Humana Dental Highlights

A publication of Humana Dental

Quarter 3 2025

A little bit of summer is what the whole year is about

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.

Important plan information

- *Medicare Advantage*
- *FEDVIP plan information*
- *Dental HMO (DHMO) plans introduced in 2024*

Creating efficiencies for your office

- *Benefits of using the most current ADA claim form*
- *Access your PPO fee schedule*
- *CAQH Proview can streamline credentialing and recredentialing*
- *Availity Essentials™ – tips for using the provider portal*

Compliance corner

- *Importance of notifying Humana about changes to your practice*
- *Utilizing the KX modifier on claims for dental services*
- *New Centers for Medicare & Medicaid Services (CMS) rule requirement for Medicare predeterminations*
- *Nondiscrimination and Notice of Availability*

Noteworthy news

- *Consider network status when making patient recommendations*
- *Bridging the educational trust gap in dental health*
- *2025 Current Dental Terminology (CDT) code updates*

Have questions?

- *How to reach the provider call center and other helpful links*

Important plan information

Medicare Advantage

New for 2026: All Humana Medicare Advantage (MA) plans will cover 2 cleanings a year, plus exams and X-rays on 100% of MA plans nationwide. Dental benefits for 2026 will be will be posted on Humana.com/sb Oct. 1.

FEDVIP plan information

For details on how to administer Humana Federal Employees Dental and Vision Insurance Program (FEDVIP) plan benefits, including schedule of benefits, copay tables, first payer guidelines and more, visit our benefit resource page.

Oral cancer evaluations
The American Dental Association's (ADA) CDT codes below include an oral cancer evaluation as per the ADA's codes' descriptors:

- *D0120 Periodic oral evaluation – established patient*
- *D0150 Comprehensive oral evaluation – new or established patient* and
- *D0180 Comprehensive periodontal evaluation – new or established patient*

Oral cancer evaluations are crucial to detect cancerous growths in early, more treatable stages. According to the American Cancer Society, the overall lifetime risk of developing oral cavity and oropharyngeal cancer is about 1 in 59 for men and 1 in 139 for women.[1] An expert panel of the ADA's Council on Scientific Affairs and the Center for Evidence-Based Dentistry concluded that it is good practice for clinicians to perform an intraoral and extraoral conventional visual and tactile examination in all adult patients to screen for oral cancer.[2] As a reminder, Humana's plans include routine oral cancer evaluations at comprehensive and periodic dental visits to ensure our members receive the recommended standard of care.

Antibiotic stewardship and prescribing practices
Humana is reminding providers of the importance of responsible antibiotic prescribing practices. Worldwide, dentists account for approximately 10% of antibiotic prescriptions, and studies have shown that many of these antibiotic prescriptions were likely unnecessary.[3] The Centers for Disease Control and Prevention (CDC) estimates that at least 30% of outpatient antibiotic prescriptions in the United States are unnecessary.[4] Overuse of antibiotics may lead to issues including antibiotic resistance (meaning that certain microbes may not respond to routine treatment efforts, potentially leading to additional treatment modalities), increased costs, and increased morbidity and mortality.[3,4]

Antibiotic resistance is recognized as a significant threat to public health and is expected to be responsible for 10 million deaths annually by 2050.[3] Observing responsible antibiotic prescribing practices can reduce the number of unnecessary prescriptions, minimizing the harm to individual patients and the community as a whole.[4] Antibiotics should only be prescribed when needed and with the correct antibiotic, dosage and duration in accordance with evidence-based guidelines.[5]

References:

1. Oral Cavity & Oropharyngeal Cancer Key Statistics 2021 | American Cancer Society
2. Evidence-based clinical practice guideline for the evaluation of potentially malignant disorders in the oral cavity - The Journal of the American Dental Association
3. Preventing AMR and Infections | FDI World Dental Federation
4. Core Elements of Outpatient Antibiotic Stewardship | Antibiotic Prescribing and Use | CDC
5. Antibiotic Stewardship | American Dental Association

DHMO plans introduced in 2024

Humana Dental is pleased to introduce new 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 plans with member copayment are available at Humana Specialty dental and vision benefit forms.

Please refer to the member copayment list prior to seeing patients on these 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 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, utilizing the most current form ensures 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 preferred provider organization (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.

DHMO and Exclusive Provider Organization (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.

To request your Humana PPO fees:

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.

PPO refers to Preferred Provider Organization health plan; EPO refers to Exclusive Provider Organization health plan; DHMO refers to Dental Health Maintenance Organization.

