

Humana Dental Highlights

A publication of Humana Dental®

Quarter 4- 2024

What feels like the end is often the beginning



Humana invites you to review our provider newsletter as we prepare to close out 2024. Included below you will find information on plan offerings, tips on the provider portal and applicable policies to help keep your office informed. We are thankful for you and your staff's commitment to preserving our members' oral health.

Take a look at some of our 2025 Medicare Advantage plan benefits:

- **Dental coverage on most Medicare plans:** Most Humana Medicare Advantage (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. 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 even implants in some cases.

As a reminder, all MA dental benefits use a preferred provider organization (PPO) network. The patient's ID card may say HMO, but that is only related to their medical benefits:

This is the name of the medical network only. It is not related to the dental network.

You can find information about the dental network at Humana.com/sb.

Humana.
HUMANA GOLD PLUS (HMO)
A Medicare Health Plan with Prescription Drug Coverage

See Back for Dental

MEMBER NAME
Member ID: H00000000X
Plan (B0840) 9140461101
RxBIN: XXXXXX
RxPCN: XXXXXX
RxGRP: XXXXXX

Copayments
OFFICE VISIT: \$XX
SPECIALIST: \$XX
HOSPITAL EMERGENCY: \$XX

MedicareRx
CMS XXXXX XXX

Member/Provider Service: 1-800-457-4708
If you use a TTY, call 711
Pharmacist/Physician Rx Inquiries: 1-800-865-8715
IPA/Center Name: XXXXXX
Primary Physician: XXXXXXXXXXXXXXX
Claims, PO Box 14601, Lexington, KY 40512-4601
Please visit us at Humana.com (For Dental: Humana.com/sb)
Additional Benefits: DENXXX VISXXX HERXXX
EyeMed Vision: XXX-XXX-XXXX

The six-character DEN code indicates which plan the patient has.

Please remember that benefits vary by plan. Be sure to verify the specific coverage of your MA patients in the Dental Office Handbook of the corresponding calendar year located at [Humana.com/sb](https://www.humana.com/sb). Provider customer service 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 dental.service@humana.com.

Flex allowance removal

Important reminder: Flexible allowance cards are not included in any 2025 Humana or CarePlus Health Plans MA dental benefits.

Members may continue to use their flexible allowance cards through Dec. 31, 2024, but they cannot be accepted or used for dental care on or after Jan. 1, 2025.

Please keep in mind that Humana and CarePlus MA members may still have a spending account card even though the flexible allowance card is discontinued. Spending account cards are for “healthy options” and over-the-counter expenses, not dental care. **Please do not accept spending account cards for dental care.** See chart below for examples:

	HEALTHY OPTIONS ALLOWANCE	OVER-THE-COUNTER (OTC) ALLOWANCE	FLEX ALLOWANCE
ALLOWANCE RANGES	Monthly: \$25–325* <i>*Plans in Puerto Rico with the Extra Debit Card range from \$20–265 monthly</i>	Monthly: \$15–75 Quarterly: \$50–250	Annually: \$250–1,000
WHAT'S COVERED	<ul style="list-style-type: none"> • Groceries • Personal care • OTC & health care items • Home supplies • Rent & mortgage • Household essentials • Pet supplies • Pest control services • Non-medical transportation costs 	<ul style="list-style-type: none"> • Vitamins and minerals • Digestive health • Personal care products • Allergy, cold and flu • Pain relief • First aid 	Use toward the plan's covered dental, vision or hearing services, such as: <ul style="list-style-type: none"> • Dental care • Glasses or contacts • Hearing aids

Please note that flexible allowance cards are not included in any 2025 Humana MA plans. This includes all markets nationally and CarePlus.

CAQH ProView can streamline credentialing and re-credentialing

Humana understands how busy dental offices are, especially in 4th quarter. We want to help you simplify the credentialing and re-credentialing process by sharing how to use CAQH ProView, the complimentary system Humana Dental uses to manage credentialing and re-credentialing of our network providers. Learn more about how to work with us and reduce paperwork. Submit your providers' credentialing and re-credentialing details in a single source for all healthcare organizations you partner with. Visit our [Dental Provider Video Library](#) and select **Simplify Credentialing with CAQH ProView**. You can find more helpful information about our credentialing process by visiting our [Join our network](#) webpage.

