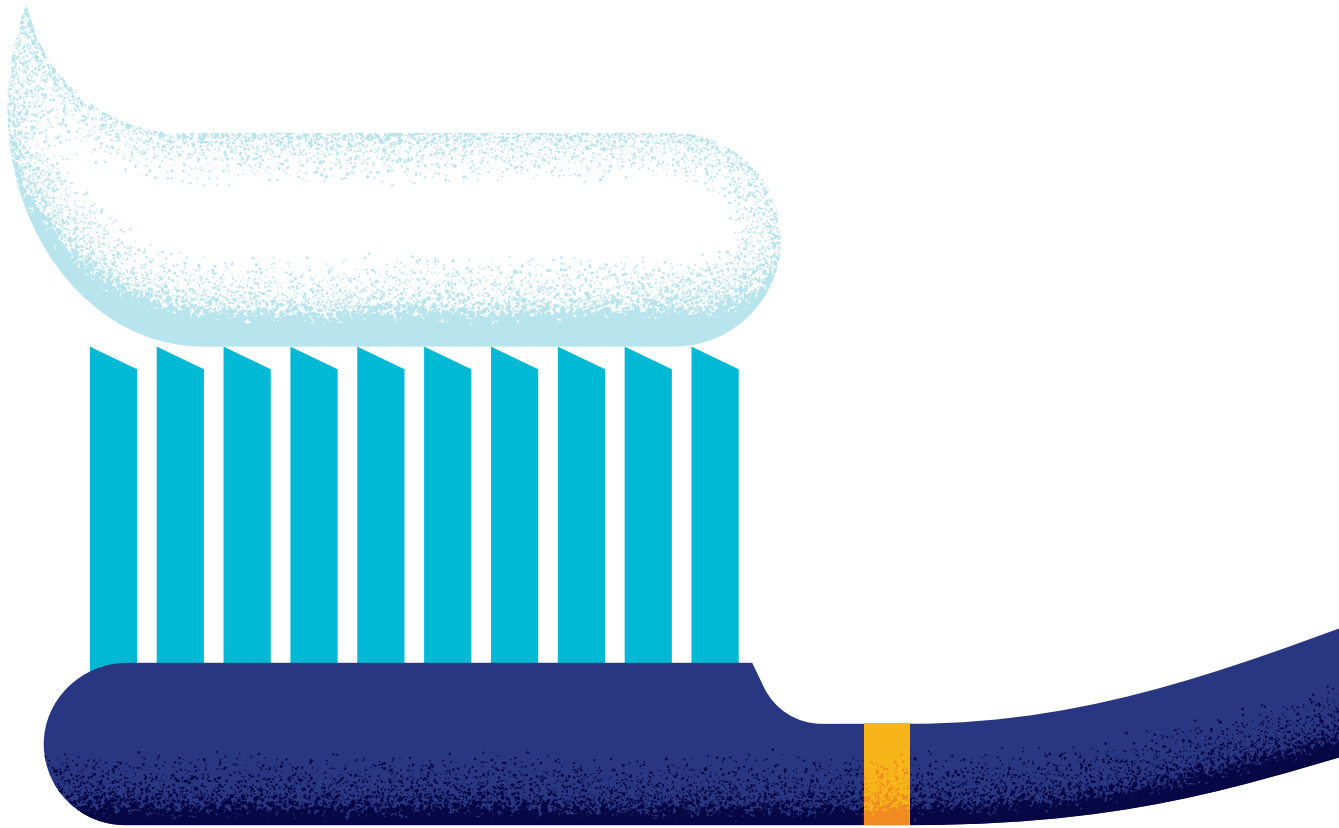




UHCdental.com instruction manual





Quick links

- 1 [Introduction to dental portal](#)
- 2 [Using portal](#)
- 3 [Key features](#)
- 4 [Additional features](#)
- 5 [Quick links](#)

We know your time is valuable. That's why we've created **UHCdental.com** — our portal that provides robust digital resources when you need them, any day at any time. Your workday will go more smoothly, and you'll enhance the dental care experience for your patients with quick and easy access to the services and applications that UnitedHealthcare offers.

UHCdental.com is for participating and non-participating dentists and their staff serving members of these plans:

- Commercial
- Medicare & Retirement

You'll continue to use **UHCdentalproviders.com** to serve members in these plans:

- Medicaid
- Dual-eligible Medicare plans (Dual Special Needs Plan – DSNP)

Helpful hint

Members can access their dental plan information at myuhc.com®.



