

Humana® Claims Payment Policy

Subject: Dental Services Inextricably Linked to Medical Services

Application: Medicare Advantage Products

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Policy number: CP2024011

Related policies: N/A

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Overview

Dental services are generally not covered by the Medicare Program's basic benefits. However, one exception for this coverage exclusion is for dental services that are inextricably linked to the clinical success of a covered medical service. In such cases, there must also be exchange of information, or integration, between the medical professional and the dentist.

This policy establishes Humana's billing requirements and reimbursement for dental services that are inextricably linked to the clinical success of a covered medical service.

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Medicare Advantage Payment Policy

In addition to the policy, claims payments are subject to other plan requirements for the processing and payment of claims, including, but not limited to, requirements of medical necessity and reasonableness and applicable referral or authorization requirements.

This policy applies to dental services submitted for coverage under the medical benefit.

Modifier KX

For dates of services beginning January 1, 2025, Humana Medicare Advantage (MA) plans require providers to append *modifier KX* to a Current Dental Terminology (CDT) code to indicate that the dental service is inextricably linked to a covered medical service and that there has been integration between the medical and dental providers. Humana denies a claim for a CDT code that is not reported with *modifier KX*.

For dates of service before January 1, 2025, Humana encourages providers to report *modifier KX* for such services.

Diagnosis Codes

For dates of service beginning January 1, 2025, Humana MA plans require providers to report diagnosis codes on all claims for dental services. Humana denies claims for dental services if the claim does not include diagnosis coding.

For dates of service before January 1, 2025, Humana encourages providers to report diagnosis codes on all claims for dental services.

Definitions of *Italicized Terms*

- **Modifier KX:** Requirements specified in the medical policy have been met.

References

- U.S. Government Publishing Office website. Code of Federal Regulations. [Title 42, Section 411.15 – Particular Services Excluded from Coverage](#). www.ecfr.gov.
- Centers for Medicare & Medicaid Services website. Medicare Benefit Policy Manual. [Chapter 15 – Covered Medical and Other Health Services](#). Section 150 – Dental Services. www.cms.gov.
- Centers for Medicare & Medicaid Services website. [Transmittal 12702, Change Request 13649 – Utilization of KX Modifier Medicare Physician Fee Schedule Payment for Dental Services Inextricably Linked to Covered Medical Services](#). www.cms.gov.
- Centers for Medicare & Medicaid Services website. [Medicare Dental Coverage](#). www.cms.gov.
- Centers for Medicare & Medicaid Services HCPCS Level II and associated publications and services.
- American Dental Association's CDT and associated publications and services.

General Humana Resources

- [Availity](#) – Providers can register for access to information on a variety of topics such as eligibility, benefits, referrals, authorizations, claims and electronic remittances.
- [Claims processing edit notifications](#) – Alerts of upcoming claims payment changes are posted on the first Friday of each month.
- [Claims resources](#) – Providers can find information on referrals, authorizations, electronic claim submissions and more.
- [Making it easier](#) – This page contains an educational series for providers and healthcare professionals.
- [Medical and pharmacy coverage policies](#) – Humana publishes determinations of coverage of medical procedures, devices and medications for the treatment of various conditions. There may be variances in coverage among plans.
- [Publications](#) – This page can help you find our quarterly newsletter, provider manual and other resources to help you do business with us.

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