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 claim 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 at 800-833-2223, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.
- Humana Customer Care cannot advise how to use or navigate to www.availity.com, 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.

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 from 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

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 MA Dental Benefits for Providers | Humana for more details about Medicare dental benefits and a sample image of a 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-hand side 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 later.

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 ensure 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).

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 our page dedicated to Humana Dental providers to learn How Availity Essentials supports your practice. Availity Client Services can be reached at 800-AVAILITY (282-4548) for questions on registration or other portal functionality. You can find Availity-led training sessions with insider tips for using the dental claim tool and other topics in Availity's Learning Center (ALC). You must be a registered user on www.Availity.com; select Help & Training | Get Trained for access to the most up-to-date instructions.

Availity Essentials is a free multi-payer portal where you can use **1 user ID and password** to work with Humana Dental and other payers in your state. There is no cost to register and Availity is

compliant with all Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations. Administrators are responsible for setting up organization accounts and assigning roles to users in their office(s). To work with Humana Dental on Availity Essentials, your organization must have an Availity account.

Compliance corner

Importance of notifying Humana about changes

Humana strives to have the most current provider information so our members can find your practice. You play a key role in helping us maintain an accurate directory. Please notify Humana in a timely manner when updates are needed to your practice information. Remember to include all relevant data for efficient processing:

- Change in location (adding, closing or changing offices)
- Updates to phone number, email and/or web address (if available)
- Changes to your practice's TIN or ownership changes
- Changes to a treating provider's license or NPI, name, specialty, board certifications, languages spoken (if applicable), etc.
- Whether the provider and/or office is accepting new patients

Keeping Humana informed of any changes to your office or provider information helps ensure our directory remains accurate, supporting members in finding in-network dental care. Maintaining timely updates is also essential as state legislation increasingly requires prompt and accurate directory information. Humana may also reach out to your office if we haven't received recent claims to ensure we have the most up-to-date information. There are several ways to send us your information:

Sign in to your Availity Essentials account at www.availity.com and:

- Select Humana Dental from the Payer Spaces top menu, then choose the **Dental Provider Directory** application.
  - Select your organization and TIN from the drop-down menus
  - Enter the provider name
  - In the box labeled Current Directory Data, tell us the directory listing that needs updating
  - Finally, in the box labeled Correct Directory Data, indicate the correct information

- On Humana's directory locate your dental provider's listing:
  - Select the link to **Report incorrect information**
  - An online form opens where you can specify the items that need correction
  - Select "Submit" to send us the feedback

- Participating providers can email their dental Single Point of Contact (SPOC) directly or contact the dental service team directly at dentalservice@humana.com
- If mailing by United States Postal Service is preferred, 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. Inextricably linked services require an integrated and coordinated level of care (requiring the exchange of information between the medical professional and the dentist) to ensure the dental services are an integral part of the Medicare-covered primary procedure. 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.

Effective July 1, 2025, providers are required to include the KX modifier on a 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 a covered medical services, and they showed that coordination of care between medical and dental practitioners has occurred.

Refer to the **Medicare Basic Dental Benefit Exceptions Guidelines** for more details including page 34 regarding the submission of an ACD/predetermination for dental services inextricably linked to a covered medical procedure or condition. Note: **Claims for Humana MA patients** – please find the claims address and general claims and payment information, including the appropriate claim forms on page 35.

New CMS rule requirement for Medicare predeterminations

Beginning Jan. 1, 2026, per federal rule, 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 the 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.
- Please remember to verify benefit coverage in Availity Essentials using the Humana Dental payer.

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

For guidance on required clinical information and required pretreatment X-rays, please visit our dentist resources webpage, scroll down to the section for Guides and review the list of 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.

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. The Notice of Nondiscrimination rule became effective in November 2024, and the Notice of Availability became effective in July 2025. 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.

Dental practices can ensure compliance by posting notices in an easily visible and prominent physical location. Notices can be combined if provided they clearly inform 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 that 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 a MA plan and have a fixed or limited income.

Bridging the educational trust gap in dental health

Did you know Gen Z is increasingly turning to podcasts, influencers and health websites for dental health advice, while older generations continue to rely on long-time providers? New Humana research reveals how patient trust is shifting across generations. To learn more, view our whitepaper here.

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 our claims for dental providers webpage and under "Additional claim resources" view the full list of 2025 CDT codes

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 claim 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

- Dental Provider Manual
- Dental Resources for Providers | Humana

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