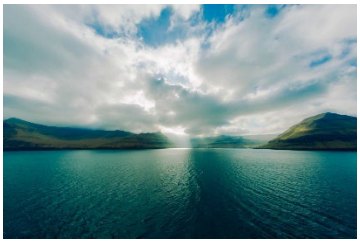
Humana Dental Highlights

A publication of Humana Dental®

Quarter 1- 2025

A new year is full of possibilities



Humana invites you to review our provider newsletter where you can find information relevant to your dental practice. As we begin the new calendar year 2025, we share details on plan offerings, tips for using the provider portal and knowledge of policies to help keep you informed. We value you as a dental provider who is committed to preserving our members' oral health.

Review Medicare benefits for 2025

Humana supports our in-network dentists by making it easy to work with us and easy for patients to use their benefits. With our commitment to innovative plan design, rich embedded benefits and more than 50 years of delivering care to patients, Humana's Medicare Advantage (MA) membership is strong and growing.

As a reminder, all MA dental benefits use a PPO network. The patient's ID card may say HMO, but that is only related to their medical benefits.

Take a look at some of our 2025 Medicare plan benefits:

- **Dental coverage on most Medicare plans:** Most Humana MA members will have some free dental coverage in 2025.
- **Covered preventive services are covered at 100%:** Covered preventive services and procedures continue without member cost share on most plans. Low coinsurance may apply to select services on some plans.
- **Rich embedded benefits and periodontal scaling:** Many members will have embedded benefits that cover periodontal scaling and some major services, including crowns, dentures, bridges and occasionally implants.

Important: MA plans change each year, and benefits will vary by plan. Please remember to verify the specific coverage of your MA patients in the Dental Office Handbook of the corresponding calendar year located at humana.com/sb. Provider customer care contact information is also available in the handbook.

In addition to offering strong benefits for our members, Humana also prioritizes the provider experience, providing a trusted advisor known as a Single Point of Contact (SPOC) to help in-network provider practices solve administrative issues, answer plan questions and get back to patient care faster. If you don't already have a relationship with your SPOC, email dentalservice@humana.com.

CAQH Proview can streamline Credentialing and Re-Credentialing

Humana understands how busy dental offices are and we want to help you simplify the Credentialing and Re-Credentialing process by sharing how to use **CAQH ProView**, the complimentary system Humana Dental uses to manage credentialing and re-credentialing of our network providers. Learn how to work with us and reduce paperwork!
Submit your providers' credentialing and re-credentialing details in a single source for all healthcare organizations you partner with. Visit our Dental Provider Video Library and select the video **Simplify Credentialing with CAQH ProView.** You can find more helpful information about our credentialing process by visiting the Join our network web page.

FEDVIP 2025 Plan Changes

The 2025 plan year comes with changes to the previous plan year benefits.
Follow the links below to review the changes which include helpful details on where you can find answers common questions as well as assistance on providing service to your Humana FEDVIP patients.
Click here for 2025 FEDVIP changes for EPO and for 2025 FEDVIP changes for PPO click here.

Utilizing the KX Modifier on claims for dental services inextricably linked to covered medical services

CMS implemented guidance in July 2024 regarding submission of claims for dental services inextricably linked to a covered medical procedure or condition. Effective 7/1/2025, providers will be **required to include the KX modifier** on the claim to indicate they believe the dental service is medically necessary, that the provider has included appropriate documentation in the medical record to support or justify the medical necessity of the service or item and demonstrates the inextricable linkage to covered medical services, and that coordination of care between medical and dental practitioners has occurred.

Please note that Humana recommends submitting dental procedures coverable under the basic medical benefit as a predetermination (Medicare health maintenance organization [HMO]/preferred provider

organization [PPO]) plans or an Advanced Coverage Determination (ACD) for Medicare private fee for service (PFFS) plans. Please visit the Medicare Basic Dental Benefit Exceptions Guidelines for more detail regarding the submission of an ACD/predetermination and claims for dental services inextricably linked to a covered medical procedure or condition.

