United Healthcare | Dental Benefit Providers

UnitedHealthcare Dental

Policy Update Bulletin: December 2025

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Policy Title	Effective Date	Summary of Changes
Dental Implant Placement and Treatment of Peri-Implant Defects/ Disease	Jan. 1, 2026	**Applicable Codes** • Updated list of applicable CDT codes to reflect annual edits; added D6049 **Supporting Information** • Updated *References* section to reflect the most current information
Dental Implant Supported Prostheses	Jan. 1, 2026	**Definitions** • Updated definition of "Osseointegration" **Applicable Codes** • Updated list of applicable CDT codes to reflect annual edits; added D6196 and D6280 **Supporting Information** • Updated *References* section to reflect the most current information

Revised

Policy Title	Effective Date	Summary of Changes	Coverage Rationale

Salivary Testing	Jan. 1, 2026	**Coverage Rationale**
		Assessment of Salivary Flow by Measurement
		• Replaced language stating "assessment of salivary flow by measurement may be indicated for systemic disease known to cause xerostomia" with "assessment of salivary flow by measurement may be indicated *for the presence of* systemic disease known to cause xerostomia"
		Applicable Codes
		• Updated list of applicable CDT codes to reflect annual edits:
		  ○ Added D0426
		  ○ Revised description for D0417 and D0418
		Supporting Information
		• Updated *Description of Services*, *FDA*, and *References* sections to reflect the most current information
			Collection, Preparation, and Analysis of Saliva Sample for Laboratory or Point-of-Care Diagnostic Testing
			Collection, preparation, and analysis of saliva sample for laboratory diagnostic testing may be indicated for the following:
			• As part of oral disease Risk Assessment and subsequent management
			• The identification of biomarkers associated with oral cancers
			
			Assessment of Salivary Flow by Measurement
			Assessment of salivary flow by measurement may be indicated for the following:
			• The presence of systemic disease known to cause xerostomia (e.g., Sjögren's syndrome, diabetes, autoimmune disorders)
			• Polypharmacy
			• Radiation therapy to the head and neck
			• To monitor the effectiveness of Sialagogues

Review Guideline Updates

Revised

Policy Title	Effective Date	Summary of Changes
National Standardized Dental Claim Review Guidelines (for Commercial Only)	Jan. 1, 2026	**Documentation Requirements** • Revised list of applicable CDT codes: ***Preventive*** Other Preventive Services ○ Removed D1352* ***Periodontics*** Surgical Services (Including Usual Postoperative Care) ○ Added documentation requirements for D4265 ***Removable Prosthodontics*** Other Removable Prosthetic Services ○ Revised description for D5863, D5864, D5865, D5866, and D5876* ***Implants*** Surgical Services ○ Added D6049* Other Implant Services ○ Added D6280* ○ Revised documentation requirements for D6080 ***Oral and Maxillofacial Surgery*** Other Repair Procedures ○ Updated list of related policies for D7953: ▪ Added reference link to the Dental Clinical Policy titled *Bone Replacement Grafts – Dental Clinical Policy* ▪ Removed reference link to the Dental Clinical Policy titled *Oral Surgery: Miscellaneous Surgical Procedures* ***Adjunctive General Services*** Anesthesia ○ Added D9224*, D9225*, D9244*, D9245*, D9246*, and D9247* ○ Removed D9248* ○ Revised description for D9222*, D9223*, D9230*, D9239*, and D9243* *(*annual edit)*
National Standardized Dental Claim Review Guidelines (for Medicare Only)	Jan. 1, 2026	**Title Change** • Previously titled *National Standardized Dental Claim Review Guidelines (for Medicare Plans Only)* **Instructions for Use** • Replaced language stating: ○ "This Dental Claim Review Guideline includes only the CDT codes that are within the scope of the United Healthcare Medicare Dental Plan, with related links to the policies and coverage guidelines approved by the

