

# Humana Dental Highlights

A publication of Humana Dental

Quarter 2 2025



*No matter how long the winter, spring is sure to follow*

*Humana recognizes the exceptional service given to our members by our participating dentists and the critical role this plays in preserving our members' oral health. Humana is committed to our providers to share relevant information for their dental practice, updates on plan offerings and other dental-related news.*

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## Important plan information

### Review Medicare benefits for 2025

Humana supports our in-network dentists by making it easier to work with us and easier for your 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 preferred provider organization (PPO) network. The patient's member ID card may say health maintenance organization (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, which is located on [Humana's Medicare dental benefits webpage](#). 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](mailto:dentalservice@humana.com).

### FEDVIP 2025 plan information

The 2025 plan year comes with changes to the previous Humana Federal Employees Dental and Vision Insurance Program (FEDVIP) plan year benefits. Follow the links below to review the changes, which include helpful details on where you can find answers to common questions and assistance providing service to your FEDVIP patients. View the [2025 FEDVIP changes for exclusive provider organization \(EPO\) here](#) and the [2025 FEDVIP changes for PPO here](#).

## New dental HMO (DHMO) plans introduced in 2024

Humana Dental is pleased to introduce new Dental HMO (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 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 webpage](#).

Please 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.

## Creating efficiencies for your office

### Benefits of using the most current ADA claim form

The American Dental Association (ADA) introduced an updated [Dental Claim Form](#) in 2024, which is designed to be more user friendly and streamline the process for submission and processing of dental claims. While Humana continues to accept any claim form by utilizing the most current form, you can ensure efficient processing of your dental claims. Submitting outdated forms can potentially delay the process and how quickly you receive payment. The new form has enhanced data fields for electronic submission to facilitate faster claim processing.

### 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 response (IVR) platform? It is easy to request a copy of your fees, which Humana will fax to you by following the steps below:

1. Call Humana's provider call center at 800-833-2223, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and say "fee schedule" when prompted.
2. You will be asked to enter your Tax Identification Number (TIN) and the provider's National Provider Identifier (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 has a unique Medicare Gold Plus network, and reimbursement for Medicare plans will vary.
- Providers contracted with Careington should reach out to Careington for a copy of their 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 network for a copy of their fee schedule.

## CAQH Proview can streamline credentialing and recredentialing

Humana understands how busy dental offices are, and we want to help you simplify the credentialing and recredentialing process by sharing how to use **CAQH ProView**, the complimentary system Humana Dental uses to manage credentialing and recredentialing of our network providers. By submitting and maintaining your dentist's professional information in one central place, it eliminates duplication, information can be shared with the organizations you choose and it is free.

You can submit your provider credentialing and recredentialing 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 dental provider network](#) webpage.

## Availity Essentials – tips for using the provider portal

Important: Providers have several options to obtain member eligibility and claims information. If you experience issues with [Availity Essentials](#), 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, Monday– Friday, 8 a.m. – 8 p.m., Eastern time, .
- Humana Customer Care cannot advise how to use or navigate [Availity's website](#), but Availity Client Services (ACS) is available at 800-AVAILITY (282-4548), Monday – Friday, 8 a.m. – 8 p.m., Eastern time (excluding holidays), to assist with registration or navigation questions.
- Registered users can access the ACS Contact Support page to send an online message and 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 drop-down menu. Humana is the medical payer and, if selected, 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.

You can visit this [Availity Essentials for Humana Dental Providers](#) webpage for training tips. Once at the site, select "Start course," then select the option "Already a registered Availity user? Build your training plan here" and choose from the list of training titles that best fit 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 indicating the selected patient has multiple plans and you need to select one in the drop-down menu to continue. As a 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 a subscriber on one plan and a 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 menu will appear.
  - This is important for providers who use their own practice management systems to view member eligibility and benefits information, as 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 Eligibility & Benefit (E&B) results are accurate, it is important to change from the default search option under Patient 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 Patient Information section of the form. The default search option is Patient ID, Date of Birth. In the drop-down menu, select the option for **Patient 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.

