  
 CAP - Capitation            CASE - Case Fee  
 ENC - Encounter Payment

Patient Name: Last, First Name      Provider Name: Last, First Name      Encounter #: 555555555555  
 Subscriber/Member: 55555555 / 00      Provider NPI: 555555555      Referral #:  
 DOB: 00/00/0000      Plan: UnitedHealthcare Missouri      Referral Date:  
 Office Reference No: 555555555      Product: UHC MO Medicaid      Benefit Level: In Network

ITM	DOS	CODE	POS	QTY	BILLED		ALLOWED		PAY %	PAYABLE AMOUNT	COPAY AMOUNT	COINS AMOUNT	DEDUCT AMOUNT	PATIENT PAY	OTHER INSUR	NET AMOUNT	PAY CODE
					AMOUNT	QTY	AMOUNT	AMOUNT									
1	10/16/17	D2740 4	11	1	\$885.00	0	\$0.00	100.00 %	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS
2	10/16/17	D2954 4	11	1	\$225.00	1	\$109.37	100.00 %	\$109.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$109.37	FFS
					<b>\$1,110.00</b>		<b>\$109.37</b>		<b>\$109.37</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$109.37</b>	

ITEM: 1      Exception Code: 1096      Service Authorization notFound.

Patient Name: Last, First Name      Provider Name: Last, First Name      Encounter #: 555555555555  
 Subscriber/Member: 55555555 / 00      Provider NPI: 555555555      Referral #:  
 DOB: 00/00/0000      Plan: UnitedHealthcare Missouri      Referral Date:  
 Office Reference No: 555555555      Product: UHC MO Medicaid Adult      Benefit Level: In Network

ITM	DOS	CODE	POS	QTY	BILLED		ALLOWED		PAY %	PAYABLE AMOUNT	COPAY AMOUNT	COINS AMOUNT	DEDUCT AMOUNT	PATIENT PAY	OTHER INSUR	NET AMOUNT	PAY CODE
					AMOUNT	QTY	AMOUNT	AMOUNT									
1	10/12/17	D2392 29 DO	11	1	\$135.00	1	\$71.84	100.00 %	\$71.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.84	FFS
2	10/12/17	D7140 30	11	1	\$160.00	1	\$52.28	100.00 %	\$52.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$52.28	FFS
					<b>\$295.00</b>		<b>\$124.12</b>		<b>\$124.12</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$124.12</b>	

Patient Name: Last, First Name      Provider Name: Last, First Name      Encounter #: 555555555555  
 Subscriber/Member: 55555555 / 00      Provider NPI: 555555555      Referral #:  
 DOB: 00/00/0000      Plan: UnitedHealthcare Missouri      Referral Date:  
 Office Reference No: 555555555      Product: UHC MO Medicaid Adult      Benefit Level: In Network

ITM	DOS	CODE	POS	QTY	BILLED		ALLOWED		PAY %	PAYABLE AMOUNT	COPAY AMOUNT	COINS AMOUNT	DEDUCT AMOUNT	PATIENT PAY	OTHER INSUR	NET AMOUNT	PAY CODE
					AMOUNT	QTY	AMOUNT	AMOUNT									
1	10/12/17	D0120 00	11	1	\$50.00	1	\$0.00	100.00 %	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	FFS
2	10/12/17	D0220 00	11	1	\$25.00	1	\$9.58	100.00 %	\$9.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9.58	FFS
3	10/12/17	D0230 00	11	1	\$20.00	1	\$7.98	100.00 %	\$7.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7.98	FFS
4	10/12/17	D0274 00	11	1	\$50.00	1	\$21.63	100.00 %	\$21.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21.63	FFS
5	10/12/17	D2392 13 DO	11	1	\$135.00	1	\$71.84	100.00 %	\$71.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$71.84	FFS
					<b>\$280.00</b>		<b>\$111.03</b>		<b>\$111.03</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$111.03</b>	

ITEM: 1      Exception Code: 1039      This service is not covered under the plan.

