

UnitedHealthcare Community Plan of Louisiana Medicaid Dental Quick Reference Guide

Effective: 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.



Appeals for service denials

UnitedHealthcare Community Plan
Attn: Appeals Department
P.O. Box 31364
Salt Lake City, UT 84131
Toll-free: **1-866-675-1607**



Provider services

Phone: **1-844-275-8751**
8 a.m. – 5 p.m. CST Monday–Friday
(IVR: available 24/7)

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



Claims

UnitedHealthcare Dental Claims
P.O. Box 2064
Milwaukee, WI 53201

EDI Payer ID

GP133

Claim disputes or adjustments

UnitedHealthcare Dental
Claim Appeals
P.O. Box 361
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.


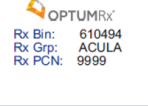
Important notes

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 member ID card

 <p>Health Plan (80840) 911-87726-04</p>		<p>In an emergency go to nearest emergency room or call 911. <small>Printed: 10/25/22</small></p>
<p>Member ID: 002200450 Group Number: LABYHP</p> <p>Member: NEW ENGLISH</p> <p>PCP Name: DOUGLAS GETWELL PCP Phone: 24 hours: (337) 407-0084 DOC 4 KIDS 1270 ATTAKAPAS DR STE 401K OPELOUSAS, LA 705706557</p>	<p>Payer ID: 87726</p>  <p>Rx Bin: 610494 Rx Grp: ACULA Rx PCN: 9999</p>	<p>This card does not guarantee coverage. By using this card you agree to the release of medical information as stated in your Member Handbook. To find a provider or file a grievance call Member Services or visit www.MyUHC.com/CommunityPlan.</p> <p>For Members: 1-866-675-1607 TTY 711 NurseLine: 1-877-440-9409 TTY 711 Report Fraud: 1-800-488-2917 TTY 711 Behavioral Health & Addiction Crisis Line: 1-866-232-1626 TTY 711</p> <p>Provider/Prior Auth: UHCprovider.com/LAcommunityplan 1-866-604-3267 Claims: PO Box 31341, Salt Lake City, UT 84131-0341 Behavioral Health Authorization: providerexpress.com 1-866-675-1607</p> <p>Pharmacy Claims: OptumRX, PO Box 650334, Dallas, TX 75265-0334 For Pharmacists: 1-866-326-3108 Rx Prior Auth: 1-800-310-6826</p>
<p>Transportation Services: 1-866-726-1472 0501 Administered by UnitedHealthcare of Louisiana, Inc.</p>		

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.

Code	Description	Age limits	Frequency limits	Auth required
D0120	Periodic Oral Exam	21-999	2 per 12 MONTHS	No
D0140	Limited Oral Evaluation - Problem Focused	21-999		No
D0150	Comprehensive Oral Evaluation - New Or Established Patient	21-999	1 per 12 MONTHS	No
D0210	Intraoral - Complete Series of Radiographic Images	21-999	1 per 3 FLOATING YEARS	No
D0220	Intraoral - Periapical First Radiographic Image	21-999	1 per 12 MONTHS	No
D0230	Intraoral - Periapical Each Additional Image	21-999	1 per 12 MONTHS	No
D0270	Bitewing - Single Radiographic Image	21-999	1 per 12 month period for any combination of D0270, D0272, D0273, or D0274	No
D0272	Bitewings - Two Radiographic Images	21-999	1 per 12 month period for any combination of D0270, D0272, D0273, or D0274	No
D0273	Bitewings - Three Radiographic Images	21-999	1 per 12 month period for any combination of D0270, D0272, D0273, or D0274	No
D0274	Bitewings - Four Radiographic Images	21-999	1 per 12 month period for any combination of D0270, D0272, D0273, or D0274	No
D1110	Prophylaxis - Adult	21-999	2 per 12 MONTHS	No



Dental Benefit Providers®