

# The Case for Accepting Medicare Patients in Your Dental Practice

CareQuest Institute Continuing Education Webinar

May 9, 2024

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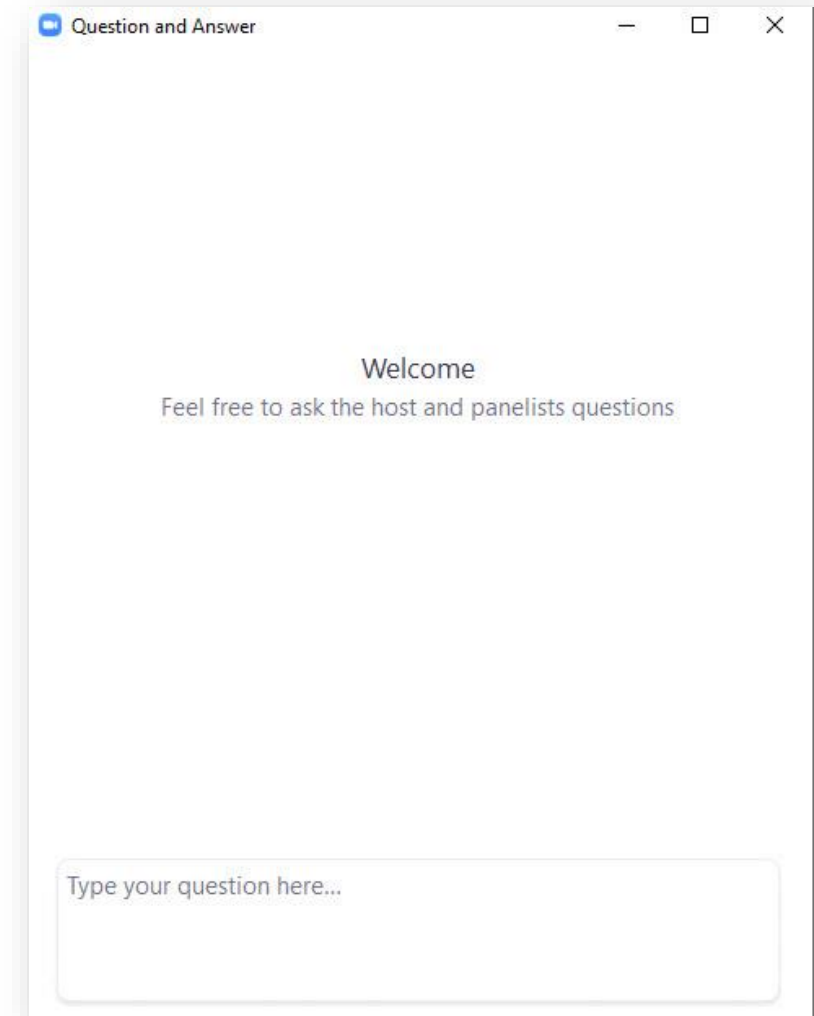
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\*Full disclosures available upon request



# Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.



# Learning Objectives

- Identify and describe the specific medical conditions and treatment scenarios in which Medicare now covers dental services.
- Apply Medicare's billing protocols for covered dental services into current practice operations to ensure efficient management of claims and reimbursements associated with these services.
- Explain the changes related to Medicare dental coverage to dental and medical colleagues and patients.

