Humana claim attachment guidelines

Thank you for treating patients with Humana coverage. Below is a list of procedures and codes for which Humana typically requires specific information to process claims. Under certain circumstances, additional information may be requested for procedures not listed below. Please note that not all procedures are covered benefits under all plans administered by Humana.

<table>
<thead>
<tr>
<th>Code</th>
<th>Information needed</th>
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<tbody>
<tr>
<td>D0160, D0180, D0340</td>
<td>Detailed narrative*</td>
<td>D4381</td>
<td>Current periodontal charting and prior periodontal history including dates of service, teeth, arches and or quadrants</td>
</tr>
<tr>
<td>D2330, D2331, D2332, D235</td>
<td>Detailed narrative* and preoperative radiographs</td>
<td>D4910</td>
<td>Prior periodontal history</td>
</tr>
<tr>
<td>D2390, D2930</td>
<td>Preoperative radiographs</td>
<td>D4920</td>
<td>Detailed narrative*, including whether the patient was seen for follow-up visits</td>
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</tbody>
</table>
| D2510 through D2794 | Preoperative radiographs; if the restoration is a replacement, also include the date of prior insertion and reason for replacement | D5110 through D5283 | - Extraction date for each tooth  
- Preoperative complete series of radiographs or panoramic film  
- Initial/replacement, the age of existing prosthodontic and narrative for replacement  
- Prior carrier** |
| D2940 | Bitewing radiograph and detailed narrative* | D5620, D5621, D5622 | Detailed narrative*, including what was done to the framework                        |
| D2950 | Preoperative radiographs                                   | D5982          | Detailed narrative*                                                                |
| D2952, D2953, D2954, D2957 | Preoperative radiographs and date of completed root canal | D6010, D6013, D6040, D6050, D6055 through D6079, D6110 through D6117, D6194, D6195 | - Extraction date for each tooth  
- Preoperative complete series of radiographs or panoramic film  
- Initial/replacement, the age of the existing implant, pontic or denture and narrative for replacement  
- Prior carrier** |
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<tbody>
<tr>
<td>D2955</td>
<td>Detailed narrative* and preoperative radiographs</td>
<td>D6080, D6095, D6100 D6190, D6930, D6980</td>
<td>Detailed narrative*</td>
</tr>
<tr>
<td>D2960 through D2962</td>
<td>Preoperative radiographs; if the restoration is a replacement, also include the date of prior insertion and reason for replacement.</td>
<td>D6081</td>
<td>Periodontal charting, preoperative radiographs and detailed narrative*</td>
</tr>
<tr>
<td>D2971</td>
<td>Detailed narrative*, including if there is an existing partial in place</td>
<td>D6090, D6092, D6093</td>
<td>Preoperative periapical X-ray and detailed narrative*</td>
</tr>
<tr>
<td>D2999</td>
<td>Detailed narrative* and description of service performed</td>
<td>D6101 through D6104</td>
<td>Preoperative radiographs, detailed narrative* and periodontal charting</td>
</tr>
</tbody>
</table>
| D3221, D3230, D3240, D3310, D3320, D3330, D3331, D3332, D3333, D3351, D3352, D3353, D3410, D3421, D3425, D3426, D3430, D3450, D3470 | D6205 through D6794 | • Extraction date for each tooth  
• Preoperative complete series of radiographs or panoramic film  
• Other missing teeth in the arch that are not replaced  
• Initial/replacement, the age of the existing prosthodontic service and narrative for replacement  
• Prior carrier** |
| D3346, D3347, D3348 | The date of service of the previous root canal therapy and preoperative periapical X-rays of the tooth | D6980 | Detailed narrative* |
| D3910        | Detailed narrative* and preoperative periapical radiographs of the tooth             | D7210, D7250, D7280 | Preoperative radiographs |

**Humana.**
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<tbody>
<tr>
<td>D4210 and D4211</td>
<td>Detailed narrative,* periodontal charting and preoperative radiographs (not panoramic film)</td>
<td>D7220, D7230, D7240, D7241</td>
<td>Preoperative complete series of radiographs or panoramic film</td>
</tr>
<tr>
<td>D4240, D4241 and D4249 through D4267</td>
<td>Periodontal charting and preoperative radiographs (not panoramic film)</td>
<td>D7260, D7261, D7291, D7472, D7473, D7490, D7510, D7521, D7530, D7540, D7550, D7610, D7620, D7630, D7640, D7650, D7660, D7670, D7671, D7680, D7710, D7720, D7730, D7740, D7750, D7760, D7770, D7771, D7780, D7920, D7922, D7963, D7971, D7972, D7979, D7980, D7981, D7982, D7983, D7990, D7991, D7997, D7999</td>
<td>Detailed narrative*</td>
</tr>
<tr>
<td>D4245</td>
<td>Preoperative periapical radiograph and detailed narrative*, including documentation of keratinized tissue</td>
<td>D7270</td>
<td>Detailed narrative*, preoperative radiographs and medical carrier explanation of benefits</td>
</tr>
<tr>
<td>D4268, D4320, D4321</td>
<td>Detailed narrative* and preoperative radiographs</td>
<td>D7272, D7290, D7560, D7950, D7951, D7952 D7953, D7955</td>
<td>Detailed narrative* and preoperative radiographs</td>
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<tr>
<td>D4270, D4276</td>
<td>Periodontal charting or detailed narrative with the millimeter (mm) of recession or lack of attached gingiva/keratinized tissue for each tooth</td>
<td>D7412</td>
<td>Pathology/biopsy report or treatment records and detailed narrative*</td>
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<tr>
<td>D4273, D4275, D4277, D4278, D4283, D4285</td>
<td>Periodontal charting or detailed narrative with the millimeter (mm) of recession or lack of attached gingiva/keratinized tissue for each tooth. Preoperative radiographs (not panoramic film) also are required if the tooth is missing or has an implant.</td>
<td>D7995, D7996</td>
<td>Detailed narrative* and preoperative complete series of radiographs or panoramic film</td>
</tr>
<tr>
<td>D4274</td>
<td>Periodontal charting and preoperative radiographs (not panoramic film)</td>
<td>D9130, D9410, D9420, D9930, D9442, D9944, D9945, D9946</td>
<td>Detailed narrative*</td>
</tr>
<tr>
<td>D4341, D4342</td>
<td>Periodontal charting and preoperative radiographs</td>
<td>D9220 through D9243</td>
<td>Anesthesia records and detailed narrative*</td>
</tr>
<tr>
<td>D4346</td>
<td>Detailed narrative*, periodontal charting and preoperative radiographs; full mouth radiograph (not a panoramic film)</td>
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</table>

*A detailed narrative should include any pertinent diagnostic data, a description of any unusual circumstances that impacted the treatment and the reason the procedure was performed.

**Prior carrier information is needed only when a tooth extraction was done prior to the member becoming effective with Humana.

Humana does not request that radiographs be taken solely for benefit determination purposes. Radiographs should be dated, properly labeled and of diagnostic quality according to accepted standards of care. Please do not send photocopies. DentalXChange Attachment Services or National Electronic Attachment (NEA) FastAttach™ can be used for submitting digital radiographs or other required attachments. While intraoral photographs are not required, Humana would be pleased to accept and review them if you feel that they will assist us in making a benefit determination.

Current Dental Terminology© American Dental Association

To enable quick and timely processing of your claims, please remember to include the following information when submitting a claim: Tax Identification Number, rendering dentist and practice location.