

UnitedHealthcare Dental **Policy Update Bulletin: May 2021**

This bulletin summarizes the recent updates to UnitedHealthcare’s Dental Clinical Policies, Coverage Guidelines, and Utilization Review Guidelines. Click the document title in the table below to view a complete copy of a new, updated, or revised policy.

Updated			
Policy Title	Policy Type	Effective Date	Summary of Changes
Miscellaneous Diagnostic Procedures	Clinical Policy	Jun. 1, 2021	Applicable Codes <ul style="list-style-type: none"> Updated list of applicable CDT codes; added D0606
Revised			
Policy Title	Policy Type	Effective Date	Summary of Changes
Removable Prosthodontics	Coverage Guideline	Jun. 1, 2021	Coverage Rationale <i>Complete and Partial Dentures</i> <ul style="list-style-type: none"> Replaced language indicating “partial dentures are not indicated for members with chronic poor oral hygiene” with “partial dentures are not indicated for members with chronic poor oral hygiene <i>or abutment teeth that are in poor condition due to periodontal disease or extensive caries</i>” <i>Maxillofacial Prosthetics</i> <ul style="list-style-type: none"> Removed language pertaining to maxillofacial prosthetics Definitions <ul style="list-style-type: none"> Removed definition of “Dental Prosthesis” Supporting Information <ul style="list-style-type: none"> Updated <i>Description of Services</i> and <i>References</i> sections to reflect the most current information

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 UnitedHealthcare Dental Clinical Policy, Coverage Guideline, and Utilization Review Guideline updates. 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 & Coverage Guidelines is available at UHCprovider.com > Policies and Protocols > [Dental Clinical Policies and Coverage Guidelines](#).