

Spring/Summer 2026

## Dental OfficeLink Updates™



Welcome to the latest edition of Dental OfficeLink Updates (OLU). As always, we provide you with relevant news for your office.



### HIGHLIGHTS IN THIS ISSUE

#### [Comprehensive oral evaluations CDT® code D0150\\*](#)

You should report comprehensive oral evaluations only for new patients or for established patients who have been absent from active treatment for three or more years.

If an established patient has had a significant change in health conditions or other unusual circumstances, you could report a comprehensive oral evaluation along with a detailed description

#### [We've launched a value-based care \(VBC\) pilot](#)

We're working with select Dental Service Organizations (DSOs) to explore VBC.

This pilot will test alternative incentive models centered on prevention, quality and improved access.

It complements our current fee-for-service approach while also offering new pay-for-performance opportunities.

#### [Photobiomodulation PBM therapy coding guidelines](#)

PBM therapy has become an increasingly recognized supportive treatment for managing oral mucositis in patients who have undergone head and neck radiation therapy.

To standardize reporting and reimbursement, CDT® code D9128 has been established to describe the initial 15 minute increment of PBM therapy.\*

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## **Continuing network expansion with our new Dental Network Provider Engagement team**

As we near the halfway point of the year, I would like to pause and say thank you. The heart of our network is you — our providers. Your dedication to caring for patients, running strong practices and supporting your teams is what makes this network successful.

### **Enhancing provider relationships**

As part of our continued focus on aligning with our broader provider experience strategy, we're excited to announce the launch of our Dental Network Provider Engagement team. This newly defined national structure is designed to better scale our efforts and deliver consistent, high-impact engagement across our dental provider network.

To support this evolution, the organization has been restructured into specialized national support teams, each focused on a key aspect of provider engagement and network performance. Together, these teams enable a more coordinated, scalable and provider-based approach — ensuring consistent support while continuing to strengthen dental provider partnerships nationwide. This change reflects our ongoing commitment to enhancing provider relationships and the value we deliver across the network.

### **Live webinars**

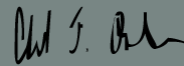
Our focus remains on supporting you in meaningful ways. That means listening to your feedback, improving processes where possible and ensuring that you have access to the tools and resources that help your practice run smoothly. Thus, we'll continue to support your request for learning and connection through our live webinars, designed to help you and your teams build skills and enhance the quality of care you provide to patients. We encourage participating providers to visit [Aetna Dental](#) and log in to register.

### **Aetna Dental® is looking to the future**

We're actively engaging with dental students nationwide through our Campus Lunch and Learn program. These meetings offer practical learning opportunities and resources for students to better understand and navigate dental insurance. I've had the honor of participating in these sessions, which has given me great optimism for the future. I am proud of our work to foster strong collaborations with dental schools and their students, to build lasting professional relationships and help support a strong future dental network.

## Thank you

We hope the articles and updates in this issue provide valuable insight, inspire innovative ideas and support you and your teams in the important work you do every day. We look forward to staying connected and continuing to learn and grow together in the months ahead.



Chad Cressler  
AVP, Network Management, Dental



## Notices and important reminders

### Comprehensive oral evaluations CDT® code D0150\*

These evaluations are typically meant for new patients.

You should report comprehensive oral evaluations only for new patients or for established patients who have been absent from active treatment for three or more years.

If an established patient has had a significant change in health conditions or other unusual circumstances, you could report a comprehensive oral evaluation along with a detailed description of the specific, unique circumstance for that patient.

A comprehensive evaluation is typically appropriate only once per patient and isn't a substitution for a routine exam. To avoid denials and re-work, make sure that you use the D0150 code appropriately.

### Imaging

When considering imaging options for a new patient, refer to the 2026 [American Dental Association \(ADA\) x-ray recommendations](#), which state that "Intraoral 2D radiographs

should be considered the primary imaging modality of choice” for an initial patient assessment, and not Cone Beam CT (CBCT.)”<sup>1</sup>

<sup>1</sup>American Dental Association. [X-rays/radiographs](#). March 26, 2026. Accessed on April 1, 2026.

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## News for you

### Photobiomodulation (PBM) therapy coding guidelines for radiation-associated oral mucositis

[Read more on what you should include with your claims to reduce the likelihood of denials.](#)

PBM therapy has become an increasingly recognized supportive treatment for managing oral mucositis in patients who have undergone head and neck radiation therapy. To standardize reporting and reimbursement, CDT® code D9128 has been established to describe the initial 15 minute increment of PBM therapy.\*

When treatment extends beyond the first interval, we recommend that additional 15 minute increments be reported using CDT® code D9129.\* These codes are covered in Aetna Dental® plans only when PBM is delivered specifically for the clinical management of oral mucositis resulting from radiation exposure.