Patient Name: Last, First Name      Provider Name: Last, First Name      Encounter #: 555555555555  
 Subscriber/Member: 55555555 / 00      Provider NPI: 555555555      Referral #:  
 DOB: 00/00/0000      Plan: UnitedHealthcare Missouri      Referral Date:  
 Office Reference No: 555555555      Product: UHC MO Medicaid      Benefit Level: In Network

ITM	DOS	CODE	POS	QTY	BILLED		ALLOWED		PAY %	PAYABLE AMOUNT	COPAY AMOUNT	COINS AMOUNT	DEDUCT AMOUNT	PATIENT PAY	OTHER INSUR	NET AMOUNT	PAY CODE
					AMOUNT	QTY	AMOUNT	AMOUNT									
1	10/12/17	D0150 00	11	1	\$55.00	1	\$39.66	100.00 %	\$39.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$39.66	FFS
2	10/12/17	D0210 00	11	1	\$125.00	1	\$40.72	100.00 %	\$40.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40.72	FFS
3	10/12/17	D1120 00	11	1	\$60.00	1	\$21.95	100.00 %	\$21.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21.95	FFS
4	10/12/17	D1208 00	11	1	\$25.00	1	\$11.98	100.00 %	\$11.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11.98	FFS
					<b>\$265.00</b>		<b>\$114.31</b>		<b>\$114.31</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$114.31</b>	

Ref #: 34143 / 171

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## 7.7 Provider Disputes

An In Network Provider Contractual Dispute is a dispute regarding the rate or amount paid on a claim. Members are not financially responsible or impacted by the outcome of such a dispute. If there is any member liability outside of their normal cost share, please refer to section 4.3 Member Appeals.

A provider appeal must be submitted within 90 days after the receipt of the Provider Remittance Advice and/ or decision. Instances where a provider is pursuing an appeal on behalf of a member are subject to the Member Appeal process in this Manual.

A Reprocessing or Adjustment Request is a request to reprocess a claim. Examples include submitting a corrected bill, resubmitting a claim with requested information, data entry errors made on the claim or errors in participation status.

Reprocessing Requests and Contractual Disputes may be initiated verbally or in writing to the number and address below:

1-855-934-9818

**UnitedHealthcare Dental**

P.O. Box 1427

Milwaukee, WI 53201

When a claim is reprocessed as a result of a Reprocessing or Adjustment Request or Contractual Dispute, providers will receive a new remittance advice within 30 calendar days of receipt of the Reprocessing/ Adjustment Request or Contractual Dispute. If the Reprocessing or Adjustment Request or Contractual Dispute does not result in the reprocessing of a claim, providers will receive written notification of the outcome within 30 calendar days of receipt of the Reprocessing or Adjustment Request or Contractual Dispute.

### **Administrative Appeals:**

Administrative Appeals are appeals that are not based on medical necessity. This type of appeal would include, but is not limited to: appeals for timely filing of claims, member eligibility, over/underpayment adjustment requests. Administrative appeals must include a narrative and copy of the Provider Remittance Advice. Refer to the Quick Reference Guide section for appeal submission addresses.

## Section 8: Quality Management

### 8.1 Quality Improvement Program (QIP) Description

UnitedHealthcare has established and continues to maintain an ongoing program of quality management and quality improvement to facilitate, enhance and improve member care and services while meeting or exceeding customer needs, expectations, accreditation and regulatory standards.

The objective of the QIP is to make sure that quality of care is being assessed; that problems are being identified; and that follow up is completed where indicated. The QIP is directed by all state, federal and client requirements. The QIP addresses various service elements including accessibility, availability and continuity of care. It also monitors the provisions and utilization of services to make sure they meet professionally recognized standards of care.

The QIP description is reviewed and updated annually:

1. To measure, monitor, trend and analyze the quality of patient care delivery against performance goals and/or recognized benchmarks.
2. To foster continuous quality improvement in the delivery of patient care by identifying aberrant practice patterns and opportunities for improvement.
3. To evaluate the effectiveness of implemented changes to the QIP.
4. To reduce or minimize opportunity for adverse impact to members.
5. To improve efficiency, cost effectiveness, value and productivity in the delivery of oral health services.
6. To promote effective communications, awareness and cooperation between members, participating providers and the Plan.
7. To comply with all pertinent legal, professional and regulatory standards.
8. To foster the provision of appropriate dental care according to professionally recognized standards.
9. To make sure that written policies and procedures are established and maintained by the Plan to make sure that quality dental care is provided to the members.

As a participating practitioner, any requests from the QIP or any of its committee members must be responded to as outlined in the request.

A complete copy of our QIP policy and procedure is available upon request by contacting Provider Services at **1-855-934-9818**.

### 8.2 Credentialing

To become a participating provider, all applicants must be fully credentialed and approved by our Credentialing Committee. In addition, to remain a participating provider, all practitioners must go through periodic recredentialing approval (typically every 3 years unless otherwise mandated by the state in which you practice).