### MA member IDs and claim status

Did you know MA members do not receive a separate dental ID card?

To verify eligibility for a MA member, you should enter the ID number, also known as the "H" number, from the MA ID card on the E&B Inquiry page. Visit [Humana's Medicare Dental Benefits webpage](#) for more details about Medicare dental benefits and a sample image of an MA 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, you will notice on the dental eligibility results page that the dental-specific ID number 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, please visit 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) will soon migrate to Availity's Remittance Viewer. Work is under way to transfer historical remit information. 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. More details will be shared at a later date.

### **Submit dental claims on Availity Essentials**

Registered users can submit claims to Humana Dental via the Dental Claim tool. Please note that options for submitting predeterminations or adding attachments on dental claims are 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 Organizations from the left menu. From there, select Open My Administrators (next to Administrator Information).

You can find recordings of Availity-led 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 [Availity's website](#). 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, select dental claim under claim type, 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 rendered because of an accident.
- "Remarks" is a field used only for information not captured within the existing fields on the 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's Availity dental portal](#) to learn more and find the Availity online registration form. You can call Availity Client Services at 800-AVAILITY (282-4548) if you have registration questions.

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). Availity Essentials is a multipayer 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.

## **Compliance corner**

## Illinois House Bill 5395 (Health Care Protection Act)

[Illinois House Bill 5395](#), also known as the Health Care Protection Act, amends the Network Adequacy and Transparency Act by setting requirements on insurance carriers regarding member costs and coverage. It allows the department to amend its rules to conform to more stringent federal standards for plans issued or renewed after Jan. 1, 2025. Carriers are further required to audit all commercial and Qualified Health Plan network directories every 90 days rather than just a portion of provider directories.

### Illinois providers

You can expect us to reach out to your office to verify provider data elements we have in our directories to comply with the increased auditing requirements. We may also contact you if we have not received a claim from you within the last 12 months or received other confirmation that your provider wishes to remain in our network.

You play a key role in helping us maintain an accurate directory. When sending provider updates, please review to ensure you're sending us the key demographic elements: provider name, gender and specialty, board certifications, languages spoken (if applicable), location of the office, phone number and web address (if available), and whether the office is accepting new patients.

There are several ways to send us your information:

- In [Availity Essentials](#), select the Payer Spaces and Humana Dental, then select the **Dental Provider Directory** application. Once you select your organization and Tax ID from the drop-down menus, enter the Provider Name and use the free-text fields to indicate the current directory data and the correct data.
- On the [directory](#) under your provider's listing, select the link to **Report updated information**. In the form that opens, please indicate what data needs to be corrected.
- You can also email us directly at [ILDentalService@humana.com](mailto:ILDentalService@humana.com) or send it by mail via United States Postal Service. The mailing address is:  
Humana c/o Dental Service  
1100 Employers Blvd.  
Green Bay, WI 54344

## Utilizing the KX modifier on claims for dental services

CMS implemented guidance in July 2024 regarding submission of claims for dental services inextricably linked to a covered medical procedure or condition. Effective July 1, 2025, providers will be required to include the KX modifier on the claim to indicate they believe the dental service is medically necessary, they included appropriate documentation in the medical record to support or justify the medical necessity of the service or item, they demonstrated the inextricable linkage to covered medical services, and they showed 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 for Medicare HMO or PPO plans or an Advance Coverage Determination (ACD) for Medicare private fee-for-service 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 Centers for Medicare & Medicaid Services (CMS) rule requirement for Medicare predeterminations**

Beginning Jan. 1, 2026, CMS will [require](#) all Medicare predeterminations to be completed within 7 calendar days for standard (nonurgent) dental services. To meet the streamlined time frame in advance of 2026, supporting clinical information must be submitted at the time of predetermination requests for dental service.

Best practices: For most efficient processing, please submit different pretreatment plans separately.

