

Claims Clarification: Dental Procedures Completed in a Medical Facility



UnitedHealthcare Community Plan in Texas is sharing this information from the Texas Health and Human Services Commission so you know what's required when dentists complete **dental procedures in a medical facility**.

Sometimes, after a dental evaluation, dentists determine that dental procedures need to be completed in a medical facility. When this happens, the dentist must get dental prior authorization before the procedure is performed, and the dentist or the facility must also get medical prior authorization for the use of the medical facility and anesthesia.

Requesting Dental Prior Authorization

Dental providers can request dental prior authorization online or by mail. To request dental prior authorization online, log in to the [UnitedHealthcare Community and State Dental Provider Services web portal](#).

To mail a dental prior authorization request, dentists must complete an ADA claim form, from 2012 or later, and select the "Request for Predetermination" box at the top of the form. Please send the completed form to:

UHC Texas STAR+PLUS
Attn: Dental Prior Authorizations
P.O. Box 1511
Milwaukee, WI 53201

Requesting Medical Prior Authorization

The dental provider or the facility can request medical prior authorization for the use of the facility and anesthesia by faxing **877-940-1972** or by calling **866-604-3267**.

When requesting prior authorization by mail or fax, the dental provider or facility must include completed prior authorization forms for facility and anesthesia services. These forms are available at [UHCprovider.com/TXcommunityplan](#) > [Prior Authorization and Notification](#) > Prior Authorization Forms > Texas Standard Prior Authorization Request Form for Health Care Services.

The following procedure codes should be used for medical prior authorization requests:

- **Anesthesia:** Procedure code 00170
- **Medical Facility:** Procedure code 41899

Filing Claims

For information on submitting UnitedHealthcare Community Plan dental claims, please call UnitedHealthcare Dental Provider Services at **877-378-5301**.

For information on submitting UnitedHealthcare Community Plan medical claims, go to [UHCprovider.com/claims](#).

Sample Medical Prior Authorization Request Form

The following is a sample form for a medical prior authorization request. Dentists or the facility can request a medical prior authorization for use of the medical facility and anesthesia.

TEXAS STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES

SECTION I — SUBMISSION

[Clear Form](#)
[Print](#)

Issuer Name: Dr. Sample	Phone: 555-555-5555	Fax: 555-555-5556	Date:
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SECTION II — GENERAL INFORMATION

Review Type: <input type="checkbox"/> Non-Urgent <input type="checkbox"/> Urgent	Clinical Reason for Urgency:
Request Type: <input type="checkbox"/> Initial Request <input type="checkbox"/> Extension/Renewal/Amendment	Prev. Auth. #:

SECTION III — PATIENT INFORMATION

Name:	Phone:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Other <input type="checkbox"/> Unknown
Subscriber Name (if different):	Member or Medicaid ID #:	Group #:	

SECTION IV — PROVIDER INFORMATION

Requesting Provider or Facility		Service Provider or Facility	
Name:		Name:	
NPI #:	Specialty:	NPI #:	Specialty:
Phone:	Fax:	Phone:	Fax:
Contact Name:	Phone:	Primary Care Provider Name (see instructions):	
Requesting Provider's Signature and Date (if required):		Phone:	Fax:

SECTION V — SERVICES REQUESTED (WITH CPT, CDT, OR HCPCS CODE) AND SUPPORTING DIAGNOSES (WITH ICD CODE)

Planned Service or Procedure	Code	Start Date	End Date	Diagnosis Description (ICD version __)	Code
Anesthesia	00170				
Facility	41899				

Inpatient Outpatient Provider Office Observation Home Day Surgery Other: _____

We're Here to Help

If you have questions, please contact UnitedHealthcare Dental Provider Services at **877-378-5301**, 8 a.m. to 6 p.m. Central Time, Monday through Friday. Thank you.

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