

UnitedHealthcare Rhode Island RItE Smiles Medicaid Dental Quick Reference Guide

Effective: January 2026



UHCdental.com/medicaid

The Dental Hub may be used to check eligibility, submit claims, and to 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 registration code from your Welcome Letter. For additional assistance with the Dental Hub, call Provider Services at **1-877-378-5303**.



Provider services

Phone: **1-877-378-5303**

8 a.m. – 6 p.m. EST Monday–Friday (IVR: 24/7)

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



UnitedHealthcare Dental RItE Smiles eligibility verification

1-877-378-5303

UnitedHealthcare Dental offers an Interactive Voice Response (IVR) system for efficiency. The IVR system is easy to use and should take under two minutes. Through our IVR system, you may access real time information, seven days a week, twenty-four hours a day.



Claims

UnitedHealthcare Dental Claims

UnitedHealthcare Dental RItE Smiles
PO Box 138
Milwaukee, WI 53201

EDI Payer ID

GP133

Submit corrected claims to:

UnitedHealthcare Dental RItE Smiles
PO Box 481
Milwaukee, WI 53201

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 provider web portal or contact our Provider Services toll free number at **1-877-378-5303**.

- Effective May 1, 2026, members may be eligible for benefits up to their 26th birthday.



**Dental Benefit
Providers®**

Electronic payments and statements:

You have 2 options for receiving electronic payments – ePayment Center or Zelis Payments – and may select what works best for your practice.

Visit <https://www.uhcdental.com/dental/dental-electronic-payments-statements.html>

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

When there are demographic changes within your office, you must notify us at least 10 calendar days prior to the effective date of the change. This supports accurate claims processing as well as helps to make sure that member directories are up-to-date.

Changes should be submitted to:

UnitedHealthcare – RMO

ATTN: 400-Provider Services

P.O. BOX 30567

SALT LAKE CITY, UT 84130

Fax: **1-855-363-9691**

Email: dbpprvfx@uhc.com

Credentialing updates should be sent to:

UnitedHealthcare Credentialing - RIte Smiles

2300 Clayton Road

Suite 1000

Concord, CA 94520

Requests must be made in writing with corresponding and/or backup documentation. For example, a tax identification number (TIN) change would require submission of a copy of the new W9, versus an office closing notice where we'd need the notice submitted in writing on office letterhead.

When changes need to be made to your practice, we will need an outline of the old information as well as the changes that are being requested. This should include the name(s), TIN(s) and/or Practitioner ID(s) for all associates to whom that the changes apply.

Appointment scheduling standards

UHC Dental providers are committed to ensuring that they are accessible and available to members. Participating providers are expected to meet or exceed the following state mandated or plan requirements:

- **Urgent care appointments** Within 48 hours
- **Routine care appointments** Offered within 60 calendar days of the request

Transportation services

RIte Smiles members may qualify for transportation services to their dental appointments. Members should be referred to call MTM at **1-855-330-9131** (TTY **711**) to request services.

Mileage reimbursement

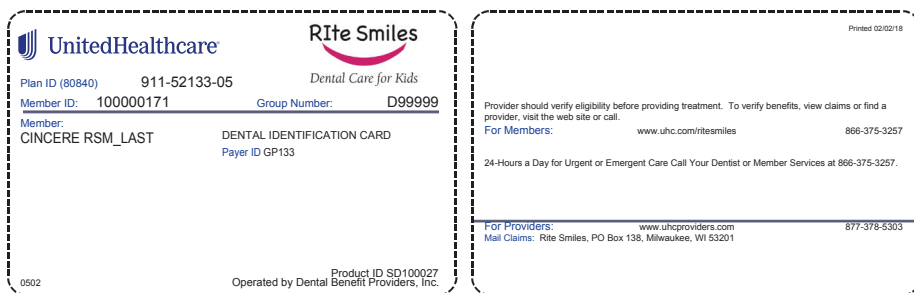
Members may qualify for fuel reimbursement. If an appointment date or time changes the Member is responsible to inform MTM of the change.



Interpreter/translation services

- Professional in-person interpreter services are available for dental appointments. Members can request an interpreter by calling Member Services at **1-866-375-3257**, TTY **711** at least 72 hours before the scheduled appointment. If a sign language interpreter is needed, a minimum of 2 weeks notice is required before the appointment. If the appointment date or time changes the Member is responsible to contact and inform Member Services.
- Dentists may request an interpreter service on behalf of an eligible RIte Smiles member by calling our Provider Services Line at **1-877-378-5303**.

Sample member ID card



A RIte Smiles member can call member services at **1-800-375-3257** (TTY **711**) to verify their RIte Smiles eligibility, Plan benefits or if they require a new RIte Smiles ID card.

If a RI Medicaid member does not have a dental plan listed or is missing a dental card, the member can call the RI Anchor Eligibility verification line at **1-855-697-4347** (TTY **711**).