#### Claims

To optimize claim processing and reduce the likelihood of denials, thorough documentation is essential. Each claim must include:

- A comprehensive clinical narrative summarizing the patient’s oral mucosal condition. This narrative should specify the presence of oral mucositis, provide relevant clinical findings, and indicate the therapeutic intent of PBM in reducing pain, improving healing or limiting progression of the mucosal injury.
- A separate formal statement from the treating physician or radiation oncologist verifying that the patient has received head and neck radiation therapy and has subsequently developed oral mucositis as a treatment related complication.

Accurate and detailed documentation supports medical necessity and facilitates timely reimbursement for PBM services provided to this vulnerable patient population.

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## We've launched a value-based care (VBC) pilot

We're working with select Dental Service Organizations (DSOs) to explore VBC.

This pilot will test alternative incentive models centered on prevention, quality and improved access. It complements our current fee-for-service approach while also offering new pay-for-performance opportunities.

This pilot has the potential to spark meaningful change in how we deliver dental care. We're eager to learn from these early experiences and use the insights to shape the future of VBC within Aetna®.

## Register today for Aetna Dental® portal training

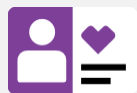
Learn how to navigate the provider portal, discover new enhancements and access resources.

The Dental Network team hosts live provider portal training for participating dentists and staff on the third Tuesday of every month (except December) at 1 PM ET.

This webinar will cover portal enhancements including:

- Electronic funds transfer/electronic remittance advice (EFT/ERA) enrollment
- Eligibility and benefits
- Predeterminations
- Claims management tools
- The Explanation of Benefits (EOB) tool
- Dental Maintenance Organization (DMO) rosters

We offer a live Q&A at the end of the training. Visit Aetna Dental and [log in](#) to register.



## Medicare

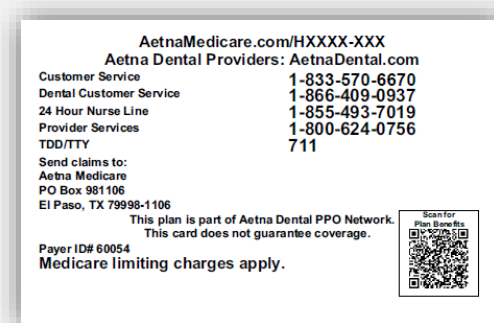
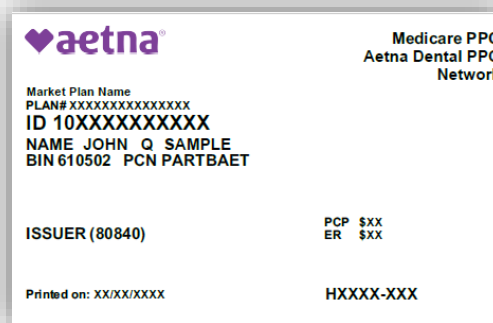
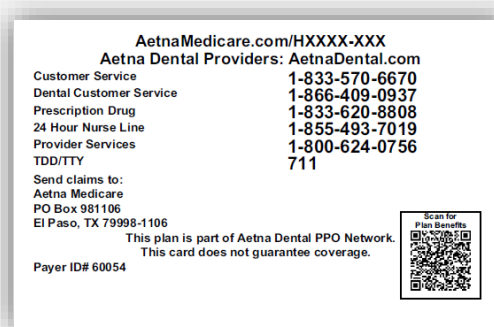
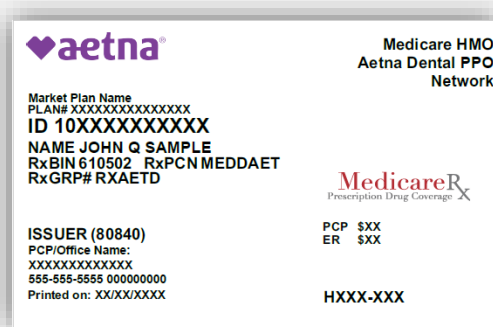
## Aetna® PPO dentists and Aetna Medicare Advantage (MA)

Read on to understand coverage, networks and how to submit claims and confirm eligibility.

Aetna Medicare now has over 2.7 million members with dental coverage.<sup>1</sup>

## What you need to know

- You can treat all Aetna Dental MA members who are in plans that use the Aetna Dental PPO Network, as long as you haven't opted out of seeing Aetna Medicare contractually.
- Medicare members have a combined dental/medical ID card. So, you may see references to HMO, D-SNP, HMO-POS or PPO.
- You can identify the member's plan by contract and Plan Benefit Package (PBP) number, which is located in the lower-right-hand corner of the ID card. You can find a list of these numbers in our [Medicare Quick Reference Guide \(PDF\)](#).
- Regardless of the medical plan, if the ID card says "Aetna Medicare Dental" in the upper-right-hand corner (see examples below), then the member has a network dental plan. You'll be reimbursed in accordance with the PPO fee schedule you have with us.



<sup>1</sup>All statistics are from a February 2026 internal Medicare reporting table.

## Aetna Dental® Medicare Advantage providers — stay in compliance

CMS requires you to have a compliance program. Read on to understand the requirements and how to comply with them.