Utilizing the KX Modifier on claims for dental services inextricably linked to covered medical services

Effective July 1, 2024, the Centers for Medicare & Medicaid Services (CMS) implemented updated guidance regarding submission of claims for dental services inextricably linked to a covered medical procedure or condition. Providers are encouraged, but not currently required, to include the KX modifier on the claim to indicate:

1. They believe the dental service is medically necessary,
2. That the provider has included appropriate documentation in the medical record to support or justify the medical necessity of the service or item and demonstrates the inextricable linkage to covered medical services,
3. And that coordination of care between medical and dental practitioners has occurred for services provided with dates of service beginning in calendar year 2024.

Please note that Humana recommends submitting dental procedures coverable under the basic medical benefit as a predetermination (Medicare health maintenance organization [HMO]/ PPO) plans or an Advanced Coverage Determination (ACD) for Medicare private fee-for-service (PFFS) 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.

Access your PPO fees at your convenience

Did you know you can request your participating Humana PPO fee schedule anytime, day or night, through the interactive voice conversational (IVR) platform? To request a copy of your network fees faxed directly to you, call Humana's Provider Call Center at 800-833-2223 and say "Fee Schedule" when prompted. You will be asked to enter your Tax Identification Number (TIN) and the provider's national provider identifier (NPI) number for validation. Next you will be asked to enter your fax number. Once the information is entered, your existing PPO fees will be faxed to you. Click [here](#) for more details and important reminders.

Availity Essentials

Be sure to select **Humana Dental** in the payer drop-down anytime it is available to receive accurate member benefits and claims information. Humana is the medical payer and if selected for eligibility and benefits on a dental member ID, it may result in a message stating member is not found. Click [here](#) for training tips; select Start Course, and then “Already a registered Availity user? Build your training plan here” and select from the list of titles for training that best fits your needs.

Need help with registration? Visit [Humana.com/AvailityDentalPortal](https://www.humana.com/AvailityDentalPortal) to learn more and access the Availity online registration form. Call Availity Client Services at 800-AVAILITY (282-4548) for help with registration questions. Assistance is available Monday – Friday, 8 a.m. – 8 p.m., Eastern time (excluding holidays).

Important: Providers have several options to obtain member eligibility and claims information.

If you experience issues with www.availity.com, you have other options so that patient care is not interrupted:

- Humana’s automated phone system provides 24-hour access to Humana member benefit and claims information and more by calling Humana Customer Care at 800-833-2223.
- Live agent assistance can be accessed through this number Monday – Friday, 8 a.m. – 8 p.m., Eastern time.
- Humana Customer Care cannot advise how to use or navigate www.availity.com, but Availity Client Services (ACS) is available at 800-AVAILITY (800-282-4548) to assist with registration or navigation questions.
 - In addition, registered users can access the ACS Contact Support page to send an online message to 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.

Availity requires each user to have their own username and password (administrators are responsible for setting up user accounts and assigning roles). Each user must agree to Availity’s user agreement detailing sharing credentials in a system that contains personally identifiable information (PII) or protected health information (PHI) is strictly prohibited and a violation of Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.

Availity Essentials™ is a multi-payer 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 HIPAA regulations and there is no cost to register. To work with Humana Dental on Availity Essentials, your organization must have an Availity account.

Working with us online - sharing with you the information you need, when you need it. Visit [Availity Dental Provider Portal - Humana](#) for more information and access to recorded trainings.

Availity Essentials (www.availity.com)

- Check eligibility and benefits and View ID cards
- Check claim status
- Submit dental claims (excluding attachments and pre-determinations)
- View remittance advice
- Sign up for electronic payment preferences

Patient eligibility and dental benefits

It is always important to verify patient benefits, but especially in the 4th quarter and beginning of a new year. This is often a time of change for employer group coverage and individual benefits. Benefit changes can even occur for your long-time patients. It is a good practice to run a current inquiry to avoid any surprises. To check your patients' current dental benefits, select Patient Registration from the top menu > Eligibility & Benefits (E&B) Inquiry, and be sure to select **Humana Dental** as the payer (not Humana [medical]).

Members with multiple coverages

When a member has multiple active dental plans, it is important to receive accurate benefit information, whether the member indicates they have more than one dental plan. If this occurs, a message appears on the E&B results page, stating the selected patient has multiple plans and the user needs to select one in the drop-down list to continue.

As best practice, the plan group number should be included when submitting an inquiry. The inquiry can be edited to go back and enter the group number. When members have dual coverage and the group number is not included, it can result in display issues on the benefit results page:

- When members have 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 listed as "Subscriber" on one plan, and "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 will appear.

