

UnitedHealthcare Community Plan of Massachusetts MA One Care Medicaid Dental Quick Reference Guide

Effective: 1/1/2026



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 a W-9 and a recently paid claim, or the verification code included in your Welcome Letter. For additional assistance with the Dental Hub, call Provider Services.



Provider services

Phone: **1-800-980-2986**

8 a.m.–5 p.m. CST Monday–Friday (IVR: 24/7)

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



Prior authorization

UnitedHealthcare Dental Authorizations
P.O. Box 700
Milwaukee, WI 53201

Appeals for service denials

UnitedHealthcare Community Plan
Attn: Appeals and Grievances Unit
P.O. Box 31364
Salt Lake City, UT 84131
Toll-free: **1-866-293-1796**



Claims

UnitedHealthcare Dental Claims

P.O. Box 637
Milwaukee, WI 53201

EDI Payer ID

GP133

Claim disputes or adjustments

UnitedHealthcare Dental
Claim Appeals
P.O. Box 637
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 identification card




MEMBER A SAMPLE
 Member ID 123456789 MassHealth ID 123456789012345
 UHC One Care MA-Y3 (HMO D-SNP)
 Group Number: MADSNPOC H4610-001-000 Payer ID: 87726
 RxBIN 610097 RxPCN 9999 RxGRP MPDCSMA
 Referral from Primary Care Required

Benefit Award Card #: 6102 3300 0000 0799
 Printed: 09-08-2025
 For Members: myUHC.com/CommunityPlan
 1-866-633-4454, TTY 711
 Rewards exp. 1 month after plan terminates.
 Providers: UHCprovider.com 1-877-790-6543
 For Pharmacists: 1-877-889-6510
 Med Claims: P.O. Box 31350, Salt Lake City, UT 84131-0350
 Rx Claims: OptumRx P.O. Box 650287, Dallas, TX 75265-0287
 Clinical Admin. Coordinator 1-866-385-6728





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.

For **MA SCO** plan details visit the [Medicare Advantage QRG](#).

MA One Care benefit grid

Code	Description	Age limits	Frequency limits	Auth required
D0120	Periodic Oral Exam	21 - 999	2 per 1 Accum Year	N
D0140	Limited Oral Evaluation - Problem Focused	21 - 999	2 per 1 Accum Year	N
D0150	Comprehensive Oral Evaluation - New Or Established Patient	21 - 999	1 per 1 Lifetime	N
D0180	Comprehensive periodontal evaluation	21 - 999	1 per 1 Accum Year	N
D0190	Screening Of A Patient	21 - 999	2 per 1 Accum Year	N
D0191	Assessment Of A Patient	21 - 999	1 per 1 Accum Year	N
D0210	Intraoral - Comprehensive Series of Radiographic Images	21 - 999	1 per 3 Accum Year	N
D0220	Intraoral - Periapical First Radiographic Image	21 - 999		N
D0230	Intraoral - Periapical Each Additional Image	21 - 999		N
D0270	Bitewing - Single Radiographic Image	21 - 999	2 per 1 Accum Year	N
D0272	Bitewings - Two Radiographic Images	21 - 999	2 per 1 Accum Year	N
D0273	Bitewings - Three Radiographic Images	21 - 999	2 per 1 Accum Year	N
D0274	Bitewings - Four Radiographic Images	21 - 999	2 per 1 Accum Year	N
D0330	Panoramic Radiographic Image	21 - 999	1 per 3 Accum Year	N
D0340	2D Cephalometric Radiographic Image	21 - 999		N
D1110	Prophylaxis - Adult	21 - 999	2 per 1 Accum Year	N
D1354	Interim Caries Arresting Medicament Application - per tooth	21 - 999	2 per 1 Lifetime	N
D2140	Amalgam - One Surface, Primary Or Permanent	21 - 999	1 per 1 Lifetime	N
D2150	Amalgam - Two Surfaces, Primary Or Permanent	21 - 999	1 per 1 Lifetime	N
D2160	Amalgam - Three Surfaces, Primary Or Permanent	21 - 999	1 per 1 Lifetime	N
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	21 - 999	1 per 1 Lifetime	N
D2330	Resin-Based Composite - One Surface, Anterior	21 - 999	1 per 1 Lifetime	N
D2331	Resin-Based Composite - Two Surfaces, Anterior	21 - 999	1 per 1 Lifetime	N
D2332	Resin-Based Composite - Three Surfaces, Anterior	21 - 999	1 per 1 Lifetime	N
D2335	Resin-Based Composite - Four or More Surfaces (Anterior)	21 - 999	1 per 1 Lifetime	N
D2391	Resin-Based Composite - One Surface, Posterior	21 - 999	1 per 1 Lifetime	N