Do you know that dentists are considered First Tier, Downstream and Related entities (FDRs) based on your contract with us? The Centers for Medicare & Medicaid Services (CMS) requires all FDRs to have an effective compliance program.

### What are the requirements?

- Distribute either the [CVS Health Code of Conduct \(PDF\)](#) or your own conduct standards or compliance policies to employees/subcontractors.
- Perform exclusion screenings on employees/subcontractors both prior to hiring or contracting and monthly thereafter to ensure that they're not excluded from participating in federal programs. You must enter the names of your employees/subcontractors into both the [Office of Inspector General](#) site and the [Exclusions page of SAM.gov](#) to determine if any of them are excluded. If any of them are, you must remove them from work related to Aetna Medicare, and you must notify us of the exclusion.
- Have a process in place for employees/subcontractors to report compliance and fraud, waste and abuse issues. If any of those issues affect Aetna®, you must report the problem to us. To meet this requirement, you may, for example, display our [reporting poster \(PDF\)](#).
- Do you conduct offshore business? Submit this [Offshore Services Attestation form \(PDF\)](#) to our compliance team. Oversee any subcontractor that performs services for us to ensure that the subcontractor complies with the CMS compliance program.

### How to comply

More details about CMS compliance requirements and how to meet them are outlined in the [FDR Guidebook \(PDF\)](#), which includes helpful tools such as a checklist you can use to determine whether you're meeting requirements. If you're not meeting any of these requirements, we encourage you to make corrections to your processes.

### Ask questions

[Send us an email](#) and we can work with you to develop a Corrective Action Plan.

# Claims, eligibility and support — we're here for you

## Claims

Before submitting a claim, consult the [Dental and oral surgery claim documentation guidelines \(PDF\)](#) to verify all required documentation is included. Submitting complete and accurate attachments will help prevent processing delays.

Submit claims to the address on the member ID card.

### By mail

Aetna Medicare  
P.O. Box 981106  
El Paso, TX 79998-1106

### Electronically

**EDI Payer ID #60054**

## Medicare Advantage (MA) claims and eligibility

To confirm eligibility for Aetna® members with a MA plan, log in to [Aetna Dental](#), select Access Electronic Services and follow the prompts or call us at [1-800-624-0756 \(TTY: 711\)](#). Our dedicated Medicare Provider Services team offers personalized customer service and can help you with questions about Medicare dental plan eligibility, benefits and claims.

You can also log into [Aetna Dental](#) to view our 2026 Medicare quick reference guide, which contains plan benefits and claims submission information. Just look for Dental Medicare under the Resources tab.

## Skip the phone line

You can now save time by skipping the phone line and instead receive a fax back with member eligibility. Call us at [1-800-624-0756 \(TTY: 711\)](#) select Coverage and Benefits and follow the prompts.

In addition to receiving the member's plan status, effective date, original effective date with us, and group information, you'll now see the annual maximum benefit and remaining balance of the allowance. You'll also have the opportunity to enter any American Dental Association (ADA) procedure codes and receive benefit information specific to the member's plan, including the in-network (INN) and out-of-network (ONN) coverage.



## How to reach us

### We're here for you

You can do many things via our dental portal, including:

- Updating your personal information, including your National Provider Identifier (NPI) and email address
- Viewing dental office guides
- Taking continuing education courses
- Adding or terminating associates
- Filing claims via Dental Xchange
- Getting credentialed
- Locating forms

Log in or register at [Aetna Dental](#).

### Phone numbers

#### **National Dentist Hotline**

Have a question about the PPO or DMO network, claim status or member eligibility? Call the National Dentist Hotline at [1-800-451-7715 \(TTY: 711\)](#).

#### **Dentist Contracting Hotline**

For PPO contract information or DMO® supplies, call the Dentist Contracting Hotline at [1-800-776-0537 \(TTY: 711\)](#).

#### **Medicare Dentist Hotline**

Have a question or need help with our Medicare plans? Please reach out to our dedicated Medicare Provider Services team. They offer personalized customer service and can help you with Medicare eligibility, claims or dental plan benefits questions. Call [1-800-624-0756 \(TTY: 711\)](#).

## Claims address

Aetna Dental  
PO Box 14094  
Lexington, KY 40512

## Aetna PPO grievances and appeals

Call the National Dentist Hotline at [1-800-451-7715](tel:1-800-451-7715) (TTY: [711](tel:1-800-451-7715)).

## California Language Assistance Program

For free interpretation services, call [1-800-525-3148](tel:1-800-525-3148) (TTY: [711](tel:1-800-525-3148)).

Grievance forms and procedures are available in Spanish on [Aetna Dental](#). You can find additional information about our Language Assistance Program on [Aetna Dental](#).

## Comments and suggestions

Please [send us an email](#) if you have comments or suggestions. We welcome them.

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While this information is believed to be accurate as of the print date, it is subject to change. Refer to [AetnaDental.com](https://www.aetnadental.com) for more information about Aetna® networks.

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