

UnitedHealthcare Community Plan of Indiana Medicaid Dental Quick Reference Guide

Effective: July 1, 2024



UHCdental.com/medicaid

The Dental Hub may be used to check eligibility, submit claims, and access useful information regarding plan coverage. To register for the Dental Hub, you will need information on a prior paid claim or a Registration code. To receive your Registration code and for other Dental Hub assistance, call Provider Services.

Credentialing status

Providers may view credentialing or recredentialing status online through the UHCdental.com provider portal. In addition to seeing current credentialing status, a provider can submit credentialing information, message the credentialing and network development teams, and be notified when recredentialing is due.



Provider services

Phone: **1-877-574-7080**

8 a.m. – 8 p.m. ET Monday–Friday (IVR: 24/7)

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



Prior authorization

UnitedHealthcare Dental Authorizations

P.O. Box 1313

Milwaukee, WI 53201

Appeals for service denials

UnitedHealthcare Community Plan

Attn: Appeals Department

P.O. Box 31364

Salt Lake City, UT 84131-0364

Toll-free: **1-800-832-4643 (TTY 711)**



Claims

UnitedHealthcare Dental Claims

P.O. Box 781

Milwaukee, WI 53201

EDI Payer ID

GP133

Claim disputes or adjustments

UnitedHealthcare Dental

Claim Appeals

P.O. Box 1391

Milwaukee, WI 53201

Corrected claims

UnitedHealthcare Dental

Corrected Claims

P.O. Box 481

Milwaukee, WI 53201

Claims may be submitted electronically via your clearinghouse, the Dental Hub, or by mail.



Important notes

This guide is intended to be used for quick reference and may not contain all of the necessary information; it is subject to change without notice. For current detailed benefit information, please visit the provider Dental Hub or contact our Provider Services toll free number. Other information may be found in the Indiana Health Coverage Program (IHCP) Dental Services Manual and Dental Provider Fee Schedule.



**Dental Benefit
Providers®**

Sample member ID card

911-87726-04
 Member ID: 999999999999 Group Number: INXXX
 Member: NEW M ENGLISH Payer ID: 87726

Optum Rx[®]

Rx Bin: 610494
 Rx Grp: ACUIN
 Rx PCN: 4841

Indiana PathWays for Aging
 Administered by UnitedHealthcare of Indiana, Inc.

0501

No Emergency Room Copay. Printed: 11/09/2023



In an emergency go to the nearest emergency room or call 911.
 To verify benefits or to find a provider, visit myuhc.com/communityplan or call:

Member Services:	800-832-4643	TTY 711
Medical Management:	800-832-4643	TTY 711
Long-term Services:	800-832-4643	TTY 711
Behavioral Health:	800-832-4643	TTY 711

For Providers: UHCprovider.com/IN 877-610-9785
 Medical Claims: PO Box 5270, Kingston, NY, 12402-5270

Pharmacy Claims: OptumRx, PO Box 650334, Dallas, TX 75265-0334
 For Pharmacists: 866-215-5046

Benefit coverage, limitations, and requirements

The table below contains the covered procedures for this plan, along with applicable frequency limits and clinical review requirements. This table is subject to change. Up to date IHCP covered services may be referenced by accessing the following link: http://provider.indianamedicaid.com/ihcp/Publications/providerCodes/Dental_Services_Codes.pdf.

Authorization: All procedures that contain a “YES” in the “AUTH” section below will require prior authorization. To request a prior authorization, complete a standard ADA claim form, check the box marked “Pre-Treatment Estimate” and submit the required documentation. This may be sent via the provider portal, submitted electronically via your clearinghouse, or mailed to the above Prior Authorizations address. Prior Authorization is not a guarantee of payment.

