

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

| Code  | Information needed  | Code                                    | Information needed  |
|---|---|---|---|
| D2952, D2953, D2954, D2957  | <ul style="list-style-type: none"> <li>• Pre-operative radiographs <sup>4</sup></li> <li>• Date of completed root canal</li> </ul>  | D6080, D6095, D6100 D6190, D6930, D6980 | <ul style="list-style-type: none"> <li>• Detailed narrative <sup>1</sup></li> </ul>   |
| D2955   | <ul style="list-style-type: none"> <li>• Detailed narrative <sup>1</sup></li> <li>• Pre-operative radiographs <sup>4</sup></li> </ul>   | D6081                                   | <ul style="list-style-type: none"> <li>• Detailed narrative <sup>1</sup></li> <li>• Periodontal charting <sup>3</sup></li> <li>• Pre-operative radiographs <sup>4</sup></li> </ul>  |
| D2960through D2962  | <ul style="list-style-type: none"> <li>• Pre-operative radiographs <sup>4</sup></li> <li>• If the restoration is a replacement, also include the date of prior insertion and reason for replacement.</li> </ul> | D6089, D6090, D6092, D6093              | <ul style="list-style-type: none"> <li>• Pre-operative periapical X-ray <sup>4</sup></li> <li>• Detailed narrative <sup>1</sup></li> </ul>  |
| D2971   | <ul style="list-style-type: none"> <li>• Detailed narrative <sup>1</sup>, including if there is an existing partial in place</li> </ul>   | D6101 through D6104                     | <ul style="list-style-type: none"> <li>• Detailed narrative <sup>1</sup></li> <li>• Periodontal charting <sup>3</sup></li> <li>• Pre-operative radiographs <sup>4</sup></li> </ul>  |
| D2999   | <ul style="list-style-type: none"> <li>• Detailed narrative <sup>1</sup> and description of service performed</li> </ul>  | D6106, D6107                            | <ul style="list-style-type: none"> <li>• Periodontal charting <sup>3</sup></li> <li>• Pre-operative radiographs <sup>4</sup> (not panoramic film)</li> </ul>  |
| 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"> <li>• Detailed narrative <sup>1</sup></li> <li>• Pre-operative radiographs <sup>4</sup> of the tooth</li> </ul>  | D6180                                   | <ul style="list-style-type: none"> <li>• Treatment Records</li> </ul>   |
| D3346, D3347, D3348   | <ul style="list-style-type: none"> <li>• The date of service of the previous root canal therapy</li> <li>• Pre-operative periapical radiographs <sup>4</sup> of the tooth</li> </ul>                            | D6205 through D6794                     | <ul style="list-style-type: none"> <li>• Extraction date for each tooth</li> <li>• Preoperative complete series of radiographs or panoramic film <sup>4</sup></li> <li>• Other missing teeth in the arch that are not replaced</li> <li>• Initial/replacement, the age of the existing prosthodontic service and narrative for replacement</li> <li>• Prior Carrier <sup>2</sup></li> </ul> |