Benefit coverage, limitations, and requirements

The UnitedHealthcare – RIte Smiles dental schedule plan is a comprehensive dental plan that covers all Medicaid eligible children in Rhode Island born on or after May 1, 2000. Under the RIte Smiles plan there is no member copay, deductible, or coinsurance. There is no annual maximum benefit. Some services do require prior authorization. Comprehensive dental benefits include coverage in the following categories.

Covered services	Benefit guidelines
Periodic Oral Exam	Twice in calendar year
Prophylaxis	Twice in calendar year
X-Rays	Bitewing- Allowed once per calendar year
Intraoral/complete series	Every 4 years
Panoramic Film	Every 4 years
Fluoride treatments	Twice in calendar year
Sealants	Coverage for only permanent molars, excluding third molars. One treatment per tooth every five (5) years
Emergency Services	As medically necessary*
Restorative Services	As medically necessary*
Endo/Perio/Extractions	As medically necessary* requires prior approval
Oral Surgery	As medically necessary* requires prior approval
Inlays, Onlays, Crowns	As medically necessary* requires prior approval
Root Canals	As medically necessary*
Orthodontics	As medically necessary* The handicapping malocclusion must be supported by either an indication of an automatic qualifier on the HLD Index (Handicapping Labio-lingual Deviation Index), or a minimum score of 26 on the HLD Index (Handicapping Labio-lingual Deviation Index). Requires prior Authorization



The term “medical necessity” or “medically necessary service” means medical, surgical, or other services required for the prevention, diagnosis, cure or treatment of a health-related condition including such services necessary to prevent a detrimental change in either medical or mental health status.

Medically necessary services must be provided in the most cost effective and appropriate setting and shall not be provided solely for the convenience of the member or service provider.

Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
Preventive					
D0120	Periodic Oral Evaluation - Established Patient	0 - 999	No		2 per 1 Year
D0140	Limited Oral Evaluation - Problem Focused	0 - 999	No		
D0145	Oral Evaluation, Patient Under Three	0 - 999	No		2 per 1 Lifetime
D0150	Comprehensive Oral Evaluation - New Or Established Patient	0 - 999	No		1 per 1 Year
D0160	Detailed And Extensive Oral Evaluation - Problem Focused, By Report	0 - 999	No		
D0170	Re-Evaluation - Limited, Problem Focused	0 - 999	No		
D0180	Comprehensive Periodontal Evaluation - New Or Established Patient	0 - 999	No		1 per 1 Year
D0210	Intraoral - Complete Series of Radiographic Images	0 - 999	No		1 per 4 Years
D0220	Intraoral - Periapical First Radiographic Image	0 - 999	No		
D0230	Intraoral - Periapical Each Additional Image	0 - 999	No		
D0240	Intraoral - Occlusal Radiographic Image	0 - 999	No		
D0250	Extraoral - 2D Projection Radiographic image	0 - 999	No		1 per 1 Year
D0270	Bitewing - Single Radiographic Image	0 - 999	No		1 per 1 Year
D0272	Bitewings - Two Radiographic Images	0 - 999	No		1 per 1 Year
D0273	Bitewings - Three Radiographic Images	0 - 999	No		1 per 1 Year
D0274	Bitewings - Four Radiographic Images	0 - 999	No		1 per 1 Year
D0310	Sialography	0 - 999	Yes		
D0320	Temporomandibular Joint Arthrogram, Including Injection	0 - 999	Yes		
D0321	Other Temporomandibular Joint Radiographic Images, By Report	0 - 999	Yes		
D0322	Tomographic Survey	0 - 999	Yes		
D0330	Panoramic Radiographic Image	0 - 999	No		1 per 4 Years
D0340	2D Cephalometric Radiographic Image	0 - 999	Yes		
D0350	Oral/Facial Photographic Images	0 - 999	No		
D0411	Test For Diabetes	0 - 999	No		1 per 1 Year
D0431	Adjunctive Pre-Diagnostic Test That Aids In Detection Of Mucosal Abnormalities	0 - 999	No		
D0460	Pulp Vitality Tests	0 - 999	No		
D0470	Diagnostic Casts	0 - 999	No		
D0502	Other Pathology Procedures, By Report	0 - 999	Yes		
D1110	Prophylaxis - Adult	15 - 999	No		2 per 1 Year
D1120	Prophylaxis - Child	0 - 14	No		2 per 1 Year
D1206	Topical Application Of Fluoride Varnish	0 - 999	No		2 per 1 Year
D1208	Topical Application of Fluoride	0 - 999	No		2 per 1 Year
D1351	Sealant - Per Tooth	0 - 20	No		1 per 5 Years



Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D1354	Interim Caries Arresting Medicament Application - per tooth	0 - 12 13 - 999	No Yes	Pre-op x-rays and narrative of medical necessity	1 per code per tooth every Accum Year Per Patient or 8 per code every Accum Year Per Patient
D1510	Space Maintainer - Fixed - Unilateral - per quadrant	0 - 20	No		
D1516	Space Maintainer - Fixed - Bilateral, maxillary	0 - 20	No		
D1517	Space Maintainer - Fixed - Bilateral, mandibular	0 - 20	No		
D1520	Space Maintainer - Removable - Unilateral - per quadrant	0 - 20	No		
D1526	Space Maintainer - Removable - Bilateral, maxillary	0 - 20	No		
D1527	Space Maintainer - Removable - Bilateral, mandibular	0 - 20	No		
D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer - maxillary	0 - 999	No		1 per 1 Lifetime
D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer - mandibular	0 - 999	No		1 per 1 Lifetime
D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer - Per quadrant	0 - 999	No		1 per 1 Lifetime
D1556	Removal Of Fixed Unilateral Space Maintainer - Per quadrant	0 - 999	No		1 per 1 Lifetime
D1557	Removal Of Fixed Bilateral Space Maintainer - maxillary	0 - 999	No		1 per 1 Lifetime
D1558	Removal Of Fixed Bilateral Space Maintainer - mandibular	0 - 999	No		1 per 1 Lifetime
Restorative					
D2140	Amalgam - One Surface, Primary Or Permanent	0 - 999	No		
D2150	Amalgam - Two Surfaces, Primary Or Permanent	0 - 999	No		
D2160	Amalgam - Three Surfaces, Primary Or Permanent	0 - 999	No		
D2161	Amalgam - Four Or More Surfaces, Primary Or Permanent	0 - 999	No		
D2330	Resin-Based Composite - One Surface, Anterior	0 - 999	No		
D2331	Resin-Based Composite - Two Surfaces, Anterior	0 - 999	No		
D2332	Resin-Based Composite - Three Surfaces, Anterior	0 - 999	No		
D2335	Resin-Based Composite - Four Or More Surfaces Or Involving Incisal Angle	0 - 999	No		
D2390	Resin-Based Composite Crown, Anterior	0 - 999	Yes		1 per 5 Years
D2391	Resin-Based Composite - One Surface, Posterior	0 - 999	No		
D2392	Resin-Based Composite - Two Surfaces, Posterior	0 - 999	No		
D2393	Resin-Based Composite - Three Surfaces, Posterior	0 - 999	No		
D2394	Resin-Based Composite - Four Or More Surfaces, Posterior	0 - 999	No		1 per 2 Years
D2710	Crown - Resin-Based Composite (Indirect)	0 - 999	Yes		
D2720	Crown - Resin With High Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2721	Crown - Resin With Predominantly Base Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2722	Crown - Resin With Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2740	Crown - Porcelain/Ceramic	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2750	Crown - Porcelain Fused To High Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	



Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D2751	Crown - Porcelain Fused To Predominantly Base Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2752	Crown - Porcelain Fused To Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2790	Crown - Full Cast High Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2791	Crown - Full Cast Predominantly Base Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2792	Crown - Full Cast Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2910	Re-Cement Or Re-Bond Inlay, Onlay, Veneer Or Partial Coverage Restoration	0 - 999	No		1 per 1 Year
D2920	Re-Cement or Re-Bond Crown	0 - 999	No		1 per 1 Year
D2930	Prefabricated Stainless Steel Crown - Primary Tooth	0 - 20	No		
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	0 - 999	No		
D2932	Prefabricated Resin Crown	0 - 999	No		
D2933	Prefabricated Stainless Steel Crown With Resin Window	0 - 20	No		
D2940	Protective Restoration	0 - 999	No		
D2950	Core Buildup, Including Any Pins When Required	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D2951	Pin Retention - Per Tooth, In Addition To Restoration	0 - 999	No		2 per 1 Year
D2952	Post And Core In Addition To Crown, Indirectly Fabricated	0 - 999	No		
D2954	Prefabricated Post And Core In Addition To Crown	0 - 999	Yes	Narrative of necessity, Post RCT PA (if RCT performed)	
D2980	Crown Repair	0 - 999	Yes	Pre-op x-ray of crown and narrative of medical necessity	
D2999	Unspecified Restorative Procedure, By Report	0 - 999	Yes	Description of procedure and narrative of medical necessity	
Endodontics					
D3110	Pulp Cap - Direct (Excluding Final Restoration)	0 - 999	No		
D3120	Pulp Cap - Indirect (Excluding Final Restoration)	0 - 999	No		
D3220	Therapeutic Pulpotomy	0 - 20	No		
D3221	Pulpal Debridement - Primary And Permanent Teeth	0 - 999	No		
D3222	Partial Pulpotomy For Apexogenesis - Permanent Tooth	0 - 999	No		
D3230	Pulpal Therapy (Resorbable Filling) - Anterior, Primary Tooth	0 - 999	No		
D3240	Pulpal Therapy (Resorbable Filling) - Posterior, Primary Tooth	0 - 999	No		
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	0 - 999	No		1 per 1 Lifetime
D3320	Endodontic Therapy Premolar Tooth (Excluding Final Restoration)	0 - 20	No		1 per 1 Lifetime
D3330	Endodontic Therapy, Molar tooth (Excluding Final Restoration)	0 - 20	No		1 per 1 Lifetime
D3351	Apexification / Recalcification - Initial Visit	0 - 20	No		5 per 1 Lifetime
D3352	Apexification / Recalcification - Interim	0 - 20	No		5 per 1 Lifetime
D3353	Apexification / Recalcification - Final Visit	0 - 20	No		5 per 1 Lifetime



Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D3410	Apicoectomy - Anterior	0 - 20	No	Pre-op x-rays of adjacent teeth and opposing teeth	
		21 - 999	Yes		
D3421	Apicoectomy - Premolar (First Root)	0 - 20	No		
D3425	Apicoectomy - Molar (First Root)	0 - 20	No		
D3426	Apicoectomy - Each Additional Root)	0 - 20	No		
D3430	Retrograde Filling - Per Root	0 - 20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D3450	Root Amputation - Per Root	0 - 20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	0 - 20	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D3999	Unspecified Endodontic Procedure, By Report	0 - 999	Yes	Description of procedure and narrative of medical necessity	
Periodotics					
D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth	0 - 999	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth	0 - 999	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4231	Anatomical Crown Exposure - One To Three Teeth Per Quadrant	0 - 20	Yes	Radiographs, Narrative of Medical Necessity	
D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth	0 - 20	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	1 per 3 Years
D4241	Gingival Flap Procedure, Including Root Planing - One To Three Contiguous Teeth	0 - 20	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	1 per 3 Years
D4260	Osseous Surgery (Including Flap And Closure) - Four Or More Teeth	0 - 20	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	1 per 3 Years
D4261	Osseous Surgery (Including Flap And Closure) - One To Three Teeth	0 - 20	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	1 per 3 Years
D4263	Bone Replacement Graft - First Site In Quadrant	0 - 999	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4264	Bone Replacement Graft - Each Additional Site In Quadrant	0 - 999	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	



Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D4266	Guided Tissue Generation - Resorbable Barrier, Per Site	0 - 999	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4267	Guided Tissue Regeneration	0 - 999	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4270	Pedicle Soft Tissue Graft Procedure	0 - 999	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4273	Autogenous Connective Tissue Graft Proc, First Tooth, Implant Or Tooth Position	0 - 999	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4274	Distal Or Proximal Wedge Procedure	0 - 999	Yes	Pre-op x-rays, perio charting, narrative of medical necessity, photo (optional)	
D4322	Splint - Intra-coronal natural teeth or prosthetic crowns	0 - 999	Yes	Documentation of Medical Necessity	
D4323	Splint - Extra-coronal natural teeth or prosthetic crowns	0 - 999	Yes	Documentation of Medical Necessity	
D4341	Periodontal Scaling And Root Planing - Four Or More Teeth Per Quadrant	0 - 999	No		2 per 1 Year
D4342	Periodontal Scaling And Root Planing - One To Three Teeth Per Quadrant	0 - 999	No		2 per 1 Year
D4346	Scaling in moderate or severe gingival inflammation	0 - 999	Yes	Pre-op xrays or diagnostic quality photos	1 per 2 Years
D4355	Full Mouth Debridement	0 - 999	No		
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle	0 - 999	Yes	Periodontal charting	
D4910	Periodontal Maintenance	0 - 999	Yes	Date of previous periodontal surgical or scaling and root planing with claim	2 per 1 Year
D4999	Unspecified Periodontal Procedure, By Report	0 - 999	Yes	Description of procedure and narrative of medical necessity	
Prosthodontics, Removable					
D5110	Complete Denture - Maxillary	0 - 999	Yes	FMX or panoramic x-rays	1 per 5 Years
D5120	Complete Denture - Mandibular	0 - 999	Yes	FMX or panoramic x-rays	1 per 5 Years
D5130	Immediate Denture - Maxillary	0 - 999	Yes	Narrative of medical necessity with pre authorization	1 per 1 Year
D5140	Immediate Denture - Mandibular	0 - 999	Yes	Narrative of medical necessity with pre authorization	1 per 1 Year
D5211	Maxillary Partial Denture - Resin Base	0 - 999	Yes	FMX or panoramic x-rays	1 per 5 Years



Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D5212	Mandibular Partial Denture - Resin Base	0 - 999	Yes	FMX or panoramic x-rays	1 per 5 Years
D5213	maxillary partial denture - cast metal framework with resin denture bases	0 - 999	Yes	FMX or panoramic x-rays	1 per 5 Years
D5214	mandibular partial denture - cast metal framework with resin denture bases	0 - 999	Yes	FMX or panoramic x-rays	1 per 5 Years
D5410	Adjust Complete Denture - Maxillary	0 - 999	No		
D5411	Adjust Complete Denture - Mandibular	0 - 999	No		
D5421	Adjust Partial Denture - Maxillary	0 - 999	No		
D5422	Adjust Partial Denture - Mandibular	0 - 999	No		
D5511	Repair Broken Complete Denture Base - Mandibular	0 - 999	No		
D5512	Repair Broken Complete Denture Base - Maxillary	0 - 999	No		
D5520	Replace Missing Or Broken Teeth - Complete Denture (Each Tooth)	0 - 999	No		
D5611	Repair Resin Partial Denture Base - Mandibular	0 - 999	No		
D5612	Repair Resin Partial Denture Base - Maxillary	0 - 999	No		
D5621	Repair Cast Partial Framework - Mandibular	0 - 999	No		
D5622	Repair Cast Partial Framework - Maxillary	0 - 999	No		
D5630	Repair Or Replace Broken Retentive / Clasp Materials - Per Tooth	0 - 999	No		
D5640	Replace Broken Teeth - Per Tooth	0 - 999	No		
D5650	Add Tooth To Existing Partial Denture	0 - 999	No		
D5660	Add Clasp To Existing Partial Denture - Per Tooth	0 - 999	No		
D5710	Rebase Complete Maxillary Denture	0 - 999	No		1 per 2 Years
D5711	Rebase Complete Mandibular Denture	0 - 999	No		1 per 2 Years
D5720	Rebase Maxillary Partial Denture	0 - 999	No		1 per 2 Years
D5721	Rebase Mandibular Partial Denture	0 - 999	No		1 per 2 Years
D5730	reline complete maxillary denture (direct)	0 - 999	No		1 per 1 Year
D5731	reline complete mandibular denture (direct)	0 - 999	No		1 per 1 Year
D5740	reline maxillary partial denture (direct)	0 - 999	No		1 per 1 Year
D5741	reline mandibular partial denture (direct)	0 - 999	No		1 per 1 Year
D5750	reline complete maxillary denture (indirect)	0 - 999	No		1 per 1 Year
D5751	reline complete mandibular denture (indirect)	0 - 999	No		1 per 1 Year
D5760	reline maxillary partial denture (indirect)	0 - 999	No		1 per 1 Year
D5761	reline mandibular partial denture (indirect)	0 - 999	No		1 per 1 Year
D5810	Interim Complete Denture (Maxillary)	0 - 999	Yes	FMX or panoramic and narrative of medical necessity	
D5811	Interim Complete Denture (Mandibular)	0 - 999	Yes	FMX or panoramic and narrative of medical necessity	
D5820	interim partial denture (Including retentive clasping materials and teeth) - max	0 - 999	Yes	FMX or panoramic and narrative of medical necessity	
D5821	interim partial denture (Including retentive clasping materials and teeth) - man	0 - 999	Yes	FMX or panoramic and narrative of medical necessity	



Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D5850	Tissue Conditioning, Maxillary	5 - 999	Yes	Narrative of Medical Necessity	
D5862	Precision Attachment, By Report	0 - 999	Yes	Narrative describing type of attachment and the medical necessity	
D5899	Unspecified Removable Prosthodontic Procedure, By Report	0 - 999	Yes	Description of procedure and narrative of medical necessity	
Maxillofacial Prosthetics					
D5999	Unspecified Maxillofacial Prosthesis, By Report	0 - 999	Yes	Description of procedure and narrative of medical necessity	
Prosthodontics, Fixed					
D6210	Pontic - Cast High Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6211	Pontic - Cast Predominantly Base Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6212	Pontic - Cast Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6240	Pontic - Porcelain Fused To High Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6241	Pontic - Porcelain Fused To Predominantly Base Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6242	Pontic - Porcelain Fused To Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6250	Pontic - Resin With High Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6251	Pontic - Resin With Predominantly Base Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6252	Pontic - Resin With Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6720	Retainer Crown - Resin With High Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6721	Retainer Crown - Resin With Predominantly Base Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6722	Retainer Crown - Resin With Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6750	Retainer Crown - Porcelain Fused To High Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6751	Retainer Crown - Porcelain Fused To Predominantly Base Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6752	Retainer Crown - Porcelain Fused To Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6780	Retainer Crown - 3/4 Cast High Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6790	Retainer Crown - Full Cast High Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6791	Retainer Crown - Full Cast Predominantly Base Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	



Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D6792	Retainer Crown - Full Cast Noble Metal	0 - 999	Yes	Pre-op x-rays of adjacent teeth and opposing teeth	
D6999	Unspecified Fixed Prosthodontic Procedure, By Report	0 - 999	Yes	Description of procedure and narrative of medical necessity	
Oral and Maxillofacial Surgery					
D7111	Extraction, Coronal Remnants - Primary Tooth	0 - 999	No		1 per 1 Lifetime
D7140	Extraction, Erupted Tooth Or Exposed Root	0 - 999	No		1 per 1 Lifetime
D7210	Extraction, Erupted Tooth	0 - 999	Yes	Pre-op x-ray with claim and narrative of medical necessity (optional)	1 per 1 Lifetime
D7220	Removal Of Impacted Tooth - Soft Tissue	0 - 999	Yes	Pre-op x-rays (excluding BWX)	1 per 1 Lifetime
D7230	Removal Of Impacted Tooth - Partially Bony	0 - 999	Yes	Pre-op x-rays (excluding BWX)	1 per 1 Lifetime
D7240	Removal Of Impacted Tooth - Completely Bony	0 - 999	Yes	Pre-op x-rays (excluding BWX)	1 per 1 Lifetime
D7241	Removal Of Impacted Tooth - Completely Bony, Unusual Surgical Complications	0 - 999	Yes	Pre-op x-rays (excluding BWX)	1 per 1 Lifetime
D7250	Removal Of Residual Tooth (Cutting Procedure)	0 - 999	Yes	Pre-op x-rays (excluding BWX)	1 per 1 Lifetime
D7260	Oroantral Fistula Closure	0 - 999	Yes	An oroantral fistula will not heal spontaneously and must be surgically repaired	
D7261	Primary Closure Of Sinus Perforation	0 - 999	Yes	An oroantral fistula will not heal spontaneously and must be surgically repaired	
D7270	Reimplantation And/Or Stabilization Of Accidentally Evulsed / Displaced Tooth	0 - 999	Yes	Documentation describes accident and / or medical necessity	
D7280	Exposure of an Unerupted Tooth	0 - 999	Yes	When a normally developing permanent tooth is unable to erupt into a functional position	1 per 1 Lifetime
D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	0 - 999	No		1 per 1 Lifetime
D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	0 - 999	No		
D7286	Incisional Biopsy Of Oral Tissue - Soft	0 - 999	No		
D7290	Surgical Repositioning Of Teeth	0 - 999	No		
D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth	0 - 999	Yes	Narrative of necessity, panoramic x-ray	
D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth	0 - 999	Yes	Narrative of necessity, panoramic x-ray	
D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	0 - 999	Yes	Narrative of necessity, panoramic x-ray	
D7350	Vesibuloplasty - Ridge Extension (Including Soft Tissue Grafts)	0 - 999	Yes	Narrative of necessity, panoramic x-ray	
D7410	Excision Of Benign Lesion Up To 1.25 Cm	0 - 999	No		



Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	0 - 999	No		
D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	0 - 999	No		
D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	0 - 999	No		
D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	0 - 999	No		
D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Up To 1.25 Cm	0 - 999	No		
D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Dia Greater Than 1.25 Cm	0 - 999	No		
D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	0 - 999	No		
D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	0 - 999	No		
D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	0 - 999	No		
D7530	Removal Of Foreign Body From Mucosa	0 - 999	No		
D7540	Removal Of Reaction Producing Foreign Bodies	0 - 999	No		
D7550	Partial Osteotomy/Sequestrectomy For Removal Of Non-Vital Bone	0 - 999	No		
D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	0 - 999	No		
D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	0 - 999	No		
D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	0 - 999	No		
D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical	0 - 999	No		
D7710	Maxilla - Open Reduction	0 - 999	No		
D7730	Mandible - Open Reduction	0 - 999	No		
D7740	Mandible - Closed Reduction	0 - 999	No		
D7770	Alveolus - Open Reduction Stabilization Of Teeth	0 - 999	No		
D7910	Suture Of Recent Small Wounds Up To 5 Cm	0 - 999	No		
D7911	Complicated Suture - Up To 5 Cm	0 - 999	No		
D7912	Complicated Suture - Greater Than 5 Cm	0 - 999	No		
D7961	buccal / labial frenectomy (frenulectomy)	0 - 999	No		
D7962	lingual frenectomy (frenulectomy)	0 - 999	No		
D7970	Excision Of Hyperplastic Tissue - Per Arch	0 - 999	Yes	Narrative of necessity, panoramic x-ray	
D7971	Excision Of Pericoronal Gingiva	0 - 999	Yes	Narrative of necessity, panoramic x-ray	
D7979	Non-Surgical Sialolithotomy	0 - 999	No		1 per 1 Lifetime
D7998	Intraoral Placement Of A Fixation Device	0 - 999	Yes		
Orthodontics					
D8010	Limited Orthodontic Treatment Of The Primary Dentition	0 - 20	Yes	RI HLD scoresheet, panoramic/FMX, ceph x-rays, diagnostic quality photos	
D8020	Limited Orthodontic Treatment Of The Transitional Dentition	0 - 20	Yes	RI HLD scoresheet, panoramic/FMX, ceph x-rays, diagnostic quality photos	



Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D8030	Limited Orthodontic Treatment Of The Adolescent Dentition	0 - 20	Yes	RI HLD scoresheet, panoramic/FMX, cephalometric x-rays, diagnostic quality photos	
D8040	Limited Orthodontic Treatment Of The Adult Dentition	0 - 999	Yes	RI HLD scoresheet, panoramic/FMX, cephalometric x-rays, diagnostic quality photos	
D8050	Interceptive Orthodontic Treatment Of The Primary Dentition	0 - 20	Yes	RI HLD scoresheet, panoramic/FMX, cephalometric x-rays, diagnostic quality photos	
D8060	Interceptive Orthodontic Treatment Of The Transitional Dentition	0 - 20	Yes	RI HLD scoresheet, panoramic/FMX, cephalometric x-rays, diagnostic quality photos	
D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	0 - 20	Yes	RI HLD scoresheet, panoramic/FMX, cephalometric x-rays, diagnostic quality photos	
D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	0 - 20	Yes	RI HLD scoresheet, panoramic/FMX, cephalometric x-rays, diagnostic quality photos	
D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	21 - 999	Yes	Narrative of medical necessity with pre authorization	1 per 1 Lifetime
D8210	Removable Appliance Therapy	0 - 20	Yes	Narrative of medical necessity, panoramic of full mouth x-rays, photos	
D8220	Fixed Appliance Therapy	0 - 20	Yes	Narrative of medical necessity, panoramic of full mouth x-rays, photos	
D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	0 - 20	No		
D8670	Periodic Orthodontic Treatment Visit	0 - 20	No		23 per 1 Lifetime
D8680	Orthodontic Retention (Removal Of Appliances, Place Retainers)	0 - 20	No		
D8695	Removal Of Fixed Orthodontic Appliances	12 - 20	No		1 per 1 Lifetime
D8999	Unspecified Orthodontic Procedure, By Report	0 - 999	Yes		
Adjunctive General Services					
D9110	Palliative (Emergency) Treatment Of Dental Pain - Minor Procedure	0 - 999	No		
D9212	Trigeminal Division Block Anesthesia	0 - 999	No		
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	0 - 999	No		
D9223	Deep Sedation / General Anesthesia - Each subsequent 15 Minute Increment	0 - 999	Yes	Narrative of medical necessity with pre authorization	
D9230	Inhalation Of Nitrous/Analgesia, Anxiolysis	0 - 999	No		
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	0 - 999	No		



Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute	0 - 999	No		
D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician	0 - 999	No		
D9410	House/Extended Care Facility Call	0 - 999	No		
D9420	Hospital Or Ambulatory Surgical Center Call	0 - 999	No		
D9430	Office Visit For Observation (During Regularly Scheduled Hours)	0 - 999	No		
D9450	Case Presentation, Detailed And Extensive Treatment Planning	0 - 999	No		
D9610	Therapeutic Parenteral Drug, Single Administration	0 - 999	Yes	Description of drugs and parental administration with pre authorization	
D9612	Therapeutic Parenteral Drugs, Two Or More Administrations	0 - 999	No		
D9920	Behavior Management, By Report	0 - 999	No		4 per 1 Days
D9930	Treatment Of Complications (Post Surgical) - Unusual Circumstances, By Report	0 - 999	No		
D9944	Occlusal Guard-hard appliance, full arch	0 - 20	Yes	Narrative of medical necessity	
D9945	Occlusal Guard-soft appliance, full arch	0 - 20	Yes	Narrative of medical necessity	
D9946	Occlusal Guard-hard appliance, partial arch	0 - 20	Yes	Narrative of medical necessity	
D9950	Occlusion Analysis - Mounted Case	0 - 999	No		1 per 5 Years
D9951	Occlusal Adjustment - Limited	0 - 999	No		
D9952	Occlusal Adjustment - Complete	0 - 999	No		
D9992	Dental Case Management - Care Coordinator	0 - 999	No		1 per 1 Days

Requesting a prior authorization

Complete a standard ADA claim form (2019 or later) and check the box marked “Pre-Treatment ESTIMATE.” Mail the form to the below address, along with any required supplemental information (films, narrative, perio-charting, etc). Your office will then receive an Explanation of Benefits (EOB) outlining the denial or approval of requested treatment and plan payment amounts when applicable.

Submit Prior Authorizations by mail to:

UnitedHealthcare Dental RIte Smiles
PO Box 1274
Milwaukee, WI 53201

Submit online to: UHCdental.com/medicaid

Orthodontic prior authorization requests

Correctly submitting prior authorization requests when treating Rhode Island RIte Smiles Medicaid Orthodontic members can help speed up the approval process. This enables you to minimize patients’ wait time and improve their experience by meeting the required criteria.

Required materials with your submission:

- A completed American Dental Association® claim form
- A completed Severe Malocclusion Treatment Request Form



- Handicapping labio-lingual deviation (HLD) index diagnostic score sheet
- Cephalometric film, lips together, including tracing
- Photographs
- A digital panoramic image

Be sure to clearly label all documents, radiographs and photographs with the patient's name, date and the name of the dental professional requesting the treatment.

- You may support your requests for treating handicapping malocclusion by submitting:
 - A minimum score of 26 or an indication of an automatic qualifier on the HLD index
 - Clinical records that validate the HLD index score

A board-qualified orthodontic consultant will review the HLD index. RItE Smiles benefits for code D8670 is limited to 23 visits in the member's lifetime.

The patient must be eligible for benefits when the services are deemed incurred.

When submitting for payment, please include the approved EOB from any additional payors, including the actual dates(s) of service treatment was rendered.

Transition of care (Orthodontia):

1. Situations in which the Orthodontic care of an eligible RItE Smiles member is transferred from one UnitedHealthcare Dental RItE Smiles provider to another UnitedHealthcare Dental RItE Smiles provider (in which there is record of the approval of the original orthodontic treatment), prior authorization issued to a UnitedHealthcare provider for orthodontic services is not transferable to another UnitedHealthcare provider. The new provider must request a new prior authorization to complete the treatment initiated by the original provider. The new provider must obtain his/her own records, which must be submitted with the request for transfer of services. The new provider will only be paid their case fee minus what was paid to the previous provider.

