Medicare and Dentistry

The Medicare program does not include coverage for routine dental treatment. However, to refer or order services for a Medicare patient (where the person who provides those services expects to be paid by Medicare), practitioners must be on record as known to Medicare program, i.e., enrolled or “opted out”. Medicare will not pay the second provider if the referring provider is not enrolled as either a Medicare provider or a Medicare opt-out person.

Because dental care is excluded from Medicare generally, it is exempt from the advance beneficiary notice of non-coverage requirements. This means that dentists are not required to provide written notification to their patients that they do not participate as Medicare providers, unless they are providing services that are covered by Medicare Part A or B.

Section 1862 (a)(12) of the Social Security Act states, "where such expenses are for services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth, except that payment may be made under part A in the case of inpatient hospital services in connection with the provision of such dental services if the individual, because of his underlying medical condition and clinical status or because of the severity of the dental procedure, requires hospitalization in connection with the provision of such services."

Most of the procedures performed by dentists that do qualify for Medicare reimbursement typically are performed by specialists, e.g., biopsies, including “brush biopsies”. Medicare Part B excludes the following two categories of services from coverage:

1. A primary service (regardless of cause or complexity) provided for the care, treatment, removal, or replacement of teeth or structures directly supporting teeth, e.g., preparation of the mouth for dentures, removal of diseased teeth in an infected jaw.

2. A secondary service that is related to the teeth or structures directly supporting the teeth unless it is incident to and an integral part of a covered primary service that is necessary to treat a non-dental condition (e.g., tumor removal) and it is performed at the same time as the covered primary service and by the same physician/dentist.

In cases where these requirements are met and the secondary services are covered, Medicare does not make payment for the cost of dental appliances, such as dentures, even though the covered service resulted in the need for the teeth to be replaced, the cost of preparing the mouth for dentures, or the cost of directly repairing teeth or structures directly supporting teeth (e.g., alveolar process).

Certain services are always covered, including the extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease and an oral or dental examination performed on an inpatient basis as part of comprehensive workup prior to renal transplant surgery or
performed in a rural health center/federally qualified health center prior to a heart valve replacement. Dentists should check with Medicare directly with specific questions about whether a service will or will not be covered.

Understanding Medicare Part B and Supplemental Plan Coverage

**Issue #1: Billing for Medicare Part B Covered Services**

If a dentist has not “opted out” of the Medicare program and that dentist performs Medicare-covered services for patients eligible for Medicare, the dentist has only three options:

1. Enroll as a Medicare provider and submit a claim for the treatment in accordance with the Medicare fee schedule.
2. Refer the patient for services covered by Medicare to a dentist who is a Medicare provider.
3. Not charge the patient for the treatment provided.

Unless the dentist has opted out, the dentist legally could not charge a Medicare recipient for a treatment service covered under the Medicare Part B schedule.

**Issue #2: Coverage for Prescription Drugs Under Medicare Part D Supplemental Coverage**

As a result of new CMS regulations, in June 2015, patients who purchase Medicare Part D prescription drug coverage will only receive benefits for prescriptions issued by prescribers who have “opted in” or “opted out” as Medicare providers. Thus it is beneficial for dentists to enroll with CMS as either opting in or opting out to assure that their patients will be eligible for benefits when the dentist prescribes a covered drug.

Medicare Advantage plans are part of Medicare. They are private insurers contracted to administer Medicare benefits. A provider who opts out cannot be paid any Medicare dollars for Part B Medicare services. But, this does not affect dentists who contract with Medicare supplemental dental plans because Medicare Part B does not pay for dental services.

**Issue #3: Referrals for Medicare Covered Treatment Services**

There is a third situation where a dentist’s enrollment in the Medicare program can benefit both other doctors and patients. When a dentist or physician submits a claim for covered treatment performed on behalf of a Medicare patient, the patient is entitled to Medicare coverage only if the referring doctor is registered with the Medicare program.

**Sleep Apnea Devices**

There is one other type of service for which dentists are eligible for reimbursement. It is important for any dentist that fabricates sleep apnea/snoring devices for patients over 65
years of age to enroll with the Centers for Medicare and Medicaid Services (CMS) as providers of durable medical equipment. This is unrelated to the dentist’s status as a “Medicare provider” for the purpose of billing for medical/dental treatment.

Treatment for sleep apnea is outside of the scope of practice for dentistry. Because dentists do not treat sleep apnea, they cannot submit claims to Medicare for such treatment. Nevertheless, dentists can fabricate sleep apnea appliances on the order of a physician. Dentists who fabricate such appliances must be registered with Medicare as a DME (durable medical equipment) provider to bill Medicare or Medicare Advantage for any sleep apnea device. Medicare is billed for the DME service, not for the dental/medical service by the DME provider (the DME provider just coincidentally happens to also be a dentist here). Dentists who fabricate sleep apnea appliances can enroll as DME providers on the CMS website.

Please note that DME suppliers cannot opt-out of Medicare. No Medicare dollars can be paid by anyone to a DME supplier who is not registered with Medicare. A dentist who makes sleep apnea devices cannot be paid with Medicare monies if the person is not registered as a DME provider.

How to Enroll or Opt-Out

Regardless of whether you elect to “opt-in” or “opt-out”, you retain the ability to “order and refer” for Medicare recipients. Their ability to obtain benefits from the program and supplemental insurers is not affected – as long as the dentist opts in or out. In order to opt-out, the dentist must notify the carrier(s) handling Medicare claims in his or her state that the dentist intends to contract privately with Medicare patients. This is done by filing an affidavit in which the dentist attests to certain specific terms. Affidavits must be filed within 10 days of entering the first private contract, and are valid for two years. Non-Medicare enrolled dentists wanting to opt-out must obtain and use a Unique Physician Identifier Number (UPIN) provided by the Medicare carrier.


In order to be paid by Medicare for any Medicare-covered services, practitioners must use the PECOS online form or CMS-8550. Those who do not expect to be paid by Medicare for services should submit an opt-out affidavit.

In New York, the Medicare carrier currently is National Government Services, Inc. To enroll with Medicare, National Government Services requires the following information from the dentist in order to assign a UPIN (Unique Provider Identification Number) and set up a file in their system as an “opt-out” provider:
Date Of Birth
Graduate School and Year of Graduation
Social Security Number
License Number
Specialty
Effective Date that He/She Started Practice
Practice Address
Payee Address
Correspondence Address

If this information is submitted with the affidavit to the address below, National Government Services will obtain the required UPIN and notify the dentist of the effective date of the two-year opt-out period.

A doctor may enroll as a Medicare provider using the following website:
http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html

Contact information for the Medicare enrollment contractor in New York State to obtain and opt-out affidavit:

National Government Services, Inc.
Part B Provider Enrollment
PO Box 7149
Indianapolis, IN 46207-7149
888-379-3807
http://www.ngsmedicare.com

For general information, doctors can call the Medicare provider customer service number, 1-866-837-0241.