# The Case for Accepting Medicare Patients in Your Dental Practice



**WEBINAR | Thursday, May 9, 2024 | 7–8 p.m. ET | ADA CERP Credits: 1**

**MODERATOR**



**Melissa Burroughs, BA**  
Director, Public Policy,  
CareQuest Institute for Oral Health

**PRESENTER**



**Wey-Wey Kwok, JD**  
Senior Attorney,  
Center for Medicare Advocacy

**PRESENTER**

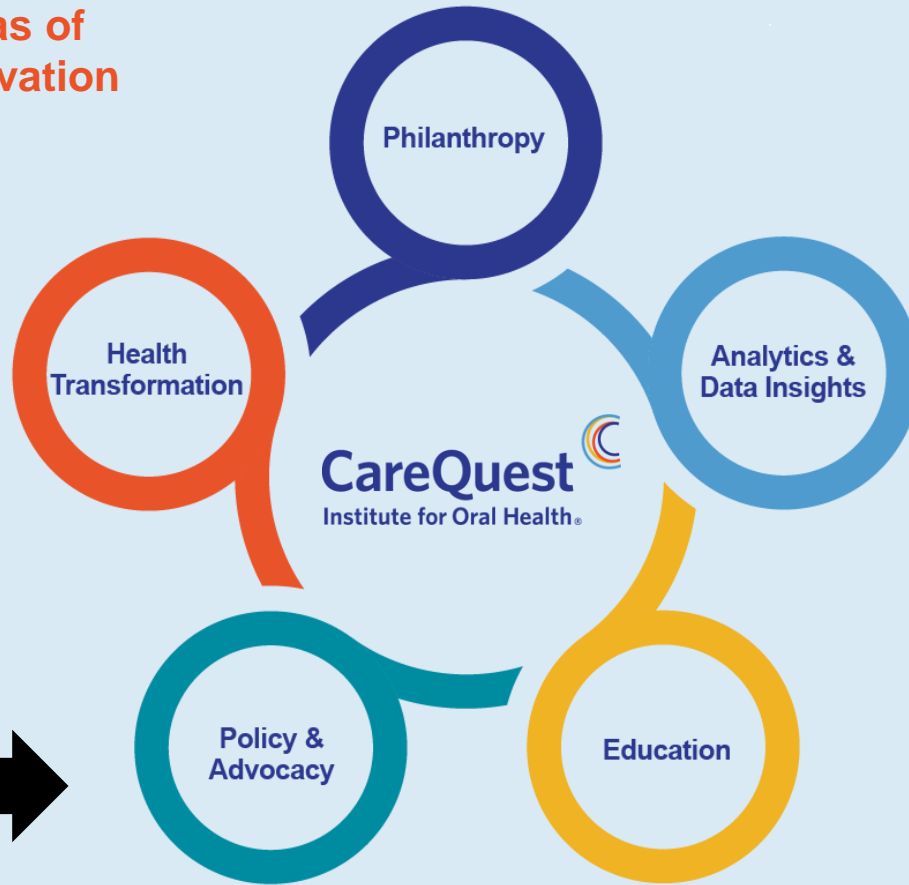


**Eric C. Sung, DDS**  
Professor of Clinical Dentistry,  
Momentum Endowed Chair for Special  
Patient Care, UCLA School of Dentistry

# Today's Agenda

Content	Speaker(s)
<b>Level Set: Medicare Coverage and Oral Health</b>	Melissa Burroughs, <i>CareQuest Institute for Oral Health</i>
<b>Overview of the New Medicare “Medically Necessary” Dental Coverage</b>	Wey Wey Kwok, <i>Center for Medicare Advocacy</i>
<b>An Honest Discussion: Why this coverage matters, what is and isn't working so far, and where we go from here</b>	Dr. Eric Sung, <i>UCLA School of Dentistry</i> Wey Wey Kwok, <i>Center for Medicare Advocacy</i> Melissa Burroughs, <i>CareQuest Institute for Oral Health</i>
<b>Audience Q&amp;A</b>	

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Through our Areas of Activation, we bring forth ideas and solutions to create a more accessible, equitable, and integrated health system for everyone.



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# Level Set: What Is Medicare?

**Medicare is health insurance designed to provide health care and financial security for older adults and people with disabilities.**

## **Medicare covers:**

- People who are 65 or older
- Certain younger people with disabilities
- People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD)



# Level Set: What Does Medicare Cover?

**Medicare covers many (but not all!) health needs**

## **Medicare offers:**

- Hospital Insurance (“Part A”)
- Medical/Out-Patient Insurance (“Part B”)
- Prescription Drug Coverage (“Part D”, optional)

Eligible people enroll either in “original Medicare” or a private “Medicare Advantage”(MA) plan that is required to cover the same basic services.

**NOTE:** MA plans may offer additional services to attract enrollees, but that may come with significant trade offs or costs for the enrollee.