Code	Description	Age limits	Frequency limits	Auth required
D2392	Resin-Based Composite - Two Surfaces, Posterior	21 - 999	1 per 1 Lifetime	N
D2393	Resin-Based Composite - Three Surfaces, Posterior	21 - 999	1 per 1 Lifetime	N
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	21 - 999	1 per 1 Lifetime	N
D2721	Crown - Resin With Predominantly Base Metal	21 - 999	1 per 60 Month	N
D2740	Crown - Porcelain/Ceramic	0 - 999	1 per 60 Month	Y
D2751	Crown - Porcelain Fused To Predominantly Base Metal	21 - 999	1 per 60 Month	N
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	21 - 999		N
D2920	Re-Cement or Re-Bond Crown	21 - 999		N
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	21 - 999		N
D2950	Core Buildup, Including Any Pins When Required	21 - 999	1 per 60 Month	N
D2951	Pin Retention - Per Tooth, In Addition To Restoration	21 - 999		N
D2954	Prefabricated Post And Core In Addition To Crown	21 - 999	1 per 60 Month	N
D2980	Crown Repair	21 - 999		N
D2999	Unspecified Restorative Procedure, By Report	21 - 999		Y
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	21 - 999		N
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	21 - 999	1 per 1 Lifetime	N
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	21 - 999	1 per 1 Lifetime	N
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	21 - 999	1 per 1 Lifetime	N
D3346	Retreatment Of Previous Root Canal Therapy - Anterior	21 - 999		N
D3347	Retreatment Of Previous Root Canal Therapy - Premolar	21 - 999		N
D3348	Retreatment Of Previous Root Canal Therapy - Molar	21 - 999		N
D3410	Apicoectomy - Anterior	21 - 999	1 per 1 Lifetime	N
D3421	Apicoectomy - Premolar (First Root)	21 - 999	1 per 1 Lifetime	N
D3425	Apicoectomy - Molar (First Root)	21 - 999	1 per 1 Lifetime	N
D3426	Apicoectomy - Each Additional Root)	21 - 999		N
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	21 - 999	1 per code per quadrant every 3 accum years	Y
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	21 - 999	1 per code per quadrant every 3 accum years	Y
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	0 - 999	1 per code per quadrant every 3 accum years	Y
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	0 - 999	1 per code per quadrant every 3 accum years	Y
D4346	Scaling in moderate or severe gingival inflammation	21 - 999	2 per 1 Accum Year	N
D5110	Complete Denture - Maxillary	21 - 999	1 per 84 Month	N
D5120	Complete Denture - Mandibular	21 - 999	1 per 84 Month	N
D5211	Maxillary Partial Denture - Resin Base	21 - 999	1 per 84 Month	N
D5212	Mandibular Partial Denture - Resin Base	21 - 999	1 per 84 Month	N
D5511	Repair Broken Complete Denture Base - Mandibular	21 - 999		N
D5512	Repair Broken Complete Denture Base - Maxillary	21 - 999		N
D5520	Replace missing or broken teeth - complete denture (each tooth) - per tooth	21 - 999		N
D5611	Repair Resin Partial Denture Base - Mandibular	21 - 999		N
D5612	Repair Resin Partial Denture Base - Maxillary	21 - 999		N