Why use this portal?

UHCdental.com delivers robust digital resources that supply detailed patient benefit and claims information in real time. Features include:

- A detailed snapshot that highlights the patient's plan information, benefits summary, accumulators, frequency limits and more
- A treatment plan calculator that provides patients with accurate, real-time treatment pricing and out-of-pocket expenses
- Simplified claims processing with alerts notifying you when procedures have exceptions or require further information
- Online claims and pre-treatment estimate submissions with the required information pre-populated to increase your claims adjudication rate

The portal helps streamline the insurance process, aids in regulations compliance and keeps your practice information up-to-date. Here's more of what you can do:

- Manage electronic payments and statements
- Enroll in Electronic Data Interchange
- View contracted rates by code using the treatment plan calculator, which utilizes your fee schedule*
- Find dental specialists for patient's next level of care
- Access specialty referral forms, clinical and credentialing guidelines, provider manuals and quick reference guides
- Become a participating UnitedHealthcare provider
- Update, validate and attest to your demographic information, which is required every 90 days. This will help ensure your practice information is accurate and available to members on our online directory.*

*These features on **UHCdental.com** are available to network providers.

Helpful hint

Update your practice information on **UHCdental.com** for publication to **myuhc.com**. Click Provider Self Service in the Quick Links section.



Supported browsers

UHCdental.com is supported by the most up-to-date versions of:

- Google Chrome
- Microsoft Edge
- Mozilla Firefox
- Safari

Helpful hint

Get information on **UHCdental.com** without waiting for call center hours to find answers. Still need to speak to the call center? Avoid potential wait times by calling Wednesday–Friday before 10 a.m. or after 2 p.m. CT.



Using the portal for the first time

Follow these instructions to get started:

- Go to **UHCdental.com** and select “Register”
- You’ll be redirected to **One Healthcare ID**
- Enter your profile information
- Enter your email address
- Use the instructions to create your **One Healthcare ID**
- Create a password
- Review the Terms of Use and Website Privacy Policy
- Click “I Agree” to complete your registration
- You’ll be redirected to **UHCdental.com**
- Enter your email address, tax ID number, license number and dentist information

After registering in **One Healthcare ID**, you will use that ID to securely access **UHCdental.com** and other associated applications.

NOTE: Each user must create their own personal login.



Login security

Your registration and login information are protected by **One Healthcare ID**, a product of UnitedHealth Group. Do not share your login information with anyone. You will be required to change your password on a regular basis.



Key features

Discover tools on UHCdental.com that support your patients and your practice. Search for an individual or family by name, date of birth or subscriber ID.

Eligibility Search

*The Treatment Plan tab will only display for network providers. Out-of-network providers will see “Join Our Network.”

Enter a member’s name or subscriber ID to see a list of the patient’s eligibility, benefits, utilization history and paid claims, and request pre-treatment estimates.

Claim Search By Member

Search by tax ID to see all claims paid to date. You can also show pre-treatment estimates associated with each claim as part of your search.

Claim Search By Tax ID



Claim information

Submit claims and attachments at no cost. Use a completed treatment plan or click Claim Information at the top of the page for easy submission. You must be logged in to **UHCdental.com** for your information to pre-populate.

See a list of claims and treatment plans processed within the last 30 days in the Recent Treatment Plans and Recent Claims sections. The explanation of benefits located in the View column provides details on each claim.

Recent treatment plans

Date last edited	Treatment plan name	Member name	View plan
04/14/2021	Diagnostics		Details
04/13/2021	Diagnostic		Details
04/13/2021	PTE		Details
04/13/2021	NA		Details
04/13/2021	Bridges		Details

[More >](#)

Recent claims

Subscriber ID	Amount claimed	Claim status	View
XXXXX	\$218.00	Processed	EOB/Details
XXXXX	\$1,145.45	In process	
XXXXX	\$248	Processed	EOB/Details
XXXXX	\$1,648.00	Processed	EOB/Details
XXXXX	\$1,400.00	Processed	EOB/Details

[More >](#)

In the Recent Claims section, expand your search for claims beyond 30 days by clicking “More.” You can search for pre-treatment estimates by date, dentist name, office location or member.



Treatment Plan Calculator

Use the Treatment Plan Calculator to provide accurate real-time treatment pricing, benefit plan coverage and out-of-pocket expense information to your patients. Start by searching for a member's eligibility by subscriber ID or name, then select "Treatment Plan Calculator."

