

PPO Fee Schedule Enhancement

(available for network providers only)

Register or login to UHCdental.com and follow the step-by-step instructions below:

UnitedHealthcare Dashboard Search FAQ Join Our Network Claim Information Resources

Eligibility Search

Search By: Subscriber ID Name

*Service Date: *Member Date of Birth:

*Subscriber ID:

*Search For: Individual Family

* Indicates a required field.

Recent Claims

Subscriber ID	Amount Claimed	Claim Status	View
XXXXX5505	\$ 2028.00	Processed	EOB/Details
XXXXX5498	\$ 35.00	Processed	EOB/Details
XXXXX1M2	\$ 928.65	Processed	EOB/Details
XXXXX4455	\$ 126.00	Processed	EOB/Details

Message Board

UnitedHealthcare Dental is partnering with Optum® Electronic Payments and Statements (EPS) to deliver payment and reconciliation processes that are 5-7 days faster than paper checks. [Learn More.](#)

DHMO / DC Member Copayment Schedules:
[The most current DHMO / DC Member](#)

Contact Us

Provider Services: 1-800-622-5353
Electronic Payer ID: 521337971

Claims Submission Address: United Healthcare Dental Claims Unit, P.O. Box 30567, Salt Lake City, UT 84130-0567

Quick Links

- [Provider Self Service](#)
- [User Profile Updates](#)
- [Electronic Payments and Statements](#)
- [DHMO / DC Member Copayment Schedules](#)
- [Join Our Network](#)
- [Provider Resources](#)

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Eligibility Summary

Select Member

Additional Links: [Start a New Search](#), [Provider Search](#), [FAQ](#), [Contact Us](#)

Member Information

Name: [REDACTED] Spoken: [REDACTED] Language Assistance: No
Relationship: SUBSCRIBER/INSURED Written: [REDACTED]

Plan Information

Subscriber ID	Plan Description	Product ID	Eligible	Effective Date	End Date	Eligibility Through Date	Essential Health Benefit	Transaction Type
XXXXX8859	UnitedHealthcare Dental Options	D0000041	Y	05/01/2016			N	Select Transaction Select Transaction Benefit Details Utilization History Provider Search Procedure Code Pricing Fee Schedule

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Fee Schedule

Select Member

Additional Links

- [Start a New Search](#)
- [Utilization History](#)
- [Provider Search](#)
- [FAQ](#)
- [Contact Us](#)

Member Information

Name: [Redacted] Option: UnitedHealthcare Dental Options
Relationship: [Redacted] ID: D0000041

Select Dentist & Fee Schedule *Indicates a required field

- 1 Provide a date of service
- 2 Select a Dentist
- 3 View Fee Schedule

***Date of Service:** 09/10/2019 **CONTINUE**

***Select Dentist:** Note: Only providers who are participating in the network will be displayed.

Select	Last Name	First Name	Primary Address
<input type="radio"/>	[Redacted]	[Redacted]	[Redacted]
<input type="radio"/>	[Redacted]	[Redacted]	[Redacted]
<input type="radio"/>	[Redacted]	[Redacted]	[Redacted]

VIEW FEE SCHEDULE

Follow these easy steps to quickly view your fee schedule

UnitedHealthcare Dashboard Search FAQ Join Our Network Claim Information Resources

Fee Schedule

Selected Member

Additional Links

- [Start a New Search](#)
- [Procedure Code Pricing](#)
- [Utilization History](#)
- [Provider Search](#)
- [FAQ](#)
- [Contact Us](#)

Select Benefit Option

Select from one of these two options

Fee schedule applies to current date only.

- Covered Benefits Only - (Recommended)**
Fee schedule will only display dental procedure codes that are covered by the plan.
- All Benefits**
Fee schedule will contain all dental procedures codes. Due to the number of codes this fee schedule will take longer to display.

BACK SUBMIT

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Select Member

Additional Links

[Start a New Search](#)

[Procedure Code Pricing](#)

[Utilization History](#)

[Provider Search](#)

[FAQ](#)

[Contact Us](#)

View full fee schedule

Member Information:

Name: [REDACTED]
Product ID: D0000041

Practitioner Information:

Name: [REDACTED]
Practitioner ID: [REDACTED]
Address: [REDACTED]

Agreement Number: [REDACTED]
Network ID: PPO00000001
Network Name: PPO Standard
Network -
National

Unless required by applicable law, verification of benefits or eligibility is not an authorization or guarantee of payment. Payment can only be made after the claim has been received and reviewed in regards to eligibility, benefits, dental necessity, outstanding deductibles and maximums as well as other plan limitations and or exclusions. If differences exist between the information displayed here and your Certificate of Coverage, the Certificate will govern. All terms and conditions are subject to applicable state and federal laws.

Please refer to the last page of the fee schedule for important footnotes if applicable to your plan.

[BACK](#)

Utilization

Procedure Code	Dental Procedure Description	Total Compensation
DIAGNOSTIC		
D0120	periodic oral evaluation	22.00
D0140	limited oral evaluation - problem focused	65.00
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	26.00
D0150	comprehensive oral evaluation - new or established patient	31.00
D0160	detailed and extensive oral evaluation - problem-focused, by report	65.00
D0170	re-evaluation, limited, problem focused	28.00
D0180	comprehensive periodontal evaluation - new or established patient	28.00
D0210	intraoral - complete series of radiographic images	70.00
D0220	intraoral - periapical first radiographic image	17.00
D0230	intraoral - periapical each additional radiographic image	9.00
D0240	intraoral - occlusal radiographic image	18.00
D0250	extraoral - 2D projection radiographic image created using a stationary radiation source and detector	27.00
D0251	extra-oral posterior dental radiographic image	27.00
D0270	bitewing - single radiographic image	11.00