Depending on the state in which you practice, UnitedHealthcare will review all current information relative to your license, sanctions, malpractice insurance coverage, etc. UnitedHealthcare will request a written explanation regarding any adverse incident and its resolution, and will request corrective action be taken to prevent future occurrences.

Before an applicant dentist is accepted as a participating provider, the dentist's credentials are evaluated. Initial facility site visits are required for some plans and/or markets. Please note that a site visit is required for each location. If a new location is added after initial contracting is completed, a site visit would be required for the new location before patients can be seen. Your Professional Networks Representative will inform you of any facility visits needed during the recruiting process. Offices must pass the facility review prior to activation.

The Dental Director and the Credentialing Committee review the information submitted in detail based on approved credentialing criteria. UnitedHealthcare will request a resolution of any discrepancy in credentialing forms submitted. Practitioners have the right to review and correct erroneous information and to be informed of the status of their application. Refer to the Appendix of this Manual for additional details regarding practitioner rights.

Credentialing criteria are reviewed by advisory committees, which include input from practicing network providers to make sure that criteria are within generally accepted guidelines. You have the right to appeal any decision regarding your participation made by UnitedHealthcare based on information received during the credentialing or recredentialing process. To initiate an appeal of a credentialing or recredentialing decision, follow the instructions provided in the determination letter received from the Credentialing Department.

UnitedHealthcare contracts with an external Credentialing Verification Organization (CVO) to assist with collecting the data required for the credentialing and recredentialing process. Please respond to calls or inquiries from this organization or our offices to make sure that the credentialing and/or recredentialing process is completed as quickly as possible.

It is important to note that the recredentialing process is a requirement of both the provider agreement and continued participation with UnitedHealthcare. Any failure to comply with the recredentialing process constitutes termination for cause under your provider agreement.

So that a thorough review can be completed at the time of recredentialing, in addition to the items verified in the initial credentialing process, UnitedHealthcare may review provider performance measures such as, but not limited to:

- Utilization Reports
- Current Facility Review Scores
- Current Member Chart Review Score
- Grievance and Appeals Data

Recredentialing requests are sent 6 months prior to the recredentialing due date. The CVO will make 3 attempts to procure a completed recredentialing application from the provider, and if they are unsuccessful, UnitedHealthcare will also make an additional 3 attempts, at which time if there is no response, a termination letter will be sent to the provider as per their provider agreement.

A list of the documents required for Initial Credentialing and Recredentialing is as follows (unless otherwise specified by state law):

### Initial Credentialing

- Completed application
- Signed and dated Attestation
- Current copy of their state license
- Current copy of their Drug Enforcement Agency (DEA) certificate
- Current copy of their Controlled Dangerous Substance (CDS) certificate, if applicable
- Malpractice face sheet which shows their name on the certificate, expiration dates and limits — limits \$1/3m
- Explanation of any adverse information, if applicable
- Five years' work in month/date format with no gaps of 6 months or more; if there are, an explanation of the gap should be submitted
- Education (which is incorporated in the application)
- Current Medicaid ID (as required by state)
- Disclosure of Ownership form (as required by the Federal Government)

### Recredentialing

- Completed Recredentialing application
- Signed and dated Attestation
- Current copy of their state license
- Current copy of their Drug Enforcement Agency (DEA) certificate
- Current copy of their Controlled Dangerous Substance (CDS) certificate, if applicable
- Malpractice face sheet which shows their name on the certificate, expiration dates and limits—limits \$1/3m
- Explanation of any adverse information, if applicable
- Current Medicaid ID (as required by state)

Any questions regarding your initial or recredentialing status can be directed to Provider Services.

## 8.3 Site Visits

With appropriate notice, provider locations may receive an in-office site visit as part of our quality management oversight processes. All surveyed offices are expected to perform quality dental work and maintain appropriate dental records.

The site visit focuses primarily on: dental record keeping, patient accessibility, infectious disease control, and emergency preparedness and radiation safety. Results of site reviews will be shared with the dental office. Any significant failures may result in a review by the Clinical Affairs Committee, leading to a corrective action plan or possible termination. If terminated, the dentist can reapply for network participation once a second review has been completed and a passing score has been achieved.

UnitedHealthcare Dental, Dental Benefit Providers, reserves the right to conduct an on-site inspection prior to and any time during the effectuation of the contract of any Mobile Dental Facility or Portable Dental Operation bound by the “Mobile Dental Facilities Standard of Care Addendum.”

