

Humana claim attachment guidelines

Thank you for treating patients with Humana coverage. Below is a list of procedures and codes for which Humana typically requires specific information to process claims. Under certain circumstances, additional information may be requested for procedures not listed below. Please note that not all procedures are covered benefits under all plans administered by Humana.

Code	Information needed	Code	Information needed
D0160, D0180, D0340	<ul style="list-style-type: none"> Detailed narrative ¹ 	D4910	<ul style="list-style-type: none"> Prior periodontal history
D2330, D2331, D2332, D2335	<ul style="list-style-type: none"> Detailed narrative ¹ Pre-operative radiographs ⁴ 	D4920, D4921	<ul style="list-style-type: none"> Detailed narrative ¹, including whether the patient was seen for follow-up visits
D2390, D2930	<ul style="list-style-type: none"> Pre-operative radiographs ⁴ 	D5110 through D5283	<ul style="list-style-type: none"> Extraction date for each tooth Pre-operative complete series of radiographs or panoramic film ⁴ Initial/replacement, the age of existing prosthodontic and narrative for replacement Prior Carrier ²
D2510 through D2794	<ul style="list-style-type: none"> Pre-operative radiographs ⁴ If the restoration is a replacement, also include the date of prior insertion and reason for replacement. 	D5620, D5621, D5622	<ul style="list-style-type: none"> Detailed narrative ¹, including what was done to the framework
D2940	<ul style="list-style-type: none"> Bitewing radiograph ⁴ Detailed narrative ¹ 	D5982	<ul style="list-style-type: none"> Detailed narrative ¹
D2950	<ul style="list-style-type: none"> Pre-operative radiographs ⁴ 	D6010, D6013, D6040, D6050, D6055 through D6079, D6105, D6110 through D6117, D6194, D6195	<ul style="list-style-type: none"> Extraction date for each tooth Pre-operative complete series of radiographs or panoramic film ⁴ Initial/replacement, the age of the existing implant, pontic or denture and narrative for replacement Prior Carrier ²

Code	Information needed	Code	Information needed
D2952, D2953, D2954, D2957	<ul style="list-style-type: none"> Pre-operative radiographs ⁴ Date of completed root canal 	D6080, D6095, D6100 D6190, D6930, D6980	<ul style="list-style-type: none"> Detailed narrative ¹
D2955	<ul style="list-style-type: none"> Detailed narrative ¹ Pre-operative radiographs ⁴ 	D6081	<ul style="list-style-type: none"> Detailed narrative ¹ Periodontal charting ³ Pre-operative radiographs ⁴
D2960 through D2962	<ul style="list-style-type: none"> Pre-operative radiographs ⁴ If the restoration is a replacement, also include the date of prior insertion and reason for replacement. 	D6089, D6090, D6092, D6093	<ul style="list-style-type: none"> Pre-operative periapical X-ray ⁴ Detailed narrative ¹
D2971	<ul style="list-style-type: none"> Detailed narrative ¹, including if there is an existing partial in place 	D6101 through D6104	<ul style="list-style-type: none"> Detailed narrative ¹ Periodontal charting ³ Pre-operative radiographs ⁴
D2999	<ul style="list-style-type: none"> Detailed narrative ¹ and description of service performed 	D6106, D6107	<ul style="list-style-type: none"> Periodontal charting ³ Pre-operative radiographs ⁴ (not panoramic film)
D3221, D3230, D3240, D3310, D3320, D3330, D3331, D3332, D3333, D3351, D3352, D3353, D3410, D3421, D3425, D3426, D3430, D3450, D3470	<ul style="list-style-type: none"> Detailed narrative ¹ Pre-operative radiographs ⁴ of the tooth 	D6205 through D6794	<ul style="list-style-type: none"> Extraction date for each tooth Preoperative complete series of radiographs or panoramic film ⁴ Other missing teeth in the arch that are not replaced Initial/replacement, the age of the existing prosthodontic service and narrative for replacement Prior Carrier ²
D3346, D3347, D3348	<ul style="list-style-type: none"> The date of service of the previous root canal therapy Pre-operative periapical radiographs ⁴ of the tooth 	D6980	<ul style="list-style-type: none"> Detailed narrative ¹
D3910, D3911	<ul style="list-style-type: none"> The date of service of the previous root canal therapy Pre-operative periapical radiographs ⁴ of the tooth 	D7210, D7250, D7251, D7280	<ul style="list-style-type: none"> Pre-operative radiographs ⁴

