

June 4 2025

## Provider Notification: Upcoming Changes to Dental Claims Processing for Medically Linked Services – QNXT Platform

Dear Valued Provider,

**Effective 7/1/2025** health plans must allow dental claims to contain medical diagnosis to be accepted and paid by the health plan. **Historically** the health plan has covered dental services with a medical diagnosis attached, and those services were billed to the health plan on a CMS 1500 with appropriate CPT codes.

The CMS <u>change</u> allows providers to use the standard dental claim form, 837D, in addition to the CMS 1500. The 837D form can include applicable CDT codes opposed to CPT codes with medical ICD-10 diagnosis code.

All dental claims for services inextricably linked to other medically covered services which are submitted to Aetna on a dental claim form must meet the following requirements:

- ICD-10 diagnosis code must be included in Box 34A of the 837D Dental Claim form.
- Modifier KX must be included at the beginning of the box 30 Description field. Include a pound-sign (#) between the modifier and the service description.

## Example:

| 29. Procedure Code | 29a Diag. Pointer | 29b. Qty | 30. Description           |
|--------------------|-------------------|----------|---------------------------|
| D0190              |                   |          | KX#screening of a patient |

Please know that with these changes, there may be a potential impact on claims processing. Various impacts may include:

- **Increased documentation requirements**: Providers may be asked to supply the health plan with clear documentation of medical necessity in the patient's record with the appropriate ICD-10 codes.

To ensure a smooth transition, we have been actively collaborating with cross-functional teams and external partners to prepare the health plans system for processing claims that include the KX modifier. This collaborative effort has been focused on aligning

technical capabilities, validating workflows, and ensuring compliance with regulatory and operational standards.

Regular routine dental services should be submitted through DentaQuest. Please contact <u>DentaQuest</u>, **1-888-249-8841**, for any claim submission questions relating to routine non-medical dental services.

If you have any questions regarding this notice, please contact your provider liaison or Provider Services at **1-855-676-5772.** 

Sincerely, Provider Experience Department

## **Questions?**

If you have general questions about this communication, please contact our **Provider Experience Department:** By Phone: 1-855-676-5772 (TTY: 711)

By Email: COEProviderServices@aetna.com