Code	Description	Age limits	Frequency limits	Auth required
D5621	Repair Cast Partial Framework - Mandibular	21 - 999		N
D5622	Repair Cast Partial Framework - Maxillary	21 - 999		N
D5630	Repair Or Replace Broken Retentive / Clasp Materials - Per Tooth	21 - 999		N
D5640	Replace missing or broken teeth - partial denture - per tooth	21 - 999		N
D5650	Add tooth to existing partial denture - per tooth	21 - 999		N
D5660	Add Clasp To Existing Partial Denture - Per Tooth	21 - 999		N
D5730	Reline Complete Maxillary Denture (Direct)	21 - 999	1 per 24 Month	N
D5731	Reline Complete Mandibular Denture (Direct)	21 - 999	1 per 24 Month	N
D5750	Reline Complete Maxillary Denture (Indirect)	21 - 999	1 per 24 Month	N
D5751	Reline Complete Mandibular Denture (Indirect)	21 - 999	1 per 24 Month	N
D6780	Retainer Crown - 3/4 Cast High Noble Metal	21 - 999		N
D6791	Retainer Crown - Full Cast Predominantly Base Metal	21 - 999		N
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	21 - 999		Y
D7111	Extraction, Coronal Remnants - Primary Tooth	21 - 999		N
D7140	Extraction, Erupted Tooth Or Exposed Root	21 - 999		N
D7210	Extraction, Erupted Tooth	21 - 999		N
D7220	Removal Of Impacted Tooth - Soft Tissue	21 - 999		N
D7230	Removal Of Impacted Tooth - Partially Bony	21 - 999		N
D7240	Removal Of Impacted Tooth - Completely Bony	21 - 999		N
D7250	Removal Of Residual Tooth (Cutting Procedure)	21 - 999		N
D7251	Coronectomy - Intentional Partial Tooth Removal - Impacted Teeth Only	0 - 999	1 per 1 Lifetime	N
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	21 - 999		N
D7310	Alveoloplasty In Conjunction With Extractions - Four Or More Teeth	21 - 999	1 per code per quadrant every 6 months	N
D7311	Alveoloplasty In Conjunction With Extractions - One To Three Teeth	21 - 999	1 per code per quadrant every 6 months	N
D7320	Alveoloplasty Not In Conjunction With Extractions - Four Or More Teeth	21 - 999	1 per code per quadrant every 6 months	N
D7321	Alveoloplasty Not In Conjunction With Extractions - One To Three Teeth	21 - 999	1 per code per quadrant every 6 months	N
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	21 - 999		Y
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)	21 - 999		Y
D7410	Excision Of Benign Lesion Up To 1.25 Cm	21 - 999		N
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	21 - 999		N
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	21 - 999		N
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	21 - 999		N
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	21 - 999		N
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	21 - 999		N
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	21 - 999	1 per code per arch every lifetime	N
D7472	Removal Of Torus Palatinus	21 - 999	1 per 1 Lifetime	N

Code	Description	Age limits	Frequency limits	Auth required
D7473	Removal Of Torus Mandibularis	21 - 999	1 per 1 Lifetime	N
D7961	Buccal / Labial Frenectomy (Frenulectomy)	21 - 999		N
D7962	lingual frenectomy (frenulectomy)	21 - 999		N
D7963	Frenuloplasty	21 - 999		N
D7970	Excision Of Hyperplastic Tissue - Per Arch	21 - 999		N
D7999	Unspecified Oral Surgery Procedure, By Report	21 - 999		Y
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	21 - 999	1 per 1 Lifetime	Y
D8999	Unspecified Orthodontic Procedure, By Report	21 - 999		Y
D9110	Palliative (Emergency) Treatment Of Dental Pain - Per Visit	21 - 999		N
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	21 - 999		N
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	21 - 999		N
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	21 - 999		N
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	21 - 999		N
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute	21 - 999		N
D9248	Non-Intravenous Conscious Sedation	21 - 999		N
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	0 - 999	1 per 1 Lifetime	N
D9410	House/Extended Care Facility Call	21 - 999	1 per 1 Day	N
D9450	Case Presentation, Subsequent to Detailed and Extensive Treatment Planning	21 - 999	1 per 1 Day	N
D9920	Behavior Management, By Report	21 - 999		Y
D9930	Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report	21 - 999		Y
D9995	Teledentistry - Synchronous; Real-Time Encounter	21 - 999	1 per 1 Day	N
D9996	Teledentistry - Asynchronous; Information Stored And Forwarded To Dentist	21 - 999	1 per 1 Day	N
D9999	Unspecified Adjunctive Procedure, By Report	21 - 999		Y
T1013	Sign Language or Oral Interpretive Services	21 - 999	1 per 1 Day	N
T1015	FQHC Encounter Payment - ADA	21 - 999	1 per 1 Day	N



Dental Benefit Providers®