Patient:
 DOB: [Redacted]
 Relationship: SUBSCRIBER/INSURED
 Spoken Language: [Redacted]
 Language Assistance: No

Provider Network Status: In Network
 Subscriber ID: [Redacted]
 Product ID: D0000221
 Product Type: PPO
 Group ID: [Redacted]
 Group Name: [Redacted]
 Product Line: [Redacted]
 Effective Date: 01/01
 Plan Year Begins: 01/01
 Eligible: Y
 Essential Health Benefits: N
 Term Date: 12/31/2199
 Product Description: [Redacted]

Provider Location:
 Assignment Status: [Redacted]

Buttons: Utilization Search, Fee Schedule, **Treatment Plan Cost Calculator**, Submit Claim/PTE

Dental Account Summary IN NETWORK

Annual Maximum Benefits - Dental: \$0.00 Used to Date, \$1,000.00 Remaining
 Deductible: \$0.00 of \$50.00
 Lifetime Maximum Benefits - Orthodontics: [Redacted]

Benefit Details

Benefit Breakdown | Coverage and Deductible | Recent Claims | Recent Treatment Plans

ADA Code	ADA Description	Procedure Category	Service Dates	Service Date Frequency* (i-ii-iii)	Age Limit	Alternate Benefit	Related Codes
D0120	periodic oral evaluation	01	-	2 - P - 1Y	0 - 999	NA	D0120, D0145, D0150, D0180, D0601, D0602
D0140	limited oral evaluation - problem focused	01	-	999 - - 0M	0 - 999	NA	D9995, D9996
D0150	comprehensive oral evaluation - new or established patient	01	-	2 - P - 1Y	0 - 999	NA	D0120, D0145, D0150, D0180, D0601, D0602

Treatment Plan Calculator

Member: [Redacted]
 Date of Service: 05/05/2021

* Treatment Plan Name (20 characters maximum): [Redacted]

* Select a Dentist: [Redacted]

View All Procedure Codes

* Procedure Code: [Redacted] * Unit Number: [Redacted] Add Another Code

Buttons: Clear, Create

Disclaimer 1: This is the most current information that we have; however, it is the patient's responsibility to check with the dental provider to verify they are participating and accept the patient's plan. This is neither an authorization nor a guarantee of eligibility, benefits or payment.
 Disclaimer 2: Some ADA codes require dental review. Please be sure to include narrative or x-rays. Pre-determinations are highly recommended for procedures over \$500.
 Disclaimer 3: The information presented is a summary of the patient's history. Not all plan information is listed. Absence of information indicates no history exists for the patient for that category/procedure but does not indicate that there are no limits on the plan.

Name the treatment plan, select the dentist providing services and begin entering in procedure codes and unit numbers.

Once the procedure codes have been entered, select "Create."

The created treatment plan will display the patient's total out-of-pocket costs, allowed amounts, utilization rules, exception codes, the need for clinical review and more.

You can print and share this with your patients. To email a treatment plan to your patients, click Print to save the document as a PDF, then send it directly from your office email.

You can also edit your treatment plan and create a claim or pre-treatment estimate without re-entering the patient or procedure code information.

Member Information
 Name: [Redacted] Relationship: Subscriber/Insured Plan Description: [Redacted] Product ID: [Redacted] Provider Name: [Redacted]

TEST
 Date Created: 08/01/2021 Edit Print Delete

Exception Code	Procedure Code	Alternate Benefits Applied	Description	Frequency Limitations	Unit	Tooth #	Age Limit	Amount Allowed	Insurance to Pay Amount	Co-insurance Percentage	Utilization Rule
DP2	D0150		comprehensive oral evaluation - new or established patient	2 procedures allowed every 1 Plan Years for procedures 010101	1		0-999	\$0.00	\$0.00	0%	
DP2	D0120		periodic oral evaluation	2 procedures allowed every 1 Plan Years for procedures 010101	1		0-999	\$0.00	\$0.00	0%	

DP2 - service denied. Does not meet the frequency requirements of the plan.

Totals
 Allowed Amount: \$0.00 Insurance Amount: \$0.00 Deductible Amount Applied: \$0.00 Total out-of-pocket: \$0.00

Please Note:
 1. Treatment plans will be deleted after 30 days of inactivity.
 2. Prices displayed are estimates calculated based on members eligibility and planned benefit as of today's date. These are subject to change.

Buttons: **CREATE CLAIM**, **CREATE PDF**



Fee Schedule

After searching for a member’s eligibility, you can see your fee schedule on the Eligibility Summary page. Select “Fee Schedule” to find your PPO fee schedule.* To see your fee schedule specific to each provider, select a date of service, then the provider’s name.