New DHMO plans introduced in 2024

Please note - New DHMO plans were recently introduced in select states!

Humana Dental is pleased to introduce new dental health maintenance organization (DHMO) plans on the existing HD/HS series in Florida, Georgia, Illinois, Indiana, Kentucky, Missouri, Tennessee and Texas.

- The HD/HS series now includes **HD405, HD410, HD415, HS405, HS410 and HS415**. These plans help maintain and increase patient flow and continue to position Humana Dental as a leader in the dental benefits industry. New group membership on the Humana Dental HD/HS plans began April 1, 2024.
- Please refer to your eligibility lists to ensure appropriate benefits are administered to Humana-covered patients during the transition.
- The Schedule of Benefits for these new plans with member copayment details is available at the dental and vision benefits summary page.

Be sure to reference the member copayment listing and obtain a copy for your records prior to seeing patients on the new HD/HS plans. Prior to providing any dental services, please remember to verify the member is on your roster.

Access Your PPO Fee Schedule

Did you know you can request your Humana PPO fee schedule anytime, day or night, through Humana's interactive voice conversational (IVR) platform? It's easy to request a copy of your fees faxed directly to you:

1. Call Humana's Provider Call Center at 800-833-2223 and say "Fee Schedule" when prompted.
2. Will be asked to enter your Tax ID number and the provider's NPI for validation.
3. You will be asked to enter your fax number. Once the information is entered, your existing PPO fees will be faxed to you.

Important reminders:

The PPO fee schedule is the same one used for Medicare, for all offices outside of Florida.

- Florida a unique Medicare Gold Plus network and reimbursement for Medicare plans will vary.
- Providers contracted with Careington please reach out to Careington for a copy of your fee schedule.

Requests for Humana PPO fee schedules can be made through the IVR platform.

- DHMO or EPO fees are not available through IVR.
- Dental providers who participate with Humana Dental through a rental network agreement will need to contact the rental for a copy of their fee schedule.

Recommendations-the importance of considering network status

As a provider, there may be times when you choose to recommend your patient(s) to other trusted professionals for follow-up treatment. Humana Dental does not require a formal referral process, however, please remind your patient(s) that it is important they confirm whether the provider you're recommending is participating in the network for their plan. If the provider is not in-network and they choose to seek treatment, it is advisable that they confirm their out of network benefits prior to an appointment. This is important for all patients, but especially Humana members that may be on a Medicare Advantage plan and have a fixed income.

Availity Essentials

Important: Providers have several options to obtain member eligibility and claims information. If you experience issues with www.availity.com, you have other options so that patient care is not interrupted:

- Humana's automated phone system can provide 24-hour access to Humana member benefit and claims information and more by calling Humana Customer Care at 800-833-2223.
- Live agent assistance can be accessed through this number Monday – Friday, 8 a.m. – 8 p.m., Eastern time.
- Humana Customer Care cannot advise how to use or navigate www.availity.com but **Availity Client Services (ACS) is available at 800-AVAILITY (282-4548)** to assist with registration or navigation questions.
- Registered users can access the ACS Contact Support page to send an online message to create a ticket with the Availity Support team. Select Help & Training> Availity Support> Contact Support. If representatives are available to chat online, the "Start Chat" option will be blue.

Searching Humana Dental transactions

To be sure you receive accurate Humana Dental (or CompBenefits) member benefits, please select Humana Dental in the payer dropdown. Humana is the medical payer and if selected instead, you may see a message that the member is not found. While Dental Care is a benefit option within medical, this relates only to oral surgery benefits.

Click here for training tips; select Start Course, select the option "Already a registered Availity user? Build your training plan here" and select from the list of titles for training that best fits your needs.

Members with multiple coverages

It is important to receive accurate member benefit information, even when the member may not tell you they have additional coverage. When a member has multiple active dental plans, a message may appear stating indicating the selected patient has multiple plans and you need to select one in the dropdown to continue. As best practice **the plan group number should be included** when submitting the inquiry. When

a member has dual coverage and the group number is not included, it can result in display issues on the benefit results page:

- When a member has multiple active plans under different ID numbers and the group number is not included, a display issue can result where both plans display - but there is a mismatch of the group number on the second plan returned.