Documentation submission requirements:

- a. All the documentation that is required for the original request
 - b. ADA 2019 or newer claim form with procedure code D8999 and the number of remaining visits (D8670) needing to be rendered. (D8999 is set up as the CDT intent, "unspecified ortho procedure, with document requirements of: Description of procedure and narrative of medical necessity").
 - c. The reason the member left the previous provider and a Narrative noting the treatment status.
2. If an eligible RItE Smiles member was banded under a Medicaid program (outside of RI or a dental program outside of United States) the new provider must request a new prior authorization to complete the treatment initiated by the original provider. The new provider must obtain his/her own records, which must be submitted with a request for transfer of services.

Documentation submission requirements:

- a. All the documentation that is required for the original request (if available),
- b. ADA 2019 or newer claim form with procedure code D8999 and the number of remaining visits (D8670) needing to be rendered.
- c. The reason the client left the previous provider and a Narrative noting the treatment status.
- d. A provider and/or member must attempt to obtain prior treatment history/records. If obtaining prior treatment history/records is not possible, a new provider must document attempts to retrieve prior treatment information.



Coordination of care (Orthodontia) :

1. If an eligible RIte Smiles member was banded under another RI Medicaid program and has now enrolled into UnitedHealthcare Dental the provider (or member) must submit for Continuation of Care to the UnitedHealthcare Appeals P.O. Box before submitting claims for code D8670*. Cases banded longer than 36 months and/or cases where D8670 has paid to the lifetime maximum of 23 exam visits will not be approved

Documentation Submission requirements:

- a. Completed 2019 (or greater) ADA claim form with code D8999.
 - b. Copy of original approval from prior Medicaid Vendor.
 - c. Copy of EOB/remit showing paid banding (D8080).
2. If an eligible RIte Smiles member has self-pay or covered by commercial insurance, a request for continuation of care will be denied.
 3. If an eligible RIte Smiles member was previously self-pay or commercially covered, the new provider should submit all original records (if available) and a submit a PA request for a new D8080. The case will be reviewed (as if the treatment had never been started) to determine if the request documentation meets the state guidelines for approval. UnitedHealthcare Dental providers, physicians and behavioral health clinicians have the obligation to coordinate care of mutual patients in accordance with state and federal confidentiality laws and regulations. This includes but is not limited to: obtaining appropriate releases to share clinical information; making referrals for social, vocational, education or human services when a need is identified through assessment; notifying each other of prescribed medications; and being available for consultation when necessary. Contact UnitedHealthcare Dental provider services for additional information.
 4. A provider and/or member must attempt to obtain prior treatment history/records. If obtaining prior treatment history/records is not possible, a new provider must document attempts to retrieve prior treatment information.

Peer to Peer Request prior to Appeal

The attending dentist may ask to speak on the telephone with a licensed dental consultant regarding an adverse determination, on a peer-to-peer basis. Call Provider Service to request a Peer to Peer discussion 1-800-822-5302.

If additional information can be provided to the dental consultant, a reversal of the adverse determination can be considered.

If a peer-to-peer conversation does not result in redetermination the provider and member have the right to initiate an appeal.

Appeals process

UnitedHealthcare Dental – RIte Smiles
Attn: Appeals Dept.
P.O. Box 170
Milwaukee, WI 53201

Effective September 1, 2021, UnitedHealthcare Dental implemented a Medical Access Assistance Program to support RIte Smiles providers when Rhode Island medical facilities have informed providers of limited operating room availability, and a RIte Smiles member is unable to receive necessary dental treatment.



A RItE Smiles Medical Access Request form can be used to request scheduling assistance on behalf of an eligible RItE Smiles patient in need of medically necessary dental treatment that must be performed in a Rhode Island medical facility and only when scheduling attempts have been unsuccessful.

The UnitedHealthcare RItE Smiles Medical Access Request form is available for download at UHCdental.com/medicaid under State specific alerts and resources.

Dental Hub

You can register or sign in to the Dental Hub directly from UHCdental.com/medicaid. The Dental Hub is the provider portal for participating dentists serving our Medicaid members. It offers digital tools such as eligibility verification, benefit information, claim submission and status, remittance details, and more. After selecting Dental Hub sign in, click More sign in options and select Sign in with UnitedHealthcare. Then create or enter your One Healthcare ID to access both UnitedHealthcare and the Dental Hub provider portals.

To register for the Dental Hub, you will need a W_9 and either a recently paid claim or the registration code included in your UnitedHealthcare Welcome Letter. You can also [join a free webinar or review the Quick Start Guide](#) to learn how to register and navigate the Dental Hub.

Tip: Create your One Healthcare ID (OHID) by signing in to UnitedHealthcare first, then set up your Dental Hub account. Once both accounts are created, use your OHID as a single login for both UnitedHealthcare and the Dental Hub.





**Dental Benefit
Providers**