The Provider Network Status displays easy-to-read information on a member’s plan and status. If more than one plan is available, the most recent plan will appear first.

The deductible information in the Dental Account Summary section shows a member’s out-of-pocket maximum and the amount they’ve paid toward it so far.

The screenshot shows the United Healthcare provider dashboard. At the top, there are navigation links: Dashboard, Search, FAQ, Treatment Plans, Claim Information, and Resources. Below this, there are several information panels. The central panel, titled 'Provider Network Status: In Network', contains details such as Subscriber ID, Product ID, Effective Date, and Group Name. A red circle highlights this section. Below the information panels, there are four buttons: 'Utilization Search', 'Fee Schedule' (highlighted with a red box), 'Treatment Plan Calculator', and 'Submit Claim/PTE'. Below the buttons is a 'Dental Account Summary' section showing 'Annual Maximum Benefits - Dental' with '\$0.00 Used to Date' and '\$1,000.00 Remaining', and 'Deductible' of '\$0.00 of \$50.00'. There is also a 'Benefit Details' section at the bottom.

*This feature is available only to network providers.

The screenshot shows the 'Fee Schedule' page in the provider dashboard. At the top right, it says 'Welcome Network Provider | Log Out'. The navigation links are the same as in the previous screenshot. The main heading is 'Fee Schedule'. On the left, there is a sidebar with 'Select Member' (showing 'WILEY J LANGRISH'), 'Additional Links' (Start a New Search, Utilization History, Provider Search, FAQ, Contact Us), and '3 View Fee Schedule'. The main content area is divided into 'Member Information' and 'Select Dentist & Fee Schedule'. 'Member Information' shows Name, Plan Description, Relationship (SUBSCRIBER/INSURED), and Product ID. 'Select Dentist & Fee Schedule' has a '1 Provide a date of service' step with a 'Date of Service' input field and a 'CONTINUE' button. Below that is a '2 Select a Dentist' step with a table of providers. The table has columns for 'Select', 'Last Name', 'First Name', and 'Primary Address'. A note states: 'Note: Only providers who are participating in the network will be displayed.' A '3 View Fee Schedule' step is at the bottom left.



Additional features

To view the benefits of multiple family members at once, select “Family” in the Eligibility Search tab. On the Essential Health Benefit page, you can see if the member’s plan is covered under the Affordable Care Act.

United Healthcare Dental Benefit Providers
Dashboard
Search
FAQ
Treatment Plans
Claim Information
Resources

Patient:

DOB:

Relationship:

Spoken Language:

Language Assistance: No

Provider Network Status: In Network

Subscriber ID:

Product ID:

Product Type: PPD

Group ID:

Group Name:

Product Line:

Effective Date: 01/01/2016

Eligible: Y

Essential Health Benefits: N

Term Dates: 01/01/2016 - 01/01/2019

Provider Location:

Utilization Search
Fee Schedule
Treatment Plan Calculator
Submit Claim/PTE

Dental Account Summary IN NETWORK

Annual Maximum Benefits - Dental	Deductible	Lifetime Maximum Benefits - Orthodontics
\$0.00 Used to Date \$1,000.00 Remaining	\$0.00 of \$50.00	

Get a breakdown of a member’s coverage on the Benefit Details page. You can view Benefit Breakdown information, Coverage and Deductibles details, Recent Claims and Recent Treatment Plans. You can also see a summary of the incentives earned through the Roll-Over Benefits plan for qualifying members. Incentive-based plans encourage patients to maintain good oral health.