## 8.4 Preventive Health Guideline

The UnitedHealthcare approach to preventive health is a multi-focused strategy which includes several integrated areas. The following guidelines are for informational purposes for the dental provider, and will be referred to in a general way, in judging clinical appropriateness and competence.

UnitedHealthcare’s National Clinical Policy and Technology Committee reviews current professional guidelines and processes while consulting the latest literature, including, but not limited to, current ADA Current Dental Terminology (CDT), and specialty guidelines as suggested by organizations such as the American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Endodontists, American Association of Oral and Maxillofacial Surgeons, and the American Association of Dental Consultants. Additional resources include publications such as the *Journal of Evidence-Based Dental Practice*, online resources obtained via the Library of Medicine, and evidence-based clearinghouses such as the Cochrane Oral Health Group and Centre for Evidence Based Dentistry as well as respected public health benchmarks such as Healthy People 2020 and the Surgeon General’s Report on Oral Health in America. Preventive health focuses primarily on the prevention, assessment for risk, and early treatment of caries and periodontal diseases, but also encompasses areas including prevention of malocclusion, oral cancer prevention and detection, injury prevention, avoidance of harmful habits and the impact of oral disease on overall health. Preventive health recommendations for children are intended to be consistent with American Academy of Pediatric Dentistry periodicity recommendations.

**Caries Management**— Begins with a complete evaluation including an assessment for risk.

- X-ray periodicity—X-ray examination should be tailored to the individual patient and should follow current professionally accepted dental guidelines necessary for appropriate diagnosis and monitoring.
- Recall periodicity—Frequency of recall examination should also be tailored to the individual patient based on clinical assessment and risk assessment.
- Preventive interventions— Interventions to prevent caries should consider AAPD periodicity guidelines while remaining tailored to the needs of the individual patient and based on age, results of a clinical assessment and risk, including application of prophylaxis, fluoride application, placement of sealants and adjunctive therapies where appropriate.
- Consideration should be given to conservative nonsurgical approaches to early caries, such as Caries Management by Risk Assessment (CAMBRA), where the lesion is non-cavitated, slowing progressing or restricted to the enamel or just the dentin; or alternatively, where appropriate, to minimally invasive approaches, conserving tooth structure whenever possible.

**Periodontal Management**—Screening, and as appropriate, complete evaluation for periodontal diseases should be performed on all adults, and children in late adolescence and younger, if that patient exhibits signs and symptoms or a history of periodontal disease.

- A periodontal evaluation should be conducted at the initial examination and periodically thereafter, as appropriate, based on American Academy of Periodontology guidelines.
- Periodontal evaluation and measures to maintain periodontal health after active periodontal treatment should be performed as appropriate.

- Special consideration should be given to those patients with periodontal disease, a previous history of periodontal disease and/or those at risk for future periodontal disease if they concurrently have systemic conditions reported to be linked to periodontal disease such as diabetes, cardiovascular disease and/or pregnancy complications.

**Oral cancer screening** should be performed for all adults and children in late adolescence or younger if there is a personal or family history, if the patient uses tobacco products, or if there are additional factors in the patient history, which in the judgment of the practitioner elevate their risk. Screening should be done at the initial evaluation and again at each recall. Screening should include, at a minimum, a manual/visual exam, but may include newer screening procedures, such as light contrast or brush biopsy, for the appropriate patient.

**Additional areas for prevention evaluation and intervention** includes malocclusion, prevention of sports injuries and harmful habits (including, but not limited to, digit- and pacifier-sucking, tongue thrusting, mouth breathing, intraoral and perioral piercing, and the use of tobacco products). Other preventive concerns may include preservation of primary teeth, space maintenance and eruption of permanent dentition. UnitedHealthcare may perform clinical studies and conduct interventions in the following target areas:

- Access
- Preventive services, including topical fluoride and sealant application
- Procedure utilization patterns

Multiple channels of communication will be used to share information with providers and members via manuals, websites, newsletters, training sessions, individual contact, health fairs, in-service programs and educational materials. It is the mission of UnitedHealthcare to educate providers and members on maintaining oral health, specifically in the areas of prevention, caries, periodontal disease and oral cancer screening.

## Section 9: Utilization Management Program

### 9.1 Utilization management

Through Utilization Management practices, UnitedHealthcare aims to provide members cost-effective, quality dental care through participating providers. By integrating data from a variety of sources, including individual Financial Analysis reporting, Utilization Review, claims data and individual audit reporting, UnitedHealthcare can evaluate group and individual practice patterns and identify those patterns which deviate from the norm.