- For a member who is Subscriber on one plan, and Dependent on another plan, regardless of which ID number is entered - the results will only display plan details for one of the plans, and no drop down will appear.
    - This is important for providers who use their own practice management systems to view member E&B information, since not including the Group ID can cause only one of the member's plans to be seen, regardless of which ID is used.

To ensure E&B results are accurate it is important to change from the default search option under Patent Information to the fourth option that includes the Group number:

- Proceed to the E&B Inquiry page, select your organization and payer (Humana Dental) and fill in the Provider Information.
    - Proceed to the Patent Information section of the form. The default Search Option is Patient ID, Date of Birth; in the dropdown select the option for **Patent ID, Date of Birth, Group Number.**
    - This results in a new 'Group Number' field displaying, where the group number is entered.
- Continue filling out the remaining required fields on the form and submit. As a result, the accurate benefit information returns for the Member ID and Group number combination.

Medicare Advantage member IDs and claim status

Did you know that Medicare Advantage (MA) members do not receive a separate dental ID card?

In order to verify eligibility for a MA member you should enter the ID number, also known as the "H" number from the Medicare Advantage ID card on the E&B Inquiry page. Visit www.humana.com/sb for more details about Medicare dental benefits and a sample image of an ID card.

It is important to note this MA ID number will not work when searching for Claim Status results, because the dental ID must be used. However – after entering the MA ID number on an E&B Inquiry, notice on the dental eligibility results page, the dental specific ID is provided. This is the ID number specific to dental that can be used in a claim status search under the Claims & Payments menu.

Remittance Advice on Availity Essentials

As a provider treating Humana members, several options are available to you for viewing remittances. It is important to choose the option that works best for your office. For detailed guidance on which option is best for you, including details on the CompBenefits Remittance Advice application, please view the Remittance Manual found in the Humana Dental payer space and Resources tab.

From the Claims & Payments top menu, go to Remittance Viewer. Currently you can select Remittance Inquiry (Humana) or Availity's Remittance Viewer (look for the links at top right to watch a quick video by selecting "Need help? Watch a demo for Remittance Viewer.")

- **Please note:** Remittance Inquiry (Humana) is planned to migrate to Availity's Remittance Viewer. Work is underway to transfer historical remit information and once users have been migrated to Availity's viewer for a period of time, the Humana remittance tool will eventually be sunset. Email campaigns and on-screen portal messaging will be deployed in coordination with the transition. Until this occurs, your Electronic Remittance Advice (ERA) must flow through Availity Essentials to use Availity's Remittance viewer today. Keep watch for further details.

Submit dental claims on Availity Essentials
Registered users can submit claims to Humana Dental via the Dental Claim tool. Please note pre-determinations or ability to add attachments on dental claims is not yet available.
If you do not see the Dental Claim option, check with your Availity administrator to see if you have the "Claim" role assigned to your profile. If you don't know who your administrator is, select your account name, then select My Account, and select Organizations from the left menu, and finally select Open My Administrators (next to Administrator Information).

You can find recordings of Availity-led, pre-recorded trainings with insider-tips for using the dental claim tool, and other trainings created exclusively for Humana Dental providers here: Learn about Availity Essentials for Humana Dental Providers - Overview You must be a registered user on www.availity.com. Select "Start Course" and then expand the section titled "Already a registered Availity user? Build your training plan here." Look for Humana Dental – Dental Claim Submission to find the link to the recorded webinar.
The dental claim form is accessed by selecting the Claims & Payments menu. Under the Claims header select Dental Claim, choose your organization, and under claim type select dental claim, then choose Humana Dental as the payer, and select the Responsibility Sequence (Primary is the default).

