

# Healthplex Orthodontic Claim

## Frequently asked questions

### Overview

As you're aware, UnitedHealthcare acquired Healthplex. Healthplex has fully integrated with UnitedHealthcare and continues to serve as administrator for the clients and dental plans using the UnitedHealthcare system and provider portal at [UHCdental.com](https://UHCdental.com). This resource provides general information about orthodontic treatment guidelines, claim submission and payment procedures.

## Frequently asked questions

### Is prior authorization required before I begin orthodontic treatment?

Prior authorizations are required for Medicaid members. Medicaid requires pre-treatment photos and/or X-rays attached with the prior authorization request. Note that upon completion, post-treatment photos and/or X-rays will be required for any retention payment requested.

For New York Medicaid patients, prior authorization requests must include the [New York Handicapping Labio-Lingual \(HLD\) Index Report](#) along with other documentation. The list of additional documentation (and HLD Index Report) can be found in [Healthplex New York State Medicaid Program Policy and Procedure Code Manual](#) on [UHCdental.com](https://UHCdental.com).

Prior authorization can also be submitted for any non-Medicaid member for the purpose of pre-treatment benefit estimates but are not required.

### How do I submit orthodontic claims?

Please submit an American Dental Association (ADA) dental claim form (2019 version or later) and include the appropriate orthodontic treatment code, charge amount, date of service of initial banding, total treatment amount and estimated months of treatment as shown in the claim example below.

RECORD OF SERVICES PROVIDED															
24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description		31. Fee					
01/24/2024					D8080		1	Comprehensive Orthodontic Treatment Adoles		6,700.00					
33. Missing Teeth Information (Place an "X" on each missing tooth.)				34. Diagnosis Code List Qualifier <input type="checkbox"/> (ICD-10 = AB)			31a. Other Fee(s)		32. Total Fee		6,700.00				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
34a. Diagnosis Code(s)				A		C		31b. Total Fee				6,700.00			
34b. (Primary diagnosis in "A")				B		D									
35. Remarks INSERTION FEE \$1900 MONTHLY FEE \$200 LENGTH OF TREATMENT 24 MONTHS															
36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.						38. Place of Treatment <input checked="" type="checkbox"/> 11 (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims")					39. Enclosures (Y or N) <b>N</b>				
X Signature On File Patient/Guardian Signature						01/25/2024 Date		40. Is Treatment for Orthodontics? <input type="checkbox"/> No (Skip 41-42) <input checked="" type="checkbox"/> Yes (Complete 41-42)		41. Date Appliance Placed (MM/DD/CCYY) 01/24/2024					
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.						42. Months of Treatment 24		43. Replacement of Prostheses <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)		44. Date of Prior Placement (MM/DD/CCYY)					
						Treatment Resulting from									

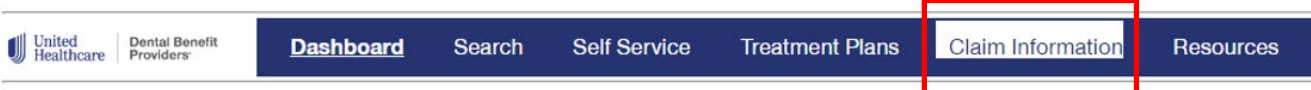
Orthodontic claims will be paid at initial banding, with quarterly or monthly payments throughout treatment. Payments will vary based on the member's plan benefits:

- Quarterly payments – DHMO, Managed Care and Medicaid patients
- Monthly payments – All other patients

Please remember that all subsequent claims for periodic visits should be billed on an ADA dental claim form to include date of service, appropriate orthodontic treatment code, initial banding date and charge amount. If billing quarterly, please ensure your charges reflect the total billed amount for the quarter. Please note: Retention must be billed separately upon conclusion of the orthodontic treatment.

## Where do I submit orthodontic claims?

You can submit claim/pre-treatment/pre-authorization online by signing in to [UHCdental.com](https://UHCdental.com) and going to Claim Information or submit through your clearinghouse using payer ID # 52133.



To submit by mail, please see the [Healthplex client reference guide](#) for specific claims submission addresses.

## How do I check the status of my orthodontic claim?

Sign in to [UHCdental.com](https://UHCdental.com), use either the Claim Search by Member or by Tax ID to check on your claim status.

You may also reference the Claim Information section in the UHCdental.com [user guide](#) on [UHCdental.com](https://UHCdental.com) to guide you on how to view your claims on the portal.

Refer to the Explanation of Benefits (EOB) code found at the Notes section of the EOB that shows explanation of the claim payment.

## Who do I call for help, support or questions?

Please see the [Healthplex client reference guide](#) for the specific Provider Services phone number and office hours.

Additional resources for New York Medicaid program can be found on [UHCdental.com](https://UHCdental.com).