To ensure the returned results are accurate, it is important to change from the default search option under Patient Information to the 4th option that includes the group number:

- Select Eligibility and Benefits Inquiry, select your organization and Humana Dental as payer and fill in the required fields under the Provider Information section.
- Proceed to the Patient Information section. Change from the default search option of Patient ID, Date of Birth to select Patient ID, Date of Birth, Group Number, in the drop-down.
- This results in a new field displaying for 'Group Number' which is where the group number is entered.
- Continue filling out the remainder of required fields on the page and select submit.
- As a result, the accurate benefit information returns for the Member ID and Group number combination.

Access claims status

Verify status of your Humana Dental claims by accessing the Claim & Payments menu, then Claim Status. Be sure to select **Humana Dental** as the payer.

Choose 1 of 4 available search methods to help you find the information quickly: Member, Service Dates, Claim Number, or HIPAA Standard search tabs.

Pre-determinations will display in claims status results: look for the Estimates Flag section at the top. If a claim was processed as a pre-determination, it will display with a Y in this field.

Claim Status for Medicare Advantage (MA) members

It is important to note a patient's MA ID number, also known as the "H" number, will not work when searching for dental Claim Status under the Claims & Payments menu. Did you know that MA members do not receive a separate dental ID card? But you can easily locate their dental ID number through the Patient Registration menu.

Select Eligibility & Benefits Inquiry and then fill in the required fields and enter the MA member ID under Patient ID, from the patient's MA ID card. Make note of the dental member ID that displays in the results and use this in the claims status search.

Remittance information 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. From the Claims & Payments top menu, go to Remittance Viewer. Select either Remittance Inquiry (Humana) or Remittance Viewer. 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.

Important: Remittance Inquiry (Humana) will soon be migrating to Availity's Remittance Viewer, watch for on screen messaging as the implantation time approaches. Until that time, to use Availity's viewer, your Electronic Remittance Advice (ERA) must flow through www.availity.com. In the Remittance Viewer look for the links at the top right of the page to watch a quick video on using the viewer by selecting "Need help? Watch a demo for Remittance Viewer."

Submit dental claims on Availity.com

Registered Availity Essentials users can submit claims to Humana Dental using the Dental Claim tool. 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, next select My Account, then select Organizations from the left menu, and finally, select Open My Administrators (next to Administrator Information).

Need help? Visit Provider.humana.com/dentist-resources for helpful links. More insider tips and links to Availity-led trainings on using the dental claim tool and other topics can be found here: [Learn about Availity](#)

[Essentials for Humana Dental Providers - Overview](#). Registered users on www.availity.com can 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.

Ready to submit a dental claim?

From the Claims & Payments top menu, select the Claims & Encounters application. In the form that opens, select your Organization, then select Dental Claim as the Claim Type and HUMANA DENTAL as the payer.

Required fields are indicated by an asterisk and field source help and topics are available to help you complete the form data.

- Submission of pre-determinations or ability to add attachments for dental claims is not yet available. Follow the guidance on page 6 of the [Humana Dental Provider Manual](#) for details on current procedures.
- 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 because of an accident.
- Remarks is a field used only for information not captured within the existing fields on the American Dental Association (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.

2025 CDT code updates

The ADA adds, updates or deletes Current Dental Terminology (CDT) codes as part of its annual code maintenance review. This communication provides details of the ADA changes which go into effect Jan. 1, 2025, as well as 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 www.availity.com. You may also submit a pre-determination or call Humana at the number on the back of your patient’s ID card. Please refer to our [Provider Manual](#) for more information.

Fee schedules

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 with the fee schedule.
- For PPO-based plans, beginning in 2021, we added the new CDT codes to our usual customary rate (UCR) tables that will help fee schedules pay to the 80% logic.

Added CDT codes – 10 codes were added

Note: Plans are not available in all states and plan benefits may vary by state. Please refer to the plan documents for complete details of coverage.

