



2024 Provider Manual updates

UnitedHealthcare Connected for MyCare Ohio Provider Manual

This document provides a summary of key updates made to the provider manual throughout the year. Please refer to the UnitedHealthcare Connected for MyCare Ohio 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 (MMP benefit grid 18-20)

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

Appendix B.4 Required documentation/additional criteria benefit grid (MMP benefit grid)

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

October 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

Appendix A Resources and services – how we help you

- Updated Claim Appeals Submission guidelines to within 60 days

September 1, 2024 Updates summary

Appendix B.4 Required documentation/additional criteria benefit grid (MMP benefit grid 18-20)

- Updated Required documentation to code D8680

June 1, 2024 Updates summary

Appendix A Resources and services – how we help you

- Updated Member benefit appeal address and phone number

Appendix B.4 Required documentation/additional criteria benefit grid (MMP benefit grid)

- Added code D0330

Appendix B.5 Orthodontic Treatment

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



**Dental Benefit
Providers**