



Date

«Group_Name»
«ADDRESS_LINE1»
«CITY», «STATE» «Zip»«Zip»

Re: Review best practices to avoid claim submission denials

Dear Provider,

We understand that claims denials can be frustrating. We'd like to share some recommended best practices for you to follow prior to treatment. These aim to support you and help reduce the time devoted to claim submissions and denials.

Best practices to help you avoid delays

- Verify eligibility on the date of service and prior to treatment
- Check patient's benefit profile to ensure services are within treatment limitations
- Reference the UnitedHealthcare Indiana Medicaid Dental Provider Manual in the Provider Alerts section on our Dental Provider Portal at UHCdentalproviders.com, which outlines the following information:
 - Covered services
 - Frequency limitations
 - Prior authorization requirements
 - Required claim documentation
 - Clinical criteria
- For treatment that is not covered under the plan, let the patient know of their financial responsibility before providing care

Most common denial reasons

- Service not covered under plan
- Service exceeds maximum allowed per period
- Claim submitted after 90-day timely filing limit
- Prior authorization is required
- Coverage not in effect on date of service

Learn more

View the enclosed submission requirements and clinical criteria for some of the most frequently denied procedures information

We're here to help

If you have questions, contact Provider Services at **844-402-9118**.

Sincerely,

Name
Title

Enclosures

Guideline to submission requirements and clinical criteria for some of the most frequently denied procedures.

Procedure	Procedure Codes	Required Documentation	Criteria for Approval
Interim caries medicament application per tooth (Age 0 – 20)	D1354	Narrative of necessity Caries risk assessment	<ul style="list-style-type: none"> Active, non-symptomatic carious lesions Individuals with high caries risk Individuals unable to tolerate standard restorative treatment. Individuals with multiple lesions that cannot be treated in one office visit Caries that are difficult to treat with traditional restorations Individuals with limited or restricted access to dental care
Complete dentures and immediate complete dentures (Age 21 and older)	D5110, D5120, D5130, D5140	Panoramic X-ray or full series	<ul style="list-style-type: none"> If the member has not worn an existing prosthesis for 3 or more years, providers must submit documentation explaining why they are submitting a request for dentures at this time <p>For replacement dentures, in addition to the above:</p> <ul style="list-style-type: none"> The existing prosthesis is 6 years old or older, beyond repair/ill fitting, and cannot be relined The prosthesis has been lost, destroyed or stolen. (Providers must submit an explanation of the circumstances.)
Partial dentures/unilateral partial dentures (Age 21 and older)	D5211, D5212, D5213, D5214, D5282, D5283, D5286	Panoramic X-ray or full series	<p>Not covered in the following scenarios:</p> <ul style="list-style-type: none"> Partial dentures that replace only anterior teeth. Replacement of anterior teeth only is considered purely an aesthetic or cosmetic concern and not medically necessary