By identifying and correcting aberrant provider practice patterns, we can not only reduce the overall impact of such behavior on the cost of care, but also improve the quality of dental care delivered.

### 9.2 Community practice patterns

Utilization analysis is completed using data from a variety of sources. The process compares group performance across a variety of procedure categories and subcategories including diagnostic, preventive, minor restorative (fillings), major restorative (crowns), endodontics, periodontics, fixed prosthetics (bridges), removable prosthetics (dentures), oral surgery and adjunctive procedures. The percentage of procedures performed in any given category relative to total procedures are compared with benchmarks such as similarly designed UnitedHealthcare plans, to determine if utilization for that category is within expected levels. This method, which looks at the mix of procedures and incurred claims, was chosen in part because it is consistent with other forms of reporting at UnitedHealthcare.

Aberrations might suggest either overutilization or underutilization. Variables which might influence utilization, such as plan design and/or population demographics, are taken into account. Additional analysis can determine whether the results are common throughout the group or caused by outliers.

### 9.3 Evaluation of utilization management data

Once the initial Utilization Management data is analyzed, if a dentist is identified as having potentially aberrant practice patterns, utilization may be reviewed at the individual claims level. For each specific dentist, an Audit Report may be run that identifies all procedures performed on all patients for a specified time period. For those dentists who practice at multiple sites, these reports are typically done on a site-by-site basis.

Examples of aberrant patterns could include upcoding, unbundling, miscoding, excessive treatments per patient (e.g., doing 15 restorations at one sitting), duplicate billing, or duplicate payments. Once completed, a sample of patients may be identified for chart audit. The number varies depending on the number of patients on the dentist's panel in the time period being studied and the severity of the problems noted.

### 9.4 Utilization review data results

Review findings are shared with individual practitioners in order to provide feedback relative to their peers as well as recommended follow-up.

Feedback and recommended follow-up may also be communicated to the provider group network as a whole. This is done by using a variety of currently available communication tools including:

- Provider Manual/Standards of Care
- Provider Training
- Continuing Education and Focus Groups
- Provider Newsflash

Finally, internal interventions may be indicated. These can include improvements to existing policies and procedures, specific interventions and creation of feedback mechanisms to make sure that corrections take place.

In all instances, practitioners will be provided with contact information that they can call to review results and ask any questions they may have.

## 9.5 Fraud and Abuse

Every network provider and third-party contractor of UnitedHealthcare is responsible for conducting business in an honest and ethical way. This entails fostering a climate of ethical behavior that does not tolerate fraud or abuse, remaining alert to instances of possible fraud and/or abuse and reporting such situations to the appropriate person(s).

We conduct programs and activities to deter, detect and address fraud and abuse in all aspects of our operations. We utilize a variety of resources to carry out these activities, including anti-fraud services from other affiliated entities, as well as outside consultants and experts when necessary.

If adverse practice patterns are found, interventions will be implemented on a variety of levels. The first is with the individual practitioners. The emphasis is heavily weighted toward education and corrective action. In some instances, corrective action, ranging from reimbursement of overpayments to additional consideration by DBP's Peer Review Committee—or further action, including potential termination—may be imposed.

If mandated by the state in question, the appropriate state dental board will be notified. If the account is Medicaid, the Office of the Inspector General or the State Attorney General's office will also be notified.

**All Network Providers and third-party contractors are expected to promptly report any perceived or alleged instances of fraud . Reporting may be made directly to the compliance helpline at 1-888-233-4877 .**

# Section 10: Evidence-Based Education

## 10.1 Evidence-Based Dentistry and the Clinical Policy and Technology Committee

According to the ADA, Evidence-Based Dentistry can be defined as:

“ . . . an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.”

The search for evidence usually begins with a clinical question. The process for defining that question can be described by the acronym P.I.C.O., which stands for:

- **P**roblem or **P**opulation
- **I**ntervention under **I**nvestigation
- How it is being **C**ompared
- The expected **O**utcome

In trying to find the answers to a given clinical question, evidence is gathered in the form of information, typically from scientific journals. It is important to keep in mind though, that not all “evidence” is created equal. The “ladder of evidence” is as follows:

- Anecdote/expert opinion
- Case study
- Case series
- Retrospective study
- Randomized controlled trial (RCT)
- Systematic review (a review of RCTs)

Of course, systematic reviews or randomized controlled trials are not available to answer all clinical questions we might have. This is why we indicate that we are using the “best available current evidence.” Searching for evidence, we can consult a variety of sources including:

