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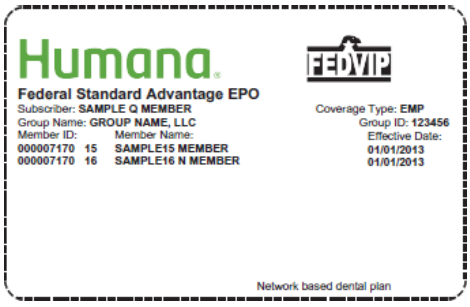
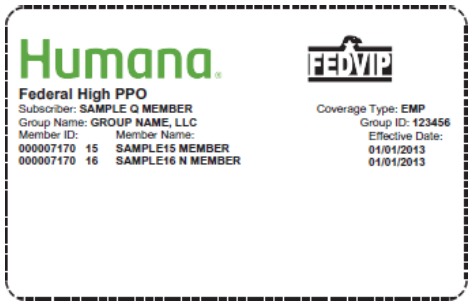
Frequently asked questions

1. **Q: Where can I get a copy of my contracted federal fees?**
   A: If you need a copy of your contract or fee schedule, please email us at DentalService@humana.com.

2. **Q: How would I recognize a Humana member with the federal plan?**
   A: Federal plan members will present one of the identification cards shown below.





3. **Q: Where do I go for eligibility and claims information?**
   A: You can check eligibility and claims through the Availity Essentials portal.

   Claims:
   - Log in to **Availity.com** and select Claims & Payments > Claims Status
   - Refer to Help and Training > Find Help > Claims Status for more details about assessing claims status
   - Visit **Humana.com/AvailityDentalPortal** for more information on how to submit a claim.
   - Visit **Provider.Humana.com/Dentist-Resources/Video-Library** and refer to the "Support for dentists – Helpful tips regarding member benefits and claims" video.

   Eligibility & Benefits
   - Benefits can be verified through Patient Registrations > Eligibility & Benefits Inquiry to check your patients' current dental benefits. Please ensure to select Humana Dental as the Payer.

4. **Q: How should I submit claims?**
   A: For faster processing, we encourage you to send your claims electronically. Our payer ID is 73288. Humana accepts electronic claims and attachments through various clearinghouses.

   Want to save time and increase efficiency? Submit claims via DentalXChange (DXC). DXC works with all major practice management software systems.

   Did you know you can submit dental claims through Availity? After logging in go to Claims & Payments menu, Claims & Encounters and select claim type of Dental Claim. At this time, submitting pre-estimates and attachments is not available through the portal.

   Paper claims should be sent to: Humana, P.O. Box 14611, Lexington, KY 40512-4611.

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5. **Q: What if I need to perform a procedure that is not on the patient's copayment list?**
   A: Unlisted procedure codes are not covered. The dentist determines the appropriate fee for these procedures.

6. **Q: What if there is no federal fee listed for a procedure covered under the Federal Advantage Plan?**
   A: Please refer to the language at the top of your federal fee schedule. Covered procedures not listed on the fee schedule (excluding orthodontics) will be reimbursed at up to 80% of the maximum allowable fee, less the patient's copayment.

7. **Q: I'm not a licensed orthodontist, but I perform orthodontic procedures. How am I reimbursed?**
   A: Only licensed orthodontists are contracted to receive supplemental payments in addition to the patient copayments.

8. **Q: Can I refer patients to a specialist?**
   A: Yes, you can refer them to any specialist in the Federal Advantage EPO Plan or PPO network. To find a network specialist, visit **your.humana.com/feds**. The Dentist finder is located on the landing page, the Dental page and the Open Season page. You can also ask the patient to call a customer care specialist at **877-692-2468** for help finding a participating specialist.

9. **Q: What is the First Payor Process for FEDVIP?**
   A: Coverage for members in the Federal Employees Health Benefits Program (FEHB) and the Federal Employees Dental and Vision Insurance Program (FEDVIP) is governed by the Office of Personnel Management (OPM). This agency requires the medical carrier to be the first payer when a member has a medical plan with embedded dental coverage. When treating a FEDVIP member, generally the FEDVIP allowance will prevail. However, in cases where the provider participates in both FEHB and FEDVIP, the lesser of the contractual plan allowance will prevail. FEDVIP members will be held harmless – made whole in accordance with this guidance.

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Below is a step-by-step process to ensure timely processing of your FEDVIP claims:

First Payor Guidelines for Federal Employees

Coverage for members in the Federal Employees Health Benefits Program (FEHB) and the Federal Employees Dental and Vision Insurance Program (FEDVIP) is governed by the Office of Personnel Management (OPM). This agency requires the medical carrier to be the first payer when a member has a medical plan with embedded dental coverage. To help us process your claims quickly, please follow these steps:

1. Verify the enrollee's medical coverage. If the plan has an embedded dental benefit, submit the claim to the medical carrier first.

2. Apply payment from the medical carrier to the member's responsibility first.

3. After the adjustment is made, attach a copy of the medical explanation of benefits to the claim form for the secondary insurance and send it to:

Humana
P.O. Box 14287
Lexington, KY 40512-4287

The member is financially obligated to pay only his or her member responsibilities on the schedule of benefits. If you have questions, please call **877-692-2468**, 9 a.m. – 7 p.m., Eastern time.