Indiana PathWays for Aging

CODE	Procedure	Age Limits	Valid Subcodes	Frequency Limit	Auth Requirement
D0120	Periodic Oral Evaluation - Established Patient	60-999		2 per 12 months	NO
D0140	Limited oral evaluation – problem focused	60-999		1 per 12 months	NO
D0150	Comprehensive Oral Evaluation - New Or Established Patient	60-999		2 per 12 months	NO
D0160	Extensive Oral Eval Problem Focused	60-999		2 per 12 months	NO
D0210	Intraoral - Complete Series of Radiographic Images	60-999		1 per 3 floating years	NO
D0220	Intraoral - Periapical First Radiographic Image	60-999		1 per 12 months	NO
D0230	Intraoral - Periapical Each Additional Image	60-999		7 per code per 12 months	NO
D0270	Bitewing - Single Radiographic Image	60-999		2 per 12 months	NO
D0272	Bitewings - Two Radiographic Images	60-999		1 per 12 months	NO
D0273	Bitewings - Three Radiographic Images	60-999		1 per 12 months	NO
D0274	Bitewings - Four Radiographic Images	60-999		1 per 12 months	NO
D0330	Panoramic X-Ray	60-999		1 per 3 floating years	NO
D0340	2D Cephalometric Radiographic Image	60-999			NO
D0411	Test For Diabetes	60-999			NO
D0486	Accession Of Transepithelial Cytologic Sample, Microscopic Examination	60-999			NO
D0606	Molecular Test Pub Hlth Path	60-999			NO
D1110	Prophylaxis - Adult	60-999		1 per 6 months	NO
D1206	Topical Application Of Fluoride Varnish	60-999		2 per 12 months	NO
D1320	Tobacco counseling for the control and prevention of oral disease	60-999		1 per 1 lifetime	NO
D1354	Application of caries arresting medicament per tooth	60-999		1 per 6 months	YES
D1701	Pfizer- BioNTech COVID -19 vaccine administration – first dose	60-999		1 per 1 lifetime	NO
D1702	Pfizer-BioNTech COVID-19 vaccine administration – second dose	60-999		1 per 1 lifetime	NO
D1703	Moderna COVID-19 vaccine administration – first dose	60-999		1 per 1 lifetime	NO
D1704	Moderna COVID-19 vaccine administration – second dose	60-999		1 per 1 lifetime	NO



Indiana PathWays for Aging

CODE	Procedure	Age Limits	Valid Subcodes	Frequency Limit	Auth Requirement
D1708	Pfizer-BioNTech COVID-19 vaccine administration – third dose	60-999		1 per 1 lifetime	NO
D1709	Pfizer-BioNTech COVID-19 vaccine administration – booster dose	60-999		1 per 1 lifetime	NO
D1710	Moderna COVID-19 vaccine administration – third dose	60-999		1 per 1 lifetime	NO
D1711	Moderna COVID-19 vaccine administration – booster dose	60-999		1 per 1 lifetime	NO
D1713	Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric – first dose	60-999		1 per 1 lifetime	NO
D1714	Pfizer-BioNTech COVID-19 vaccine administration tris-sucrose pediatric – second dose	60-999		1 per 1 lifetime	NO
D1781	vaccine administration – human papillomavirus – Dose 1 Gardasil 9 0.5mL intramus	60-999		1 per 1 lifetime	NO
D1782	vaccine administration – human papillomavirus – Dose 2 Gardasil 9 0.5mL intramus	60-999		1 per 1 lifetime	NO
D1783	vaccine administration – human papillomavirus – Dose 3 Gardasil 9 0.5mL intramus	60-999		1 per 1 lifetime	NO
D1999	Unspecified preventive procedure by report	60-999			YES
D2140	Amalgam - One Surface, Primary Or Permanent	60-999		None	NO
D2150	Amalgam - Two Surfaces, Primary Or Permanent	60-999		None	NO
D2160	Amalgam - Three Surfaces, Primary Or Permanent	60-999		None	NO
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	60-999		None	NO
D2330	Resin-Based Composite - One Surface, Anterior	60-999		None	NO
D2331	Resin-Based Composite - Two Surfaces, Anterior	60-999		None	NO
D2332	Resin-Based Composite - Three Surfaces, Anterior	60-999		None	NO
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	60-999		None	NO
D2390	Resin-Based Composite Crown, Anterior	60-999			NO
D2391	Resin-Based Composite - One Surface, Posterior	60-999		None	NO
D2392	Resin-Based Composite - Two Surfaces, Posterior	60-999		None	NO
D2393	Resin-Based Composite - Three Surfaces, Posterior	60-999		None	NO
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	60-999		None	NO
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	60-999			NO
D2920	Re-Cement or Re-Bond Crown	60-999			NO
D2921	Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	60-999			NO
D2931	prefabricated stainless steel crown – permanent tooth	60-999			NO
D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	60-999			NO
D2940	Protective Restoration	60-999			NO
D2941	Interim Therapeutic Restoration - Primary Dentition	60-999			NO
D2949	Restorative Foundation For An Indirect Restoration	60-999			NO
D2980	Crown Repair	60-999			NO
D2990	Resin Infiltration of Incipient Smooth Surface Lesions	60-999			NO
D4210	Gingivectomy Or Gingivoplasty-Four Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	60-999		1 per 36 months	NO
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	60-999		1 per 36 months	NO
D4212	Gingevectomy/Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	60-999			YES
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	60-999			YES
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	60-999			YES
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth	60-999			YES
D4261	Osseous Surgery (Including Flap And Closure) - one to three teeth	60-999			YES
D4322	Splint Intra-Coronal	60-999			NO
D4323	Splint Extra-Coronal	60-999			NO
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	60-999		4 per code per quadrant every lifetime	YES