- Electronic indices— Medline®, PubMed®, Cochrane Library, National Guideline Clearinghouse, (AHRQ)
- Hand search of the scientific literature
- Reference listings in other articles
- Alternative sources—thesis, dissertations, conference reports, abstracts, unpublished studies (often referred to as the “gray literature”)

Once data is collected, we want to review its usefulness in answering our question(s):

- How the study was designed
- How subjects for the study were chosen and grouped
- How statistics were applied—did it lead to the correct conclusions

Sometimes a technique called meta-analysis is used. Meta-analysis is used when describing combining the analysis, and summarizing the results of, several individual studies into one analysis. Systematic reviews often make use of meta-analysis.

Once we have reviewed our data, we need to interpret the evidence, considering the strength of that evidence, limitations of the review, implications for additional research and clinical implications. Ideally, we also want to build consensus—bringing different expertise and opinions into the interpretation and working toward buy-in from as many stakeholders as possible.

How can evidence-based dentistry be used? It can be used in clinical practice to:

- Define a clinical problem or question
- Search for the best evidence
- Evaluate the evidence

- Determine how it would apply to the patient
- Determine treatment

At UnitedHealthcare, we use evidence-based guidelines as the foundation of many of our own clinical efforts, including:

- Practice guidelines, parameters and algorithms based on evidence and consensus.
- Comparing dentist quality and utilization data against guidelines.
- Chart auditing, site visits, credentialing.

The development of evidence-based guidelines and technology recommendations at UnitedHealthcare is the job of our Clinical Policy and Technology Committee.

The Committee consists of a mixture of employed and participating dentists. The participating dentists represent several specialties including general practice, endodontics, periodontics and oral surgery. In addition, we have access to academic institutions and other professional experts.

The Committee meets quarterly and reviews the evidence-based literature, making recommendations on clinical practice guidelines and new technologies. Whenever possible, we review and adopt existing guidelines and scientific literature from sources such as specialty societies, guidelines clearinghouses such as the Cochrane Oral Health Group and National Guideline Clearinghouse, government agencies such as AHRQ and NIDCR, electronic sites such as PubMed and the Centre for Evidence-Based Dentistry, and evidence-based journals such as the *Journal of Evidence-Based Dental Practice*.

Determinations are shared with dentists in our provider newsletter *Newsflash*, and become part of our business functions, including our clinical programs, utilization management and claims criteria, marketing and underwriting collateral, and this Manual.

Recommendations can result in new products or enhanced benefits for members. Recent examples include: our current medical-dental outreach program which focuses on identifying those with medical conditions thought to be impacted by dental health, early childhood caries programs, oral cancer screening benefit, implant benefit, enhanced benefits for periodontal maintenance and pregnant members, and delivery of locally placed antibiotics.

Evidence-based dentistry is a methodology to help reduce variation and determine “what works.” It can be used on the individual patient, practice, plan or population levels, and helps to ensure that our clinical programs and policies are grounded in science.

# Section 11: Governing Administrative Policies

## 11.1 Appointment Scheduling Standards

We are committed to assuring that providers are accessible and available to members for the full range of services specified in the provider agreement and this manual. Participating providers must meet or exceed the following state mandated or plan requirements:

- **Emergency appointments** . . . . . Immediately
- **Urgent care appointments** . . . . . Within 24 hours
- **Routine care appointments** . . . . . Offered within 30 calendar days of the request

We will monitor compliance with these access and availability standards through a variety of methods including member feedback, a review of appointment books, spot checks of waiting room activity, investigation of member complaints and random calls to provider offices. Any concerns are discussed with the participating provider(s). If necessary, the findings may be presented to UnitedHealthcare’s Quality Committee for further discussion and development of a corrective action plan.

- A true emergency is defined as services required for treatment of severe pain, swelling, bleeding or immediate diagnosis and treatment of unforeseen dental conditions which if not immediately diagnosed and treated, would lead to disability or death.
- Urgent care appointments would be needed if a patient is experiencing excessive bleeding, pain or trauma.
- Providers are encouraged to schedule members appropriately to avoid inconveniencing the members with long wait times in excess of thirty (30) minutes. Members should be notified of anticipated wait times and given the option to reschedule their appointment.

Dental offices that operate by “walk-in” or “first come, first served” appointments must meet the above state mandated or plan requirements, and are monitored for access and waiting times, where applicable.

