

UnitedHealthcare Community Plan of Louisiana Medicaid Dental Quick Reference Guide

Effective: 2024



UHCdental.com/medicaid

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

To register for the 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.



Appeals for service denials

UnitedHealthcare Community Plan
Attn: Appeals Department
PO Box 361
Milwaukee, WI 53201
Toll-free: **1-866-675-1607**



Provider services

Phone: **1-844-275-8751**
8 a.m. – 5 p.m. CST Monday–Friday
(IVR: available 24/7)

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



Claims

UnitedHealthcare Dental Claims
PO Box 2064
Milwaukee, WI 53201

EDI Payer ID

GP133

Claim disputes or adjustments

UnitedHealthcare Dental
Claim Appeals
PO Box 361
Milwaukee, WI 53201

Corrected claims

UnitedHealthcare Dental
Corrected Claims
P.O. Box 481
Milwaukee, WI 53201

Claims may be submitted electronically via your clearinghouse, online via the provider portal or via the mailing addresses here.



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 Dental Hub or call our Provider Services toll free number.



**Dental Benefit
Providers®**

Sample member ID card

| | | | |
|--|---|--|---|
|  | | In an emergency go to nearest emergency room or call 911. <small>Revised: 10/25/22</small> | |
| Health Plan (80840) 911-87726-04 | | This card does not guarantee coverage. By using this card you agree to the release of medical information as stated in your Member Handbook. To find a provider or file a grievance call Member Services or visit www.MyUHC.com/CommunityPlan . | |
| Member ID: 002200450 | Group Number: LABYHP | For Members: 1-866-675-1607 TTY 711 | NurseLine: 1-877-440-9409 TTY 711 |
| Member: NEW ENGLISH | Payer ID: 87726 | Report Fraud: 1-800-488-2917 TTY 711 | Behavioral Health & Addiction Crisis Line: 1-866-232-1626 TTY 711 |
| PCP Name: DOUGLAS GETWELL PCP Phone/24 hours (337) 407-0084 DOC 4 KIDS 1270 ATTAKAPAS DR STE 401K OPELOUSAS, LA 705706557 |  Rx Bin: 610494 Rx Grp: ACULA Rx PCN: 9999 | Provider/Prior Auth: UHCprovider.com/LAcommunityplan 1-866-604-3267 | Claims: PO Box 31341, Salt Lake City, UT 84131-0341 Behavioral Health Authorization: providerexpress.com 1-866-675-1607 |
| Transportation Services: 1-866-726-1472 0501 Administered by UnitedHealthcare of Louisiana, Inc. | | Pharmacy Claims: OptumRX, PO Box 650334, Dallas, TX 75265-0334 For Pharmacists: 1-866-328-3108 Rx Prior Auth: 1-800-310-6826 | |

Benefit coverage, limitations, and requirements

The following Benefit Grid contains all covered dental procedures and is intended to align to all State and Federal regulatory requirements; therefore, this Grid is subject to change. For the most updated member benefits, exclusions, and limitations please visit our website at UHCdental.com/medicaid.

| Code | Description | Age limits | Frequency limits | Auth required |
|-------|--|------------|--|---------------|
| D0120 | Periodic Oral Exam | 21-999 | 2 per 12 MONTHS | No |
| D0140 | Limited Oral Evaluation - Problem Focused | 21-999 | | No |
| D0150 | Comprehensive Oral Evaluation - New Or Established Patient | 21-999 | 1 per 12 MONTHS | No |
| D0210 | Intraoral - Complete Series of Radiographic Images | 21-999 | 1 per 3 FLOATING YEARS | No |
| D0220 | Intraoral - Periapical First Radiographic Image | 21-999 | 1 per 12 MONTHS | No |
| D0230 | Intraoral - Periapical Each Additional Image | 21-999 | 1 per 12 MONTHS | No |
| D0270 | Bitewing - Single Radiographic Image | 21-999 | 1 per 12 month period for any combination of D0270, D0272, D0273, or D0274 | No |
| D0272 | Bitewings - Two Radiographic Images | 21-999 | 1 per 12 month period for any combination of D0270, D0272, D0273, or D0274 | No |
| D0273 | Bitewings - Three Radiographic Images | 21-999 | 1 per 12 month period for any combination of D0270, D0272, D0273, or D0274 | No |
| D0274 | Bitewings - Four Radiographic Images | 21-999 | 1 per 12 month period for any combination of D0270, D0272, D0273, or D0274 | No |
| D1110 | Prophylaxis - Adult | 21-999 | 2 per 12 MONTHS | No |



Dental Benefit Providers®