

Transition of Care Information

Our goal is to assist members to continue their care without interruption. Most dental procedures are completed on the same day and do not require transition assistance. More complex treatments can involve procedures occurring over multiple days. Orthodontic care extends over many months or years.

In general, covered services are paid by UnitedHealthcare if the treatment date (*date of service*) is on or after the effective date of your UnitedHealthcare coverage. The following information outlines how specific treatment in progress is handled:

Crown, Bridge or Denture – The *date of service* is usually considered the day the tooth or teeth had its final preparation work completed and models are sent out to the lab. Some dental offices will submit with a *date of service* when the crown is placed. The claim should be submitted with a pre-op x-ray. Payment, and the carrier responsible, is based on the *date of service* submitted on the claim form.

Root Canals (Endodontic Treatment) – The *date of service* is usually considered the day the pulp chamber of the tooth is opened. Payment is based on the *date of service* submitted on the claim form. The claim is submitted with a pre and post-op x-ray when the root canal is completed.

Pre-treatment estimates from the prior carrier – When a member is in the middle of an extensive treatment plan, a transition to a new carrier can be concerning. Often a pretreatment estimate was completed by your prior carrier. Best practice would be to ask your dentist to submit to UnitedHealthcare a similar pretreatment claim, listing the remaining services to be completed with any supportive x-rays or documentation. This would ensure limited surprises and an opportunity for us to assist you with the transition prior to the work being completed. We also encourage provider nominations to our network and would be happy reach out to your dentist if he or she is not in our network. Nominations can be submitted online at myuhc.com or by calling the customer service number on your ID card.

Orthodontic Treatment in Progress (braces) – Orthodontic treatment in progress is prorated based on the initial *date of service* and the expected timeframe of the orthodontic treatment. Banding charges and monthly fees incurred prior to the effective date with UnitedHealthcare would be paid by your prior carrier. UnitedHealthcare would review the full cost of the case and the remaining treatment to be completed after moving to UnitedHealthcare to calculate the benefit that will be paid over the remaining months of treatment.

SAMPLE

- Group Plan design has a \$1500 lifetime orthodontic maximum for children up to age 19 with a 50% benefit
- The orthodontic contract is for 24 months of treatment. Member started under a prior carrier in July of 2016
- Member moves to UnitedHealthcare January 2017 in month six of treatment leaving 18 months of treatment remaining
- UnitedHealthcare will review the information from the orthodontist upon receipt of the first claim along with the completed orthodontic transition of care information. This information can be provided directly on the claim form or provided on our transition form and attached to the claim
- UnitedHealthcare will then pay 50% of the prorated monthly fee over 18 months or until the lifetime maximum with UnitedHealthcare is reached

Submitting an Orthodontic Claim - In order to begin receiving orthodontic payments, please bring the orthodontic transition of care document along with your new ID card to your dental office. Request that your orthodontist send the requested contract information along with the claim form including the original service date, the total number of months of treatment proposed, ongoing monthly fees and payments made by other plans. Claims should be sent to the address on the back of your ID card. The Customer Service number is also on the back of your card and it is recommended that you contact them with any questions about this process.

UnitedHealthcare Dental Transition of Care Application

Send to:
United Healthcare Dental
PO BOX 30567
Salt Lake City, UT 84130

Employee Information

Employee Name:	Subscriber Id:	
Address:	City:	State/Zip:
Home Phone No:	Work Phone No:	
Employer Name:	Plan Effective Date:	
Patient Name:	Patient Date of Birth:	

Dental Provider Information

Practice Name:	Treating Dentist:	
Address:	City:	
State/Zip:	Phone Number:	

Treatment Information

Band Date:	Type of Service: Orthodontics
Prior Carrier Paid Amount: \$	
Total of Copayments Toward Orthodontic Contract Paid By Member: \$	
Length of Treatment:	
Detailed Treatment Plan:	

Authorization to Release Records

I authorize my dental provider to provide UnitedHealthcare dental information concerning my treatment. This information will be used to determine the patient's eligibility for transition of care benefits under the new plan.

<u>Patient's Signature / Parent or Guardian's Signature if Applicant is a Minor</u>	<u>Date</u>

We want to make sure you understand your plan so you can enjoy the terrific benefits it provides.



Thank you for choosing
UnitedHealthcare