## 11.2 Emergency Coverage

All network dental providers must be available to members during normal business hours. Practitioners will provide members access to emergency care 24 hours a day, 7 days a week through their practice or through other resources (such as another practice or a local emergency care facility). The out-of-office greeting must instruct callers what to do to obtain services after business hours and on weekends, particularly in the case of an emergency.

UnitedHealthcare conducts periodic surveys to make sure our network providers’ emergency coverage practices meet these standards.

## 11.3 New Associates

As your practice expands and changes and new associates are added, please contact us to request an application so that we may get them credentialed and set up as a participating provider.

It is important to remember that associates may not see members as a participating provider until they’ve been credentialed by our organization.

If you have any questions or need to receive a copy of our Provider Application packet, contact our Provider Services Line at **1-800-822-5353**.

## 11.4 Change of Address, Phone Number, Email, Fax or Tax Identification Number (TIN)

When there are demographic changes within your office, it is important to notify us as soon as possible so that we may update our records. This supports accurate claims processing as well as helps to make sure that member directories are up to date.

Changes should be submitted to:

**UHC Dental / Dental Benefit Providers**

PO Box 30567

Salt Lake City, UT 84130

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 the changes apply.

UnitedHealthcare reserves the right to conduct an on-site inspection of any new facilities and will do so based on state and plan requirements.

If you have any questions, don't hesitate to contact Provider Services for guidance.

## 11.5 Office Conditions

Your dental office must meet applicable Occupational Safety & Health Administration (OSHA) and American Dental Association (ADA) standards.

An attestation is required for each dental office location that the physical office meets ADA standards or describes how accommodation for ADA standards is made, and that medical recordkeeping practices conform with our standards.

## 11.6 Sterilization and Asepsis-Control Fees

Dental office sterilization protocols must meet OSHA requirements. All instruments should be heat sterilized where possible. Masks and eye protection should be worn by clinical staff where indicated; gloves should be worn during every clinical procedure. The dental office should have a sharps container for proper disposal of sharps. Disposal of medical waste should be handled per OSHA guidelines.

Sterilization and asepsis control fees are to be included within office procedure charges and should not be billed to members or the plan as a separate fee.

## 11.7 Recall System

It is expected that offices will have an active and definable recall system to make sure that the practice maintains preventive services, including patient education and appropriate access. Examples of an active recall system include, but are not limited to: postcards, letters, phone calls, emails and advance appointment scheduling.

## 11.8 Transfer of Dental Records

Your office shall copy all requested member dental files to another participating dentist as designated by UnitedHealthcare or as requested by the member. The member is responsible for the cost of copying the patient dental files if the member is transferring to another provider. If your office terminates from UnitedHealthcare, dismisses the member from your practice or is terminated by UnitedHealthcare, the cost of copying files shall be borne by your office. Your office shall cooperate with UnitedHealthcare in maintaining the confidentiality of such member dental records at all times, in accordance with state and federal law.

## 11.9 Nondiscrimination

The Practice shall accept members as new patients and provide Covered Services in the same manner as such services are provided to other patients of your practice. The Practice shall not discriminate against any member on the basis of source of payment or in any manner in regards to access to, and the provision of, Covered Services. The Practice shall not unlawfully discriminate against any member, employee or applicant for employment on the basis of race, ethnicity, religion, national origin, ancestry, disability, medical condition, claims experience, evidence of insurability, source of payment, marital status, age, sexual orientation or gender.

## 11.10 Cultural Competency

Cultural competence is of great importance to the field of dentistry. In an increasingly diverse society, it is necessary for dental professionals to be culturally competent health care providers. Cultural competence includes awareness and understanding of the many factors that influence culture and how that awareness translates into providing dental services within clients' cultural parameters.

UnitedHealthcare recognizes that the diversity of American society has long been reflected in our member population. UnitedHealthcare acknowledges the impact of race and ethnicity and the need to address varying risk conditions and dental care disparities. Understanding diverse cultures, their values, traditions, history and institutions is integral to eliminating dental care disparities and providing high-quality care. A culturally proficient health care system can help improve dental outcomes, quality of care and contribute to the elimination of racial and ethnic health disparities.

UnitedHealthcare is committed to providing a diverse provider network that supports the achievement of the best possible clinical outcomes through culturally proficient care for our members.

The website listed below contains valuable materials that will assist dental providers and their staff to become culturally competent.