- Example: If submitting to determine coverage for a bridge versus coverage for an implant, submitting separate pretreatment plans can decrease the chance of delay due to conflicting services being submitted on the same tooth or arch.

When submitting a predetermination, your treatment plan should include:

- A list of ADA nomenclature and codes
- Your written description of the proposed treatment
- Supporting pretreatment X-rays\*
- Itemized cost of the proposed treatment
- Any other diagnostic materials Humana Dental requests

Please remember to verify benefit coverage in Availity Essentials using the Humana Dental payer. Visit [Humana.com/availabilitydentalportal](https://www.humana.com/availabilitydentalportal) for more information on using the provider portal.

For guidance on required clinical information, please reference the [Humana claim attachment guidelines](#). You can access these guidelines and those of other dental benefit plans in one central location by enrolling with Vyne Fastlook. To learn more, visit [Vyne Dental](#). For DentalXchange, visit [dentalxchange.com/solutions/for-providers](https://dentalxchange.com/solutions/for-providers).

## **Nondiscrimination and Notice of Availability**

The U.S. Department of Health and Human Services (HHS) has made a final ruling in [Section 1557](#) of the Affordable Care Act 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 became 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 and prominent physical location and can combine notices if it clearly informs individuals of their civil rights. To aid in fulfillment of this requirement, the Washington state Office of the Insurance Commissioner has provided a [sample nondiscrimination notice template](#).



## Noteworthy news

### Consider network status when making patient recommendations

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 they confirm their out-of-network benefits prior to scheduling an appointment. This is important for all patients, but especially Humana members who may be on an MA plan and have a fixed or limited income.

### Importance of sharing updated information to maintain accurate directories

Humana strives to have the most current provider information so our members can find your practice. Having inaccurate directory information can be a source of frustration for members, and keeping Humana updated with current information about your practice also assists us with processing your dental claims accurately and efficiently.

It is important to notify us whenever there is a change in your location (adding, closing or changing an office), to a treating provider's license or NPI, to your practice's TIN, there is an ownership change, or when you add or remove providers. There are several ways you can contact us.

- To view the information we have on file in our directory, please visit [finder.humana.com/](https://finder.humana.com/) and utilize the link on the provider search results page to **Report updated information**, which allows you to submit an online form detailing what part of the listing is incorrect.
- A similar option is available for registered [Availity Essentials](#) users. Please select the Humana Dental payer space, then choose the Dental Provider Directory application. Once you select your Organization and tax ID, simply enter the Provider Name and indicate what information needs to be corrected.
- Participating providers can email your dental service SPOC or reach us at [DentalService@humana.com](mailto:DentalService@humana.com).
- If you prefer to send by mail, please address to:  
Humana.com c/o Dental Service,  
1100 Employers Blvd.  
Green Bay WI 54311

### 2025 Current Dental Terminology code updates

The 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 went into effect Jan. 1, 2025, and 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 Essentials](#). You can also call Humana at the number on the back of your patient's member ID card. Electronic claims or predeterminations may be

submitted electronically through payer applications, such as DentalXChange. Paper submissions can also be submitted to the claims address on the back of your patient's member ID card. Please refer to our [dental 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 on the fee schedule. For PPO-based plans that started in 2021, we have added the new CDT codes to our usual customary rate tables that will help fee schedules pay to the 80% logic.

To see the full list of additions, deletions and changes online, please visit [dental procedure codes and nomenclature updates](#)

### **Generational approaches to dental insurance: a financial perspective**

As the dental landscape evolves, understanding the generational divide in financial habits is essential for dental providers, especially considering its impact on dental care decisions. Generation Z (18–27 years old) and the Silent Generation (79 years old and older) exhibit distinct financial approaches, influencing their dental care choices and interactions with dental insurance providers. Adapting to these preferences can drive patient engagement and retention across generations. [You can find the full Humana study results here.](#)

## **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.

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

### **Helpful links**

- [Provider manual](#)
- [Dental resources](#)

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