| Code                              | Information needed  | Code  | Information needed   |
|-----------------------------------|---|---|--|
| D3910, D3911                      | <ul style="list-style-type: none"> <li>The date of service of the previous root canal therapy</li> <li>Pre-operative periapical radiographs <sup>4</sup> of the tooth</li> </ul>                  | D6980   | <ul style="list-style-type: none"> <li>Detailed narrative <sup>1</sup></li> </ul>  |
| D4210 and D4211                   | <ul style="list-style-type: none"> <li>Detailed narrative <sup>1</sup></li> <li>Periodontal charting <sup>3</sup></li> <li>Pre-operative radiographs <sup>4</sup> (not panoramic film)</li> </ul> | D7210, D7250, D7251, D7280  | <ul style="list-style-type: none"> <li>Pre-operative radiographs <sup>4</sup></li> </ul>   |
| D4240, D4241, D4249 through D4267 | <ul style="list-style-type: none"> <li>Periodontal charting <sup>3</sup></li> <li>Pre-operative radiographs <sup>4</sup> (not panoramic film)</li> </ul>  | D7220, D7230, D7240, D7241  | <ul style="list-style-type: none"> <li>Pre-operative complete series of radiographs or panoramic film <sup>4</sup></li> </ul>  |
| D4245                             | <ul style="list-style-type: none"> <li>Detailed narrative <sup>1</sup> including documentation of keratinized tissue</li> <li>Pre-operative periapical radiographs <sup>4</sup></li> </ul>        | 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"> <li>Detailed narrative <sup>1</sup></li> </ul>  |
| D4268, D4322, D4323               | <ul style="list-style-type: none"> <li>Detailed narrative <sup>1</sup></li> <li>Pre-operative radiographs <sup>4</sup></li> </ul>   | D7270   | <ul style="list-style-type: none"> <li>Detailed narrative <sup>1</sup></li> <li>Pre-operative radiographs <sup>4</sup></li> <li>Medical carrier explanation of benefits</li> </ul> |

| Code                                     | Information needed   | Code   | Information needed   |
|--|--|--|--|
| D4270, D4276                             | <ul style="list-style-type: none"> <li>Periodontal charting <sup>3</sup> or detailed narrative with the millimeter (mm) of recession or lack of attached gingiva/keratinized tissue for each tooth</li> </ul>  | D7272, D7290, D7560, D7950, D7951, D7952, D7953, D7955 | <ul style="list-style-type: none"> <li>Detailed narrative <sup>1</sup></li> <li>Pre-operative radiographs <sup>4</sup></li> </ul>                                      |
| D4273, D4275, D4277, D4278, D4283, D4285 | <ul style="list-style-type: none"> <li>Periodontal charting <sup>3</sup> or detailed narrative with the millimeter (mm) of recession or lack of attached gingiva/keratinized tissue for each tooth.</li> <li>Pre-operative radiographs <sup>4</sup> (not panoramic film) also are required if the tooth is missing or has an implant.</li> </ul> | D7412  | <ul style="list-style-type: none"> <li>Pathology/biopsy report or treatment records</li> <li>Detailed narrative <sup>1</sup></li> </ul>                                |
| D4274                                    | <ul style="list-style-type: none"> <li>Periodontal charting <sup>3</sup></li> <li>Pre-operative radiographs <sup>4</sup> (not panoramic film)</li> </ul>   | D7956, D7957   | <ul style="list-style-type: none"> <li>Periodontal charting <sup>3</sup></li> <li>Pre-operative radiographs <sup>4</sup> (not panoramic film)</li> </ul>               |
| D4341, D4342                             | <ul style="list-style-type: none"> <li>Periodontal charting <sup>3</sup></li> <li>Pre-operative radiographs <sup>4</sup></li> </ul>  | D7995, D7996   | <ul style="list-style-type: none"> <li>Detailed narrative <sup>1</sup></li> <li>Pre-operative complete series of radiographs or panoramic film <sup>4</sup></li> </ul> |
| D4346                                    | <ul style="list-style-type: none"> <li>Detailed narrative <sup>1</sup></li> <li>Periodontal charting <sup>3</sup></li> <li>Pre-operative radiographs <sup>4</sup></li> </ul>   | D9130, D9410, D9420, D9930, D9442, D9944, D9945, D9946 | <ul style="list-style-type: none"> <li>Detailed narrative <sup>1</sup></li> </ul>  |
| D4381                                    | <ul style="list-style-type: none"> <li>Current periodontal charting <sup>3</sup></li> <li>Prior periodontal history including dates of service, teeth, arches and/or quadrants</li> </ul>  | D9220 through D9243                                    | <ul style="list-style-type: none"> <li>Anesthesia records</li> <li>Detailed narrative <sup>1</sup></li> </ul>  |

<sup>1</sup> 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.

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

<sup>3</sup> Periodontal charting must be dated within one year of the date of service.

<sup>4</sup> 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.

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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.

