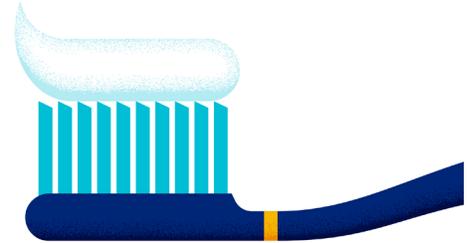


2024 UnitedHealthcare dental clinical guidance changes for New York MMC and New York HARP, effective Jan. 31, 2024

Effective Jan. 31, 2024, the clinical criteria for dental coverage will change for the following procedures:

- Root canals
- Crowns
- Replacement dentures
- Dental implants



Why the changes

These services contained within the New York State Medicaid Program Dental Policy and Procedure Code Manual (Dental Manual) are changing to allow for expanded coverage of previously limited dental services for the following New York Medicaid Plans:

- New York Medicaid Managed Care (MMC)
- New York Health and Recovery Plan (HARP)

The State of New York has put forth revisions to support maintaining a natural dentition whenever clinically appropriate. Revisions have been made to coverage policies for crowns, root canals and dental implants. Consistent with New York Medicaid Guidelines, 8 points of contact will be reviewed for medical necessity.

Resources

For current State of New York guidance, go to:

- [emedny.org](https://www.emedny.org) under Dental Provider Communications
- [Health.ny.gov](https://www.health.ny.gov) for Medicaid information for care providers

The State of New York has provided 2 new documents to be completed in entirety and required to be included in a prior authorization review submitted to UnitedHealthcare Dental specific to:

Prosthodontic: Care providers must submit a **Justification of Need for Replacement Prosthesis Form** with all prior approval requests for replacement denture(s).

Implant services: Care providers must submit an **Evaluation of the Dental Implant Patient Form** with all prior approval requests for all dental implants.

Benefit code

The following CDT code is a covered benefit as of Jan. 31, 2024:

- **D4249** clinical crown lengthening – hard tissue