# Level Set: Does Medicare Cover Dental Services?

## This is changing!

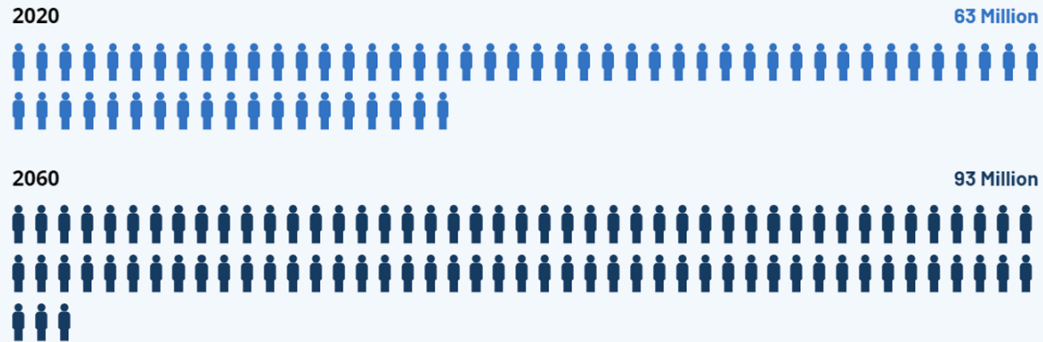
- “Original” Medicare is **prohibited** from covering most (but not all!) dental services.
  - Congress must pass legislation to change this
- Many Medicare Advantage plans cover some dental services as an “add on”
  - This may cost enrollees extra, may be limited in scope/\$, may have extra red tape (e.g., prior authorizations, narrow networks of providers)
- Some Medicare enrollees buy additional supplemental dental coverage or may get additional coverage through Medicaid or other sources

**NEW: Original Medicare and Medicare Advantage now cover certain “medically necessary dental services**

# Level Set: Why Does This All Matter?

## An Aging Population Contributes to Higher Medicare Enrollment

Number of People Enrolled in Medicare, 2020 & 2060

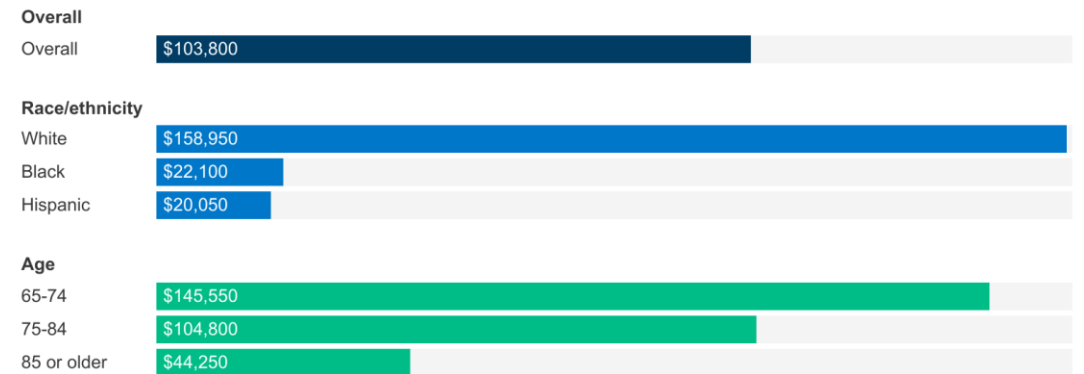


Source: 2023 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds, Table V.B3—Medicare Enrollment.

**KFF**

## Median Savings Declines with Age and is Lower for Black and Hispanic Medicare Beneficiaries

Median per capita savings in 2023



NOTE: Total household savings for couples is split equally between individuals to estimate income for married beneficiaries.  
SOURCE: Urban Institute / KFF analysis of DYNASIM data, 2023

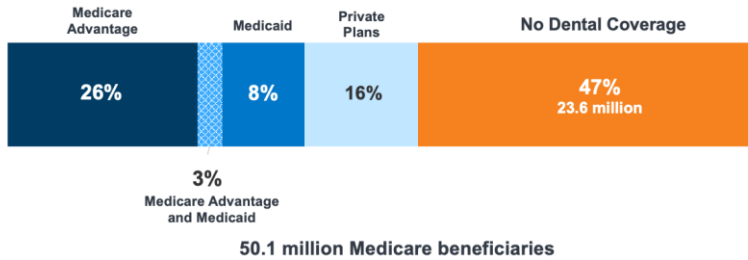
**KFF**

# Level Set: Why Does This All Matter?

Figure 1

Nearly half of all people on Medicare (47%) have no dental coverage

Share of Medicare beneficiaries with access to dental coverage, 2019



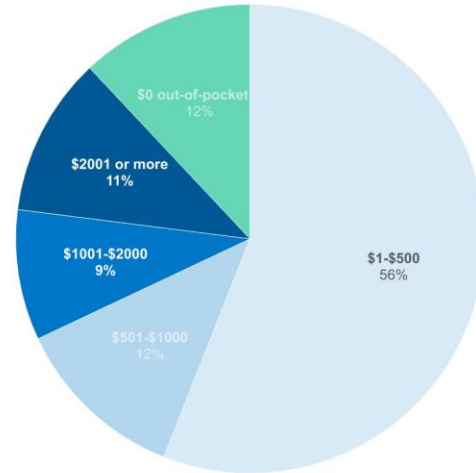
SOURCE: KFF analysis of 20% Sample, Medicare Advantage Benefits files, MCBS, and CHCS - Medicaid Adult Dental Benefits, 2019. See data and methods for more details.