Benefit Details										
Benefit Breakdown										
Coverage and Deductible										
Recent Claims										
Recent Treatment Plans										
ADA Code	ADA Description	Procedure Category	Service Dates				Service Date Procedure Code Frequency* (i-ii-iii)	Age Limit	Alternate Benefit	Related Codes
D0120	periodic oral evaluation	01				-	2 - P - 1Y	0 - 999	NA	D0120, D0145, D0150, D0180, D0601, D0602
D0140	limited oral evaluation - problem focused	01	-	-	-	-	999 - - 0M	0 - 999	NA	D9995, D9996
D0150	comprehensive oral evaluation - new or established patient	01				-	2 - P - 1Y	0 - 999	NA	D0120, D0145, D0150, D0180, D0601, D0602
D0180	comprehensive periodontal evaluation - new or established patient	01	-	-	-	-	2 - P - 1Y	0 - 999	NA	D0120, D0145, D0150, D0180, D0601, D0602
D0210	intraoral - complete series of radiographic images	01				-	1 - F - 36M	0 - 999	NA	D0210, D0277, D0330, D0701, D0702, D0709
D0220	intraoral - periapical first radiographic image	01	-	-	-	-	999 - - 0M	0 - 999	NA	D0707
D0230	intraoral - periapical each additional radiographic image	01	-	-	-	-	999 - - 0M	0 - 999	NA	NA
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	01	-	-	-	-	1 - P - 1Y	0 - 999	NA	D0250, D0251, D0705
D0260	extraoral - each additional radiographic image	98	-	-	-	-	Invalid Procedure	0 - 999	NA	D0260
D0270	bitewing - single radiographic image	01	-	-	-	-	4 - P - 1Y	0 - 999	NA	D0270, D0272, D0273, D0274, D0708
D0272	bitewings - two radiographic images	01				-	2 - P - 1Y	0 - 999	NA	D0270, D0272, D0273, D0274, D0708
D0273	bitewings - three radiographic images	01	-	-	-	-	2 - P - 1Y	0 - 999	NA	D0270, D0272, D0273, D0274, D0708
D0274	bitewings - four radiographic images	01				-	2 - P - 1Y	0 - 999	NA	D0270, D0272, D0273, D0274, D0708
D0277	vertical bitewings - 7 to 8 radiographic images	01	-	-	-	-	1 - F - 36M	0 - 999	NA	D0210, D0277, D0330, D0701, D0702, D0709
D0330	panoramic radiographic image	01	-	-	-	-	1 - F - 36M	0 - 999	NA	D0210, D0277, D0330, D0701, D0702, D0709

Use the “Utilization Search” button to identify when a member received a specific service. Utilization history goes back 5 years.

Patient:
 DOB: Spoken Language: Relationship: SUBSCRIBER/INSURED Language Assistance: No

Provider Network Status: In Network
 Subscriber ID: Product ID: D0000221 Product Type: PPO Group ID: Group Name: Product Line: Effective Date: Plan Year Begins: 01/01 Eligible: Y Essential Health Benefits: N Term Date: 12/31/2199 Product Description:

Provider Location:
Assignment Status:

Utilization Search Fee Schedule Treatment Plan Cost Calculator Submit Claim/PTE

Dental Account Summary IN NETWORK
 Annual Maximum Benefits - Dental: \$0.00 Used to Date, \$1,000.00 Remaining
 Deductible: \$0.00 of \$50.00
 Lifetime Maximum Benefits - Orthodontics

Benefit Details
 Benefit Breakdown Coverage and Deductible Recent Claims Recent Treatment Plans

ADA Code	ADA Description	Procedure Category	Service Dates				Service Date Procedure Code Frequency* (I-III)	Age Limit	Alternate Benefit	Related Codes
D0120	periodic oral evaluation	01					2 - P - 1Y	0 - 999	NA	D0120, D0145, D0150, D0180, D0601, D0602
D0140	limited oral evaluation - problem focused	01	-	-	-	-	999 - - OM	0 - 999	NA	D9995, D9996
D0150	comprehensive oral evaluation - new or established patient	01					2 - P - 1Y	0 - 999	NA	D0120, D0145, D0150, D0180, D0601, D0602

Stay informed with important UnitedHealthcare news and updates posted on the Message Board.

Message Board

COVID-19:
 We are pleased to announce that we are expanding access to care through provider consultations via teledentistry. Click Access to Care via Teledentistry. Information on Recredentialing Extension.

New York Providers:
 Please read this important announcement regarding PPE.

New Information: UnitedHealthcare Dental benefits will be included in AZ, MD, NC, OK, TN, and VA exchange markets **effective January 1, 2021**. These plans will be embedded dental plans for pediatric members. Continue to use UHCdental.com to submit claims and check eligibility. Active National Options PPO20 providers will be included in the exchange network.

View: 2021 Claim Adjudication Updates

Access frequently used tools and resources, including the provider self-service portal, forms, manuals, guidelines and more in the Quick Links section. Be sure to leverage the self-service tool to update any office and provider information. This is also where you validate and attest to your demographic information every 90 days, per requirement.

Quick Links

[Provider Self Service](#)

[User Profile Update](#)

[Electronic Payments and Statements](#)

[DHMO / DC Member Copayment Schedules](#)

[Join Our Network](#)