- Complete the fields in order from top to bottom. You have the option to print the claim entry before submitting. Once submitted, you can review and save the claim confirmation page if needed.
- Diagnosis codes are optional and generally used for medical claims, however, a diagnosis code may be required for treatment performed by an oral surgeon or if services were because of an accident.
- Remarks is a field used only for information not captured within the existing fields on the American Dental Association (ADA) form. It is not a place to indicate a corrected claim. Corrected claims can be indicated by selecting the Replacement of Prior Claim within Ancillary Claim/Treatment Information option.

Need help with registration? Visit Humana.com/AvailityDentalPortal to learn more and find the Availity online registration form. Availity Client Services 800-AVAILITY (282-4548) can help you with registration questions; assistance is available Monday – Friday, 8 a.m. – 8 p.m., Eastern time (excluding holidays).
As a reminder, Availity requires each user to have their own username and password (administrators are responsible for setting up user accounts and assigning roles.) Each user must agree to Availity's user agreement that explains sharing credentials in a system that contains personally identifiable information (PII) or protected health information (PHI) is strictly prohibited and a violation of HIPAA regulations.

Availity Essentials™ is a multi-payer portal where you can use one user ID and password to work with Humana Dental and other payers in your region. Availity is compliant with all Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations and there is no cost to register. To work with Humana Dental on Availity Essentials, your organization must have an Availity account.

2025 CDT code updates

The American Dental Association (ADA) adds, updates or deletes Current Dental Terminology (CDT) codes as part of its annual code maintenance review. We share with our providers the details of the ADA changes which go into effect January 1, 2025, as well as how Humana plans to cover any new codes.

Please remember that plan coverage varies by product or group benefits, and member benefits and eligibility should be validated on our provider portal Availity.com. You may also submit a pre-determination or call Humana at the number on the back of your patient's ID card. Please refer to our Provider Manual for more information.

Humana updates all fee schedules to include new ADA codes when a similar code was on the Fee Schedule. For example, if a fee schedule included D2931, then D2928 would be added with that fee. If the Fee schedule did not have a similar/like code listed, we did not include the new code to the fee schedule. For PPO based plans beginning in 2021, we have added the new CDT codes to our usual customary rate (UCR) tables that will help fee schedules pay to the 80% logic.

Added CDT Codes – 10 codes were added
Note: Plans are not available in all states and plan benefits may vary by state. Please refer to the plan documents for complete details of coverage.

CDT Code	Nomenclature	Descriptor	Coverage
D2956	Removal of an indirect restoration on a natural tooth	Not to be used for a temporary or provisional restoration	Not covered
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	This procedure includes active debriding of the implant(s) and prosthesis. The patient is also instructed in thorough daily cleansing of the implant(s)	If implants are fully covered, covered per arch with frequency
D6193	Replacement of an implant screw		Not covered
D7252	Partial extraction for immediate implant placement	Sectioning root of a tooth vertically, then extracting the palatal portion of the root. Buccal section of the root is retained in	Not covered

		order to stabilize the buccal plate prior to immediate implant placement (also known as the Socket Shield Technique)	
D7259	Nerve dissection	Involves the separation or isolation of a nerve from surrounding tissues. Performed to gain access to and protect nerves during surgical procedures	Not covered
D8091	Comprehensive orthodontic treatment with orthognathic surgery	Treatment of craniofacial syndromes or orthopedic discrepancies that require multiple phases of orthodontic treatment including monitoring growth and development between active phases of treatment	If plan covers medically necessary orthodontia for children for Essential Health Benefits (EHB), then covered with diagnosis documentation required. Requires clinical review. Otherwise not covered.
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery		If plan covers medically necessary orthodontia for children for EHB then covered with diagnosis documentation required. Requires clinical review. Otherwise not covered.
D9913	Administration of neuromodulators		Not covered
D9914	Administration of dermal fillers		Not covered
D9959	Unspecified sleep apnea services procedure, by report		Not covered

Deleted CDT Codes - 2 codes were deleted

CDT Code	Nomenclature	Descriptor	Details
D2941	~~Interim therapeutic restoration – primary dentition~~	~~Placement of an adhesive restorative material following caries debridement by hand or other method for the management of early childhood caries. Not considered a definitive restoration~~	Combined D2940 with D2941
D6095	~~Repair implant abutment, by report~~	~~This procedure involves the repair or replacement of any part of the implant abutment~~	Combined D6090 with D6095

Changed CDT Codes/Verbiage – 12 codes were changed

The following codes had revisions or editorial (verbiage) changes. Language that was added is highlighted

in **blue**, and language highlighted in red and struck through indicates wording that has been removed.