Code	Information needed	Code	Information needed
D4210 and D4211	<ul style="list-style-type: none"> Detailed narrative ¹ Periodontal charting ³ Pre-operative radiographs ⁴ (not panoramic film) 	D7220, D7230, D7240, D7241	<ul style="list-style-type: none"> Pre-operative complete series of radiographs or panoramic film ⁴
D4240, D4241, D4249 through D4267	<ul style="list-style-type: none"> Periodontal charting ³ Pre-operative radiographs ⁴ (not panoramic film) 	D7260, D7261, D7291, D7472, D7473, D7490, D7510, D7521, D7530, D7540, D7550, D7610, D7620, D7630, D7640, D7650, D7660, D7670, D7671, D7680, D7710, D7720, D7730, D7740, D7750, D7760, D7770, D7771, D7780, D7920, D7922, D7963, D7971, D7972, D7979, D7980, D7981, D7982, D7983, D7990, D7991, D7997, D7999	<ul style="list-style-type: none"> Detailed narrative ¹
D4245	<ul style="list-style-type: none"> Detailed narrative ¹ including documentation of keratinized tissue Pre-operative periapical radiographs ⁴ 	D7270	<ul style="list-style-type: none"> Detailed narrative ¹ Pre-operative radiographs ⁴ Medical carrier explanation of benefits
D4268, D4322, D4323	<ul style="list-style-type: none"> Detailed narrative ¹ Pre-operative radiographs ⁴ 	D7272, D7290, D7560, D7950, D7951, D7952, D7953, D7955	<ul style="list-style-type: none"> Detailed narrative ¹ Pre-operative radiographs ⁴
D4270, D4276	<ul style="list-style-type: none"> Periodontal charting ³ or detailed narrative with the millimeter (mm) of recession or lack of attached gingiva/keratinized tissue for each tooth 	D7412	<ul style="list-style-type: none"> Pathology/biopsy report or treatment records Detailed narrative ¹

Code	Information needed	Code	Information needed
D4273, D4275, D4277, D4278, D4283, D4285	<ul style="list-style-type: none"> • Periodontal charting³ or detailed narrative with the millimeter (mm) of recession or lack of attached gingiva/keratinized tissue for each tooth. • Pre-operative radiographs⁴ (not panoramic film) also are required if the tooth is missing or has an implant. 	D7956, D7957	<ul style="list-style-type: none"> • Periodontal charting³ • Pre-operative radiographs⁴ (not panoramic film)
D4274	<ul style="list-style-type: none"> • Periodontal charting³ • Pre-operative radiographs⁴ (not panoramic film) 	D7995, D7996	<ul style="list-style-type: none"> • Detailed narrative¹ • Pre-operative complete series of radiographs or panoramic film⁴
D4341, D4342	<ul style="list-style-type: none"> • Periodontal charting³ • Pre-operative radiographs⁴ 	D9130, D9410, D9420, D9930, D9442, D9944, D9945, D9946	<ul style="list-style-type: none"> • Detailed narrative¹
D4346	<ul style="list-style-type: none"> • Detailed narrative¹ • Periodontal charting³ • Pre-operative radiographs⁴ 	D9220 through D9243	<ul style="list-style-type: none"> • Anesthesia records • Detailed narrative¹
D4381	<ul style="list-style-type: none"> • Current periodontal charting³ • Prior periodontal history including dates of service, teeth, arches and/or quadrants 		

¹ A detailed narrative should include any pertinent diagnostic data, a description of any unusual circumstances that impacted the treatment and the reason the procedure was performed.

² Prior carrier information is needed only when a tooth extraction was done prior to the member becoming effective with Humana.

³ Periodontal charting must be dated within one year of the date of service.

⁴ X-rays submitted must reflect current oral health conditions.

Humana does not request that radiographs be taken solely for benefit determination purposes. Radiographs should be dated, properly labeled and of diagnostic quality according to accepted standards of care. Please do not send photocopies. DentalXChange Attachment Services, National Electronic Attachment (NEA) FastAttach™, or Change Health Care can be used for submitting digital radiographs or other required attachments. While intraoral photographs are not required, Humana would be pleased to accept and review them if you feel that they will assist us in making a benefit determination.

Current Dental Terminology® American Dental Association

To enable quick and timely processing of your claims, please remember to include the following information when submitting a claim: Tax Identification Number, rendering dentist and practice location.