Indiana PathWays for Aging

CODE	Procedure	Age Limits	Valid Subcodes	Frequency Limit	Auth Requirement
D4342	Periodontal scaling and root planing - one - three teeth, per quadrant	60-999		1 per code per quadrant every 24 months	YES
D4346	Scaling In Presence of Generalized Moderate or Severe Gingival Inflammation	60-999		2 per code every 12 months	NO
D4355	Gross Debridement	60-999		1 every 24 months	NO
D4910	Periodontal maintenance	60-999		4 per 12 months	NO
D5110	Dentures Complete Maxillary	60-999		1 per 72 months	YES
D5120	Dentures Complete Mandible	60-999		1 per 72 months	YES
D5130	Immediate Denture - Maxillary	60-999		1 every 6 years	YES
D5140	Immediate Denture - Mandibular	60-999		1 every 6 years	YES
D5211	Maxillary Partial Denture - Resin Base	60-999		1 every 6 years	YES
D5212	Mandibular Partial Denture - Resin Base	60-999		1 every 6 years	YES
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases	60-999		1 every 6 years	YES
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	60-999		1 every 6 years	YES
D5225	Maxillary Partial Denture - Flexible Base (including retentive/clasping materials, rests, and teeth)	60-999		1 every 6 years	YES
D5226	Mandibular Partial Denture - Flexible Base (including retentive/clasping materials, rests, and teeth)	60-999		1 every 6 years	YES
D5227	Immediate Maxillary Partial Denture - Flexible Base (including any clasps, rests, and teeth)	60-999		1 every 6 years	YES
D5228	Immediate Mandubular Partial Denture - Flexible Base (including any clasps, rests, and teeth)	60-999		1 every 6 years	YES
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (including retentive/clasping materials, rests, and teeth), maxillary	60-999			YES
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (including retentive/clasping materials, rests, and teeth), mandibular	60-999			YES
D5284	Removable Unilateral Partial Denture - One Piece Flexible Base (including retentive/clasping materials, rests and teeth), per quadrant	60-999			YES
D5286	Removable Unilateral Partial Denture - One Piece Resin (including retentive/clasping materials, rests and teeth), per quadrant	60-999			YES
D5511	Repair Broken Complete Denture Base - Mandibular	60-999			YES
D5512	Repair Broken Complete Denture Base - Maxillary	60-999			YES
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	60-999			NO
D5611	Repair Resin Partial Denture Base - Mandibular	60-999			NO
D5612	Repair Resin Partial Denture Base - Maxillary	60-999			YES
D5621	Repair Cast Partial Framework - Mandibular	60-999			YES
D5622	Repair Cast Partial Framework - Maxillary	60-999			YES
D5630	Repair Or Replace Broken Retentive / Clasping Materials - Per Tooth	60-999			NO
D5640	Replace Broken Teeth - Per Tooth	60-999			YES
D5650	Add Tooth To Existing Partial Denture	60-999			YES
D5660	Add Clasp To Existing Partial Denture - Per Tooth	60-999			YES
D5730	Reline Complete Maxillary Denture (direct)	60-999			NO
D5731	Reline Complete Mandibular Denture (direct)	60-999			NO
D5740	Reline Maxillary Partial Denture (direct)	60-999			NO
D5741	Reline Mandibular Partial Denture (direct)	60-999			NO
D5750	Reline Complete Maxillary Denture (indirect)	60-999			YES
D5751	Reline Complete Mandibular Denture (indirect)	60-999			YES
D5760	Reline Maxillary Partial Denture (indirect)	60-999			YES
D5761	Reline Mandibular Partial Denture (indirect)	60-999			YES