CDT Code	Nomenclature	Descriptor	Details
D0160	Detailed and extensive oral evaluation - problem focused, by report	A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, sleep related breathing disorders, conditions requiring multi-disciplinary consultation, etc.	Descriptor change
D0801	3D ~~dental~~ intraoral surface scan – direct	A surface scan of any aspect of the intraoral anatomy.	Nomenclature update and descriptor change
D1330	Oral hygiene instructions	~~This may include instructions for home care. Examples include tooth brushing technique, flossing, use of special oral hygiene aids~~	Descriptor change
D2940	Placement of interim direct restoration ~~protective restorations~~	Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, manage caries, create a seal for endodontic isolation, or prevent further deterioration until definitive treatment can be rendered. Not to be used for endodontic access closure, or as a base or liner under restoration	Nomenclature update and descriptor change. Combined D2940 with D2941
D5520	Replace missing or broken teeth - complete denture ~~(each tooth)~~ -per tooth		Nomenclature update
D5640	Replace missing or broken teeth – partial denture –per tooth		Nomenclature update
D5650	Add tooth to existing partial denture – per tooth		Nomenclature update

D6011	Surgical access to an implant body (second stage implant surgery)	This procedure, also known as second stage implant surgery, involves removal of tissue that covers the implant body so that a fixture of any type can be placed, ~~or an existing fixture be replaced with another. Examples of fixtures include but are not limited to healing caps, abutments shaped to help contour the gingival margins or the final restorative prosthesis~~	Descriptor change
D6051	Placement of interim implant abutment ~~placement~~		Nomenclature update
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is ~~protheses are~~ removed and reinserted, including cleansing of prosthesis ~~protheses~~ and abutments.	This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system~~(s)~~, including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s). ~~This is not a per implant code and is indicated for implant supported protheses~~	Nomenclature update and descriptor change
D6081	Scaling and debridement of a single implant in the presence of ~~inflammation or~~ mucositis, including inflammation, bleeding upon probing and increased pocket depths ~~of a single implant, including~~ includes cleaning of the implant surfaces, without flap entry and closure		Nomenclature update
D6090	Repair **of** implant/**abutment** supported prosthesis	~~This procedure involves the repair or replacement of any part of the implant supported prosthesis~~	Nomenclature update and descriptor change. Combined D6090 with D6095. Covered if D6095 was a covered code

Non-discrimination and Notice of Availability

The department of Health and Human Services (HHS) has made a final ruling in Section 1557 of the Affordable Care Act (ACA) that prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities, including those receiving federal financial assistance. In addition, entities must provide reasonable modifications for individuals with disabilities and provide appropriate auxiliary aids and services, free of charge and in a timely manner, when they are necessary to ensure an equal opportunity to

participate for individuals with disabilities or individuals with limited-English proficiency. The Notice of Nondiscrimination rule will become effective in November 2024 and the Notice of Availability will become effective in July 2025.

Dental practices can ensure compliance by posting notices in an easily visible, prominent physical location and can combine notices as long as it clearly informs individuals of their civil rights. To aid in fulfillment of this requirement, the Washington Office of the Insurance Commissioner (OIC) has provided a sample nondiscrimination notice template.

Have questions?

You can reach Humana Dental/Medicare Dental at 800-833-2223, Monday – Friday, 8 a.m. – 8 p.m., Eastern time. Humana's automated customer care line provides claims and patient information. When calling, please have the following information handy.

- Tax ID number
- Patient's name and date of birth
- Patient's Humana ID number
- Date(s) of service

Helpful links:

- Provider Manual
- Dental resources

HumanaDental Highlights is a quarterly publication for dental providers throughout the Humana network.