Review Guideline Updates

Revised

Policy Title	Effective Date	Summary of Changes
National Standardized Dental Claim Review Guidelines (for Medicare Only) (continued)	Jan. 1, 2026	Dental Clinical Policy and Technology Committee" with "this Dental Claim Review Guideline includes only the CDT codes that are within the scope of the United Healthcare *Standard* Medicare Dental Plan, with related links to the policies and coverage guidelines approved by the Dental Clinical Policy and Technology Committee" ○ "Plan coverage, exclusions, or limitations of the member's specific Medicare Advantage, Special Needs Plan, or Medicare-Medicaid combination product will supersede these criteria; refer to the certificate of coverage for a list of covered services" with "plan coverage, exclusions, limitations, *or documentation requirements* of the member's specific Medicare Advantage, Special Needs Plan, or Medicare-Medicaid combination product will supersede these criteria; refer to the certificate of coverage for a list of covered services" **Documentation Requirements** • Revised list of applicable CDT codes: ***Diagnostic*** Tests and Examinations ○ Added D0426* and D0461* ***Preventive*** Other Preventive Services ○ Removed D1352* ***Restorative*** Resin-Based Composite Restorations – Direct ○ Added D2393 and D2394 Gold Foil Restorations ○ Added D2410, D2420, and D2430 ***Removable Prosthodontics*** Other Removable Prosthetic Services ○ Revised description for D5863, D5864, D5865, D5866, and D5876* ***Maxillofacial Prosthetics*** ○ Added D5914 ○ Revised description for D5982 ***Fixed Prosthodontics*** Other Fixed Partial Denture Services ○ Added D6940 and D6950 ***Oral and Maxillofacial Surgery*** Other Repair Procedures ○ Added D7920, D7921, D7922, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7951, D7952, and D7955

Review Guideline Updates

Revised		
Policy Title	**Effective Date**	**Summary of Changes**
National Standardized Dental Claim Review Guidelines (for Medicare Only) (continued)	Jan. 1, 2026	***Adjunctive General Services*** Anesthesia ○ Added D9224*, D9225*, D9244*, D9245*, D9246*, and D9247* ○ Removed D9248 ○ Revised description for D9222*, D9223*, D9230*, D9239*, and D9243* *(*annual edit)*

General Information

The inclusion of a health service (e.g., test, drug, device, or procedure) in this bulletin indicates only that UnitedHealthcare is adopting a new policy and/or updated, revised, replaced, or retired an existing policy; it does not imply that UnitedHealthcare provides coverage for the health service. Note that most benefit plan documents exclude from benefit coverage health services identified as investigational or unproven/not medically necessary. Physicians and other health care professionals may not seek or collect payment from a member for services not covered by the applicable benefit plan unless first obtaining the member's written consent, acknowledging that the service is not covered by the benefit plan and that they will be billed directly for the service.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements. Additionally, UnitedHealthcare reserves the right to review the clinical evidence supporting the safety and effectiveness of a medical technology prior to rendering a coverage determination.

UnitedHealthcare respects the expertise of the physicians, health care professionals, and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Dental Policy Update Bulletin was developed to share important information regarding changes to our Dental Clinical Policies and Review Guidelines. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

Policy Update Classifications

New

New clinical coverage criteria have been adopted for a health service (e.g., test, drug, device, or procedure)

Updated

An existing policy has been reviewed and changes have not been made to the clinical coverage criteria; however, items such as the clinical evidence, FDA information, and/or list(s) of applicable codes may have been updated

Revised

An existing policy has been reviewed and revisions have been made to the clinical coverage criteria

Replaced

An existing policy has been replaced with a new or different policy

Retired

The health service(s) addressed in the policy are no longer being managed or are considered to be proven/medically necessary and are therefore not excluded as unproven/not medically necessary services, unless coverage guidelines or criteria are otherwise documented in another policy

The complete library of UnitedHealthcare Dental Clinical Policies and Review Guidelines is available at **UHCprovider.com/policies** > Dental Clinical Policies and Coverage Guidelines.