

2024 Provider Manual updates

UnitedHealthcare Community Plan of Ohio Medicaid 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 Ohio Medicaid Provider Manual for complete details related to the updates listed here.

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

November 1, 2024 Updates summary

Section 6.5 Addressing the opioid epidemic

Updated hyperlink to CDC guidelines for opioid prevention and overdose

Section 9.5 Overpayment

· Deleted "e.g., ACC, DD, ALTCS, EPD" from member identification bullet

Appendix B.4 Required documentation/additional criteria benefit grid

- Added codes D0396, D1301, D2976, D2989, D2991, D6089, D7284, D9954, D9955
- Updated Age limit for codes D5211, D5212
- Updated Frequency limit for codes D2951, D2991, D8680
- Updated Auth requirement for code D2951
- Updated Required documentation for code D8680
- Deleted codes D1705, D1706, D1781, D1782, D1783

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 Provider Online Academy portal access to UHCdental.com



Dental Benefit Providers

Section 2.5 Provider Portal / Dental Hub

· Updated provider portal to UHCdental.com/medicaid

Section B.5 Orthodontic Treatment

 Updated location where HDL Form can be found to UHCdental.com/medicaid under State specific alerts and resources

August 1, 2024 Updates summary

Appendix A Resources and services – how we help you

- Updated Payer ID to OHMD3
- Updated claim appeals submission guideline to within 60 days

Appendix B.4 Required documentation/additional criteria benefit grid

Updated Required documentation for code D8680 to "Diagnostic quality photos"

Appendix B.5 Orthodontic Treatment

Updated Payer ID to OHMD3

June 1, 2024 Updates summary

Appendix B.4 Required documentation/additional criteria benefit grid

Updated age limit for code D0330

Appendix B.5 Orthodontic Treatment

- Added Orthodontic Continuity of Care (COC) section
- · Added Periodic Treatment Visits section

Appendix D Member rights and responsibilities

Updated hyperlink to UnitedHealthcare Senior Care Options Evidence of Coverage 2024



Dental Benefit Providers