Figure 3

One in five Medicare beneficiaries who used any dental services spent more than \$1,000

Distribution of out-of-pocket dental services for beneficiaries utilizing dental services, 2018



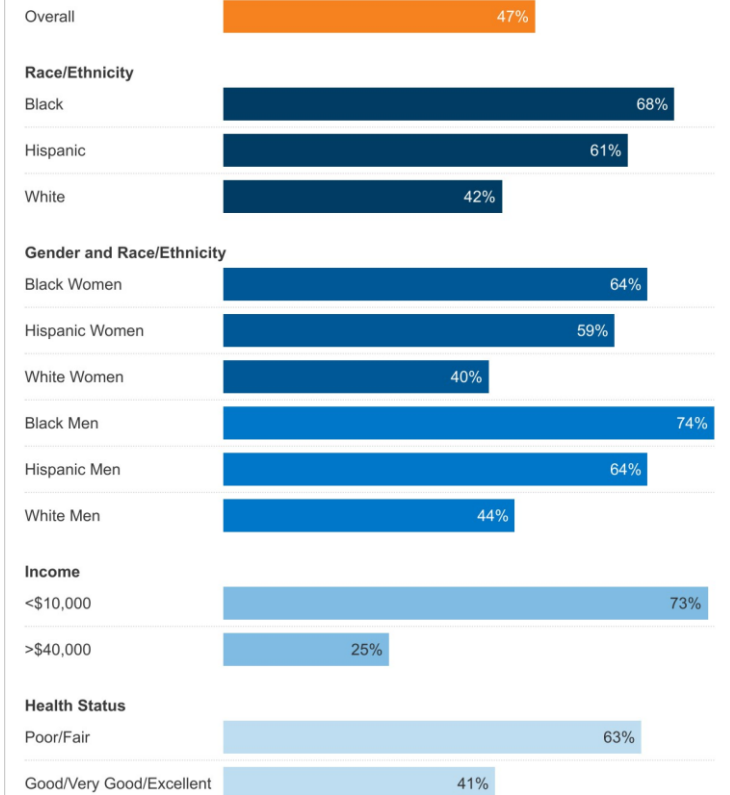
NOTE: About 30.9 million Medicare beneficiaries used dental services.  
SOURCE: KFF analysis of the Medicare Current Beneficiary Survey (MCBS), 2018.



Figure 2

Nearly half of all Medicare beneficiaries, and more than two-thirds of Black beneficiaries, did not visit the dentist in the past year (2018)

Share of Medicare Beneficiaries who did not visit the dentist in the past year by characteristic, 2018



NOTE: White is the reference group for the race/ethnicity categories. All results are statistically significant.  
SOURCE: KFF analysis of the Medicare Current Beneficiary Survey (MCBS), 2018.





**Melissa Burroughs, BA**  
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# Medicare Statute Excludes Payment for Dental Services

## § 1862(a)(12) of the Social Security Act:

No payment for any expenses incurred for items or services “in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth.”

But, if such dental services must be performed in hospital due to patient’s underlying medical condition & clinical status or severity of dental procedure, payment may be made under Part A for *inpatient* hospital services (e.g., anesthesia, x-rays, room & board).

# Historical Exceptions to Dental Payment Exclusion

Medicare agency interpreted statute to allow payment for:

- **Oral or dental exam** as part of comprehensive inpatient workup **prior to renal transplant surgery**
- **Extraction of teeth** to prepare the jaw for **radiation treatment** of neoplastic disease
- Dental services **incident & integral to a covered procedure** performed by the **dental provider** (e.g., repairing fractured or dislocated jaw, removing oral tumor)

# Advocating for Coverage Expansion

- How to challenge the illogical and inequitable gap in coverage
- Starting in 2016, broad-based coalition of patient, consumer and public health advocates, dental, medical, and nursing groups, and care delivery providers
- Argument: Statute does not exclude coverage for dental services needed “in connection with” covered medical procedures
- Progress under Biden Administration, beginning in 2021



