



2024 Provider Manual updates

UnitedHealthcare Community Plan of New York Provider Manual

This document provides a summary of key updates made to the provider manual throughout the year. Please refer to the UnitedHealthcare Community Plan of New York Provider Manual for complete details related to the updates listed here.

The complete provider manual is available at UHCdental.com/medicaid.

September 1, 2024 Updates summary

Section 1 Introduction

- Updated notification language to “it will be uploaded on the portal at UHCdental.com/Medicaid under States specific alerts and resources.”
- Updated where to find Provider Online Academy to UHCdental.com and go to Resources > Dental Provider Online Academy

Section 2.5 Provider Portal / Dental Hub

- Updated provider portal to UHCdental.com/medicaid

Section 4.3 Specialist referral process

- Updated provider portal to find a list of in network participating dentist to UHCdental.com

Appendix C.1 Dental treatment requiring authorization

- Updated where Need for Replacement Prosthesis Form and Evaluation of the Dental Implant Patient Form can be found to UHCdental.com/medicaid under State specific alerts and resources

August 1, 2024 Updates summary

Section 1 Introduction

- Added Required training language

Section 9.2.a Dental claim form required information

- Added Provider specialty code (Taxonomy code) to required information for Treating Dentist

Appendix B.2 Benefit grid

- Added benefit grid for HARP and MMC
- Updated Prior auth requirement for code D9230 on HARP and MMC benefit grid
- Updated Required documents for code D9230 on HARP and MMC benefit grid

June 1, 2024 Updates summary

Section 1 Introduction

- Updated “UHC on Air” and replaced with “Provider Online Academy”

Section 2.2 Identification card

- Updated sample member ID card

Section 2.7 Corrected claim process

- Deleted Section 2.7 Corrected claim process

Section 3.12 Change of address, phone number, email address, fax or tax identification number

- Added fax (855-363-9691) and email (dbpprvfx@uhc.com) to where changes should be submitted

Section 5.5 Utilization review

- Deleted “Clinical Affairs Committee”

Section 6.3 Site visits

- Updated “Clinical Affairs Committee” to “Peer Review Committee”

Section 6.4 Preventive health guideline

- Deleted “Healthy People 2020 and”

Section 6.5 Addressing the opioid epidemic

- Updated instructions on where to find resources for increasing education and awareness of opioids

Section 9.1.b Electronic claims

- Added Section 9.1.b Electronic claims

Section 9.2.c Timely submission filing (Timely filing)

- Updated timeframe all claims should be submitted within to 120 calendar days from the date of services
- Updated timeframe secondary claims should be submitted within to 120 calendar days from primary payer’s determination.

Section 9.3 Timely Payment

- Added section for Dual Complete NY-Y001 (HMO D-SNP) / Medicaid Advantage Plus (MAP) timely payment

Section 9.4.b Provider Remittance Advice sample

- Updated Provider Remittance Advice sample

Section 9.5 Overpayment

- Added overpayment address P.O. Box 481 Milwaukee, WI 53201

Section 9.6 Tips for successful claim resolution

- Updated timeframe for secondary claims to 120 calendar days

Section 9.9 UnitedHealthcare NY Continuation of Care (COC)

- Deleted Section 9.10 UnitedHealthcare NY Continuation of Care (COC)

Section 9.9 Corrected claim submission guidelines

- Added new Section 9.9 Corrected claim submission guidelines

Appendix A Resources and services – how we help you

- Updated addresses and phone numbers table

Appendix B.2 Benefit grid

- Updated benefit grid to create four new grids

Appendix C.1 Dental treatment requiring authorization

- Added requirement language for Prosthodontics and Implants

Appendix C.1.a Prior authorization submission criteria for Medicaid, CHP, Medicaid Advantage and HARP

- Deleted Appendix C.1.a as the document requirements were added to the new benefit grids

Appendix C.1.a Justification of Need for Replacement Prosthesis Form

- Added new C.1.a Justification of Need for Replacement Prosthesis Form sample

Appendix C.1.b Prior Authorization Clinical Criteria for Medicaid, CHP, Medicaid Advantage, and HARP

- Updated section to Appendix C.2
- Updated section title to Prior Authorization Clinical Criteria for HARP, MMC, MAP, CHP, and EPP
- Updated language to direct providers to the New York State Medicaid Program Dental Policy and Procedure Manual for most recent and up to date clinical criteria
- Updated Orthodontia to Section C.1 and added language to UnitedHealthcare NY Ortho Continuation of Care (COC)

Appendix C.1.b Evaluation of the Dental Implant Patient

- Added new Evaluation of the Dental Implant Patient Form sample

Appendix D Member rights and responsibilities

- Updated member services phone number to 800-493-4647



**Dental Benefit
Providers**