Indiana PathWays for Aging

CODE	Procedure	Age Limits	Valid Subcodes	Frequency Limit	Auth Requirement
D5765	Liner Compl/Partial Rem Dent	60-999			NO
D5876	Add Metal Substructure to Acrylic Full Denture (per arch)	60-999			YES
D5999	Unspecified Maxillofacial Prosthesis, By Report	60-999			YES
D6081	Scaling and Debridement	60-999			NO
D6096	Remove Broken Implant Retaining Screw	60-999			NO
D7140	Extraction, Erupted Tooth Or Exposed Root	60-999		None	NO
D7210	Extraction, Erupted Tooth	60-999		None	NO
D7220	Removal Of Impacted Tooth - Soft Tissue	60-999			YES
D7230	Removal Of Impacted Tooth - Partially Bony	60-999			YES
D7240	Removal Of Impacted Tooth - Completely Bony	60-999			YES
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	60-999			YES
D7250	Removal Of Residual Tooth (Cutting Procedure)	60-999		None	NO
D7251	Coronectomy - Intentional Partial Tooth Removal - Impacted Teeth Only	60-999			YES
D7260	Oroantral Fistula Closure	60-999			NO
D7261	Primary Closure Of Sinus Perforation	60-999			NO
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	60-999			NO
D7280	Exposure of an Unerupted Tooth	60-999			NO
D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption	60-999			NO
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	60-999			NO
D7286	Incisional Biopsy Of Oral Tissue - Soft	60-999			NO
D7288	Brush Biopsy - Transepithelial Sample Collection	60-999			NO
D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure	60-999			NO
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	60-999		None	NO
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth	60-999		None	NO
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	60-999			NO
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth	60-999			NO
D7410	Excision Of Benign Lesion Up To 1.25 Cm	60-999			NO
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	60-999			NO
D7412	Excision Of Benign Lesion, Complicated	60-999			NO
D7413	Excision Of Malignant Lesion Up To 1.25 Cm	60-999			NO
D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm	60-999			NO
D7415	Excision Of Malignant Lesion, Complicated	60-999			NO
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	60-999			NO
D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	60-999			NO
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	60-999			NO
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	60-999			NO
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	60-999			NO
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	60-999			NO
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	60-999			NO
D7472	Removal Of Torus Palatinus	60-999			NO
D7473	Removal Of Torus Mandibularis	60-999			NO
D7485	Reduction Of Osseous Tuberosity	60-999			NO
D7509	marsupialization of odontogenic cyst Surgical decompression of a large cystic le	60-999			NO
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	60-999			NO
D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated	60-999			NO
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	60-999			NO



