

UnitedHealthcare Dental Policy Update Bulletin *Quick View:* May 2025



A list of recently approved, revised, and/or retired Clinical Policies, Coverage Guidelines, and/or Review Guidelines is provided below for your reference. **For a comprehensive summary of the latest updates, refer to the [Dental Policy Update Bulletin: May 2025](#).**

Take Note

UnitedHealthcare Dental Policy Reclassification

Effective **Jun. 1, 2025**, all Dental Coverage Guidelines will be reclassified as Dental Clinical Policies. Refer to the [Dental Policy Update Bulletin: May 2025](#) to view a complete list of impacted policies.

Clinical Policy Updates

Policy Title	Status	Effective Date
Application of Desensitizing Medicaments and Resins	Updated	Jun. 1, 2025
Biologic Materials for Dental Indications	Revised	Jun. 1, 2025
Dental Care Services in an Operating Room or Ambulatory Surgery Center	Updated	Jun. 1, 2025
Dental Implant Placement and Treatment of Peri-Implant Defects/Disease	Updated	Jun. 1, 2025
Dental Implant Supported Prostheses	Updated	Jun. 1, 2025
Single Tooth Direct Restorations	Revised	Jun. 1, 2025
Surgical and Partial Extractions of Erupted Teeth and Removal of Retained Roots	Updated	Jun. 1, 2025
Surgical Extraction of Impacted Teeth	Updated	Jun. 1, 2025
Surgical Periodontics: Resective Procedures	Revised	Jun. 1, 2025

Review Guideline Updates

Policy Title	Status	Effective Date
National Standardized Dental Claim Review Guidelines (for Commercial Only)	Updated	Jun. 1, 2025
National Standardized Dental Claim Review Guidelines (for Medicare Plans Only)	Updated	Jun. 1, 2025

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, Coverage Guidelines, 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, Coverage Guidelines, and Review Guidelines is available at UHCprovider.com/policies > [Dental Clinical Policies and Coverage Guidelines](#).