



2024 Provider Manual updates

UnitedHealthcare Community Plan of Arizona Provider Manual

This document provides a summary of key updates made to the provider manual throughout the year. Please refer to the UnitedHealthcare Community Plan of Arizona Provider Manual for complete details related to the updates listed here.

The complete provider manual is available at UHCdental.com/medicaid.

September 1, 2024 Updates summary

Section 1 Introduction

- Updated notification language to “it will be uploaded on the portal at UHCdental.com/medicaid under States specific alerts and resources.”

Section 2.4 Provider Portal / Dental Hub

- Updated provider portal to UHCdental.com/medicaid

Appendix D.2 Member rights and responsibilities

- Deleted “The following information is in the Member Handbook. You may obtain copies of the Member Handbook at UHCdentalproviders.com or by calling Provider Services

June 1, 2024 Updates summary

Section 1 Introduction

- Updated UHC on Air to Provider Online Academy

Section 2.3 Specialist referral process

- Deleted Section 2.3 Specialist referral process as duplicate to Section 4.3

Section 2.4 Quick reference guide

- Added check marks under Provider Services Line to the following fields in the resources table: Ask question about your contract, Request a copy of your contract, Request an office visit, Request participation status change
- Added new field to resources table: Request peer to peer discussion regarding authorization request

Section 2.7 Corrected claim process

- Deleted Section 2.7 Corrected claim process

Section 5.5 Utilization review

- Deleted Clinical Affairs Committee from first bullet

Section 6.2 Quality measures

- Deleted “UnitedHealthcare Community Plan also monitors the HEDIS ADV (Annual Dental Visit)
- Deleted “ADV (Annual Dental Visit)***” section
- Updated “rate increase of 1 or 2 %” to “percentage rate increase”
- Added new section “Bundle Services”

Section 6.4 Site visits

- Updated “Clinical Affairs Committee” to “Peer Review Committee”

Section 6.5 Preventive health guidelines

- Deleted “Healthy People 2020 and”

Section 9.1.a Paper claims

- Updated required ADA Dental Claim form to 2019 version or later

Section 9.9 Corrected claim submission guidelines

- Added Section 9.9 Corrected claim submission guidelines

Section 11.3 Sharing medical records information

- Added bullet for “Medical records and information may be requested by any health plan representative, such as quality management, case management, or medical management, at no additional charge.”

Appendix B.2 Benefit grid

- Updated frequency limit for D0120 to Two per year
- Deleted “*concurrent fluoride varnish” from limitations for D0145
- Updated frequency limit to 1 year for codes D0180, D0250, D0251, D0705
- Updated frequency limit to 3 years for codes D0210, D0330, D0709
- Added procedure codes D0396, D2976, D6089, D7284, D7939, D9938

Appendix B.2 Benefit grid (cont)

- Updated D1206 frequency limit to up to 4 times per year
- Deleted “or involving incisal angle” from D2335 code description
- Deleted frequency limit from code D2921
- Updated D3332, D3332, D7272, D7990 to Covered for Ages 0-20 and ALTCS
- Updated code description for D7111, D7280
- Deleted “Full mouth x-rays” from code D7981 document requirements
- Updated D9230 to Covered (Ages 0-10) and Cover with Prior Auth (Ages 11-20)



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