Indiana PathWays for Aging

CODE	Procedure	Age Limits	Valid Subcodes	Frequency Limit	Auth Requirement
D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated	60-999			NO
D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	60-999			NO
D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	60-999			NO
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	60-999			NO
D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	60-999			NO
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	60-999			NO
D7650	Malar And/Or Zygomatic Arch - Open Reduction	60-999			NO
D7660	Malar And/Or Zygomatic Arch - Closed Reduction	60-999			NO
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	60-999			NO
D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	60-999			NO
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical	60-999			NO
D7710	Maxilla - Open Reduction	60-999			NO
D7720	Maxilla - Closed Reduction	60-999			NO
D7730	Mandible - Open Reduction	60-999			NO
D7740	Mandible - Closed Reduction	60-999			NO
D7750	Malar And/Or Zygomatic Arch - Open Reduction	60-999			NO
D7760	Malar And/Or Zygomatic Arch - Closed Reduction	60-999			NO
D7770	Alveolus - Open Reduction Stabilization Of Teeth	60-999			NO
D7771	Alveolus - Closed Reduction Stabilization Of Teeth	60-999			NO
D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches	60-999			NO
D7810	Open Reduction Of Dislocation	60-999			NO
D7820	Closed Reduction Of Dislocation	60-999			NO
D7910	Suture Of Recent Small Wounds Up To 5 Cm	60-999			NO
D7911	Complicated Suture - Up To 5 Cm	60-999			NO
D7912	Complicated Suture - Greater Than 5 Cm	60-999			NO
D7961	Buccal / Labial Frenectomy (frenulectomy)	60-999			YES
D7962	Lingual Frenectomy (frenulectomy)	60-999			YES
D7972	Surgical Reduction Of Fibrous Tuberosity	60-999			NO
D7979	Non-Surgical Sialolithotomy	60-999			NO
D7980	Surgical Sialolithotomy	60-999			NO
D7982	Sialodochoplasty	60-999			NO
D7983	Closure Of Salivary Fistula	60-999			NO
D7999	Unspecified Oral Surgery Procedure, By Report	60-999			YES
D8010	Limited Dental Treatment - Primary	60-999			YES
D8020	Limited Dental Treatment - Transition	60-999			YES
D8030	Limited Dental Treatment - Adolescent	60-999			YES
D8040	Limited Dental Treatment - Adult	60-999			YES
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	60-999			YES
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	60-999			YES
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	60-999			YES
D8210	Removable Appliance Therapy	60-999			YES
D8220	Fixed Appliance Therapy	60-999			YES
D9120	Fixed Partial Denture Sectioning	60-999			YES
D9222	Deep sedation/general anesthesia - 15 minute increment	60-999		1 per 1 day	YES
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	60-999		5 per 1 day	YES
D9230	Inhalation of nitrous oxide/analgesia, and anxiolysis	60-999		1 per 1 day	YES



Indiana PathWays for Aging

CODE	Procedure	Age Limits	Valid Subcodes	Frequency Limit	Auth Requirement
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minute increment	60-999		1 per 1 day	YES
D9243	Intravenous moderate conscious sedation/analgesia – each subsequent 15 minute increment	60-999		5 per 1 day	YES
D9248	Non-intravenous conscious sedation	60-999		1 per 1 day	YES
D9410	House/extended care facility call	60-999		1 per 6 months	YES
D9920	Behavior Management	60-999		1 per 1 day	NO
D9947	Custom Sleep Apnea Appliance Fabrication and Placement	60-999		1 per 5 years	YES
D9948	Adjustment of Custom Sleep Apnea Appliance	60-999			NO
D9949	Repair of Custom Sleep Apnea Appliance	60-999			NO
D9953	Reline Custom Sleep Apnea Appliance (indirect)	60-999		1 per 1 year	NO
D9992	Dental Case Management - Care Coordination	60-999			NO
D9995	Teledentistry - Synchronous; Real-Time Encounter *Payable to Dialcare providers only	60-999		2 per 12 months	NO
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist *Payable to Dialcare providers only	60-999		2 per 12 months	NO
D9997	Dental case management - patients with special health care needs	60-999		None	NO



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