[http://www .hrsa .gov/culturalcompetence/index .html](http://www.hrsa.gov/culturalcompetence/index.html)

## Section 12: Plan Specific Information

In Missouri, UnitedHealthcare offers the following products for Missouri Medicaid members:

- UnitedHealthcare Community Plan of Missouri

The dental benefit includes comprehensive dental coverage for children under 21 years of age and participants in a category of assistance for pregnant women, the blind or nursing facility residents. A limited dental benefit is offered for adults. Please see the Benefit Grid for a detailed list of Covered Services for both children and adults.

# Appendix A: Attachments

## A.1 Medicaid Overview

Dental services under Title XIX of the Social Security Act, the Medicaid program, are an optional service for the adult population (individuals age 21 and older). However, dental services are a required service for most Medicaid-eligible individuals under the age of 21, as a required component of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

### Individuals under age 21

EPSDT is Medicaid's comprehensive child health program. The programs' focus is on prevention, early diagnosis and treatment of medical conditions. EPSDT is a mandatory service required to be provided under a state's Medicaid program.

### Individuals age 21 and older

States may elect to provide dental services to their adult Medicaid-eligible population or elect not to provide dental services at all as part of its Medicaid program. While most states provide at least emergency dental services for adults, less than half of the states provide comprehensive dental care. There are no minimum requirements for adult dental coverage.

## A.2 Fraud, Waste and Abuse Training

Providers are required to establish written policies for their employees, contractors or agents and to provide training to their staff on the following policies and procedures:

1. Provide detailed information about the Federal False Claims Act,
2. Cite administrative remedies for false claims and statements,
3. Reference state laws pertaining to civil or criminal penalties for false claims and statements, and
4. With respect to the role of such laws in preventing and detecting fraud, waste and abuse in federal health care programs, include as part of such written policies, detailed provisions regarding care providers policies and procedures for detecting and preventing fraud, waste and abuse.

The required training materials can be found at the website listed below. The website provides information on the following topics:

- FWA in the Medicare Program
- The major laws and regulations pertaining to FWA
- Potential consequences and penalties associated with violations
- Methods of preventing FWA
- How to report FWA
- How to correct FWA

[https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Waste\\_Abuse-Training\\_12\\_13\\_11.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Waste_Abuse-Training_12_13_11.pdf)

## A.3 Practitioner Rights Bulletin

If you elect to participate/continue to participate with UnitedHealthcare, please complete the application in its entirety; sign and date the Attestation Form and provide current copies of the requested documents. You also have the following rights:

### To review your information

This is specific to the information the Plan has utilized to evaluate your credentialing application and includes information received from any outside source (e.g., malpractice insurance carriers; state license boards) with the exception of references or other peer-review protected information.

### To correct erroneous information

If, in the event that the credentialing information you provided varies substantially from information obtained from other sources, we will notify you in writing within fifteen (15) business days of receipt of the information. You will have an additional fifteen (15)

business days to submit your reply in writing; within two (2) business days we will send a written notification acknowledging receipt of the information.

## To be informed of status of your application

You may submit your application status questions in writing or telephonically.

## To appeal adverse Committee Decisions

1. Providers applying for initial credentialing do not have appeal rights, unless required by State regulation.
2. Providers rejected for recredentialing based on a history of adverse actions, and who have no active sanctions, have appeal rights only in states that require them or due to Quality of Care concerns against UnitedHealthcare members. An appeal, if allowed, must be submitted within 30 days of the date of the rejection letter. The provider has the right to be represented by an attorney or another person of the provider's choice.
3. Appeals are reviewed by Peer Review Committee (PRC). The PRC panel will include at least 1 member who is of the same specialty as the provider who is submitting the appeal.
4. PRC will consider all information and documentation provided with the appeal and make a determination to uphold or overturn the Credentialing Committee's decision. The PRC may request a corrective action plan, a Site Visit and/or chart review.
5. Within 10 days of making a determination, the PRC will send the provider, by certified mail, written notice of its final decision, including reasons for the decision.

### Credentialing Supervisor

Credentialing Department  
2300 Clayton Road, Suite 100  
Concord, CA 94520

All documents regarding the recruitment and contracting of providers, payment arrangements, and detailed product information are confidential proprietary information that may not be disclosed to any third party without the express written consent of UnitedHealthcare, Inc.



All documents regarding the recruitment and contracting of providers, payment arrangements, and detailed product information are confidential proprietary information that may not be disclosed to any third party without the express written consent of Dental Benefit Providers, Inc.

UnitedHealthcare Dental® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX (11/15/2006) and associated COC form number DCOC.CER.06.

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