CDT Code	Nomenclature	Descriptor	Coverage
D2956	Removal of an indirect restoration on a natural tooth	Not to be used for a temporary or provisional restoration	Not covered
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	This procedure includes active debriding of the implant(s) and prosthesis. The patient is also instructed in thorough daily cleansing of the implant(s).	If implants are fully covered, covered per arch with frequency.
D6193	Replacement of an implant screw		Not covered
D7252	Partial extraction for immediate implant placement	Sectioning root of a tooth vertically, then extracting the palatal portion of the root. Buccal section of the root is retained in order to stabilize the buccal plate prior to immediate implant placement (also known as the Socket Shield Technique).	Not covered
D7259	Nerve dissection	Involves the separation or isolation of a nerve from surrounding tissues. Performed to gain access to and protect nerves during surgical procedures	Not covered
D8091	Comprehensive orthodontic treatment with orthognathic surgery	Treatment of craniofacial syndromes or orthopedic discrepancies that require multiple phases of orthodontic treatment including monitoring growth and development between active phases of treatment	If plan covers medically necessary orthodontia for children for Essential Health Benefits, then covered with diagnosis documentation required. Requires clinical review. Otherwise not covered.
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery		If plan covers medically necessary orthodontia for children for Essential Health Benefits, then covered with diagnosis documentation required. Requires clinical

			review. Otherwise not covered.
D9913	Administration of neuromodulators		Not covered
D9914	Administration of dermal fillers		Not covered
D9959	Unspecified sleep apnea services procedure, by report		Not covered

Deleted CDT Codes - 2 codes were deleted

CDT Code	Nomenclature	Descriptor	Details
D2941	Interim therapeutic restoration—primary dentition	Placement of an adhesive restorative material following caries debridement by hand or other method for the management of early childhood caries. Not considered a definitive restoration	Combined D2940 with D2941
D6095	Repair implant abutment, by report	This procedure involves the repair or replacement of any part of the implant abutment	Combined D6090 with D6095

Changed CDT Codes/Verbiage – 12 codes were changed

The following codes had revisions or editorial (verbiage) changes. Language that was added is highlighted in **blue**, and language highlighted in **red and struck through** indicates wording that has been removed.

CDT Code	Nomenclature	Descriptor	Details
D0160	Detailed and extensive oral evaluation - problem focused, by report	A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, sleep related breathing disorders , conditions requiring multi-	Descriptor change

		disciplinary consultation, etc.	
D0801	3D dental intraoral surface scan – direct	A surface scan of any aspect of the intraoral anatomy.	Nomenclature update and descriptor change
D1330	Oral hygiene instructions	This may include instructions for home care. Examples include tooth brushing technique, flossing, use of special oral hygiene aids	Descriptor change
D2940	Placement of interim direct restoration protective restorations	Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, manage caries, create a seal for endodontic isolation, or prevent further deterioration until definitive treatment can be rendered. Not to be used for endodontic access closure, or as a base or liner under restoration	Nomenclature update and descriptor change. Combined D2940 with D2941
D5520	Replace missing or broken teeth - complete denture (each tooth)- per tooth		Nomenclature update
D5640	Replace missing or broken teeth – partial denture – per tooth		Nomenclature update
D5650	Add tooth to existing partial denture – per tooth		Nomenclature update
D6011	Surgical access to an implant body (second stage implant surgery)	This procedure, also known as second stage implant surgery, involves removal of tissue that covers the implant body so that a fixture of any type can be placed. or an existing fixture be replaced with another. Examples of fixtures include but are not limited to healing caps, abutments shaped to help contour the gingival margins or the final restorative prosthesis	Descriptor change
D6051	Placement of interim implant abutment placement		Nomenclature update
D6080	Implant maintenance procedures when a full arch fixed hybrid prosthesis is protheses are	This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system(s), including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of	Nomenclature update and descriptor change

	removed and reinserted, including cleansing of prosthesis protheses and abutments.	the implant(s). This is not a per implant code and is indicated for implant supported protheses	
D6081	Scaling and debridement of a single implant in the presence of inflammation or mucositis, including inflammation, bleeding upon probing and increased pocket depths of a single implant, including; includes cleaning of the implant surfaces, without flap entry and closure		Nomenclature update
D6090	Repair of implant/ abutment supported prosthesis	This procedure involves the repair or replacement of any part of the implant supported prosthesis	Nomenclature update and descriptor change. Combined D6090 with D6095. Covered if D6095 was a covered code

Non-discrimination and Notice of Availability

The department of Health and Human Services (HHS) has made a final ruling in [Section 1557](#) of the Affordable Care Act (ACA) 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 will become 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, 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 Office of the Insurance Commissioner (OIC) has provided a sample nondiscrimination notice [template](#).

We're here to help

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 ID number and date(s) of service.

Helpful links:

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

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