

UnitedHealthcare Rhode Island RItE Smiles Medicaid Dental Public Health Dental Hygienist (PHDH) Quick Reference Guide

Effective: April 1, 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

Submit corrected claims to:

UnitedHealthcare Dental RItE Smiles
PO Box 481
Milwaukee, WI 53201

EDI Payer ID

GP133

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.



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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

 Plan ID (80840) 911-52133-05 Member ID: 100000171 Member: CINCERE RSM_LAST 0502	 Dental Care for Kids Group Number: D99999 DENTAL IDENTIFICATION CARD Payer ID GP133 Product ID SD100027 Operated by Dental Benefit Providers, Inc.	Printed 02/02/18 Provider should verify eligibility before providing treatment. To verify benefits, view claims or find a provider, visit the web site or call. For Members: www.uhc.com/ritesmiles 866-375-3257 24-Hours a Day for Urgent or Emergent Care Call Your Dentist or Member Services at 866-375-3257. For Providers: www.uhcproviders.com 877-378-5303 Mail Claims: Rite Smiles, PO Box 138, Milwaukee, WI 53201
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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**).

Licensed Public Health Dental Hygienists (PHDH)

Rhode Island established a pathway for licensed Public Health Dental Hygienists (PHDH) to independently credential and bill Medicaid using their own tax ID number (TIN). This allows PHDHs to perform delegated hygiene procedures in approved public health settings without the immediate or direct supervision of a dentist, provided there is a formal collaborative agreement in place. This regulation supports the expansion of preventive oral health services in public health settings, as identified under R.I. Gen. Laws § 5-31.1-39*.

Eligibility criteria for independent PHDH credentialing

To enroll as an independently credentialed provider with a unique TIN, PHDHs must:

- **Hold an active Rhode Island PHDH license**
- **Complete Medicaid enrollment as a provider**
 - Enrollment is completed through riproviderportal.org allowing the PHDH to bill Medicaid directly under their own credentials
- **Establish a collaborative agreement**
 - A written collaborative agreement is required between the PHDH and a Rhode Island-licensed Medicaid-enrolled dentist. This agreement must:
 - Be formal and signed by both parties
 - Outline delegated services
 - Comply with standards established by the Rhode Island Board of Examiners in Dentistry
 - Permit the PHDH to perform services in public health settings without direct supervision

*<https://webserver.rilegislature.gov/statutes/title5/5-31.1/5-31.1-39.htm>



- **Complete credentialing and contracting requirements**

- Complete a Dental Benefit Providers contract
- Complete initial credentialing through Skygen
- Submit a W-9, TIN and all federally required disclosures
- Complete revalidation for Medicaid enrollment every 5 years

- **Maintain practice within allowed public health settings**

- These may include, but are not limited to:
 - Community health centers
 - Nursing homes
 - Schools
 - Head Start programs
 - Hospitals
 - Public health clinics
 - Additional sites approved by the Department of Health

For questions regarding enrollment, credentialing, claims, or participation requirements, please contact Provider Services at **1-877-378-5303**.

Benefit coverage, limitations, and requirements

The following Benefit Grid contains all covered dental procedures for PHDH and is intended to align to all State and Federal regulatory requirements. Therefore, this Grid is subject to change.

Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
D0210	Intraoral - Comprehensive 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		
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
D0330	Panoramic Radiographic Image	0-999	No		1 per 4 Years
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	0-999	No		1 per 5 Years
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
D2940	Placement of interim direct restoration protective restoration	0-999	No		



Code	Description	Age Limit	Prior Auth Req.	Required Documentation	Limits
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	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity	1 per 2 Years
D4355	Full Mouth Debridement To Enable Comprehensive Periodontal Evaluation And Diagno	0-999	No		
D4381	Localized Delivery Of Antimicrobial Agents Via A Controlled Release Vehicle	0-999	Yes	Current x-rays, Complete 6 point periodontal charting, Narrative of necessity	
D4910	Periodontal Maintenance	0-999	Yes	Date of previous periodontal surgical or scaling and root planing with claim	2 per 6 Months
D9410	House/Extended Care Facility Call	0-999	No		

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

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.





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