# Dental Payment Clarification

## Medicare Physician Fee Schedule (MPFS) 2023 Final Rule

HHS clarified that payment may be made for dental services that are “**inextricably linked to**, and substantially related and integral to the clinical success of, certain other **covered medical services.**”

***Inextricable linkage:*** the standard of care for the medical service “would or could be significantly and materially compromised” or “require the dental services to be performed in conjunction with the covered services”

# Dental Payment Clarification

MPFS 2023 Final Rule, cont'd

HHS identified examples of certain clinical scenarios where payment is permitted under both Medicare Parts A and B for dental/oral exam & medically necessary diagnostic and treatment services to eliminate oral or dental infection prior to, or contemporaneously with:

- **Organ transplants (including stem cell and bone marrow transplants)**
- **Cardiac valve replacement**
- **Valvuloplasty procedures**

**42 C.F.R. § 411.15(i)**

# Dental Payment Clarification

## MPFS 2024 Final Rule

After nominations process and public comment, HHS codified additional clinical scenarios:

- Specific cancer treatments:
  1. **Chemotherapy**
  2. **Chimeric antigen receptor (CAR) T-cell therapy**
  3. **High-dose bisphosphonates** (FDA approved defined IV dosages & intervals, with adjustment for renal impairment)

Payment allowed for dental/oral exam prior to, and medically necessary diagnostic & treatment services to eliminate dental/oral infection prior to — and contemporaneously with — these cancer therapies.

# Dental Payment Clarification

## MPFS 2024 Final Rule, cont'd

**Head and neck cancer treatment** using radiation, chemotherapy, surgery, or any combination of these:

- Originating or metastasizing to head and neck
- Scope of payment ALSO includes medically necessary diagnostic and treatment services to address complications **AFTER** treatment (i.e., “in the period following direct treatment”)
- CMS believes that “most oral complications arise within 24 months” but recognizes that some may occur outside of that window
- CMS noted that implant or crown may not be “immediately necessary” to address oral complications “caused by” head and neck cancer treatment

# Dental Payment Clarification, Continued

Final rules expressly state that Medicare administrative contractors (MACs) can determine on a *case-by-case basis* whether inextricable linkage exists and payment can be made for certain dental services in ***other clinical circumstances***.

E.g., Facial trauma, autoimmune diseases & other chronic diseases

# Examples of Dental Services

## Dental Payment Clarification, Cont'd

- ✓ Diagnostic services, evaluations & exams (e.g., CDT codes payable with D0120, D0140 or D0150)
- ✓ Extractions (e.g., CDT codes payable with D7140, D7210)
- ✓ Restorations – such as fillings (e.g., CDT codes payable with D2000-2999)
- ✓ Periodontal therapy – such as scaling & root planning (e.g., CDT codes payable with D4000-4999, more specifically D4341, D4342, D4335, D4910)
- ✓ Endodontic therapy – such as root canal (e.g., CDT codes payable with D3000-3999)

**Must be immediately necessary to eliminate or eradicate infection. Does not include preparation for or placement of dentures.**

# Dental Payment Clarification, Continued

- Payment can be made for services occurring over multiple visits as clinically appropriate.
- Ancillary services and supplies furnished incident to covered dental services are payable under Part A or Part B, as applicable, whether performed in the inpatient or outpatient setting, including, but not limited to anesthesia, X-rays, use of operating room, and other related procedures.

# Submitting Claims to Medicare

- Dentist must be enrolled in Medicare and meet all other billing requirements to bill and receive direct payment under Part B.
- **Alternatively**, dentist *not enrolled* in Medicare may perform the services incident to the professional services of a Medicare enrolled physician or other practitioner who bills for the services and pays the dentist.
- Currently, Medicare reimbursement rates for the dental codes are priced by each contractor.



# Submitting Claims to Medicare, Continued

- Medical and dental providers should bill using CDT or CPT codes.
- Use Part B CMS 1500 (professional) or Part A CMS-UB04 (institutional) claim forms or electronic equivalents (837P & 837I). Contractors have resources online to assist in proper billing.
- Currently, “not able to accept the CDT dental claim form or its electronic equivalent.”
- **TIP:** Submit ICD-10 diagnosis code(s) to the **highest level of specificity** in the primary & secondary positions related to the dental service(s) provided, as well as the planned medical condition or surgical procedure they are “inextricably linked” to.

# Submitting Claims to Medicare, Continued

## Medical Documentation Requirements

- Lab report/results, inc. lab & test name, details of test methodology
- Office notes supporting medical necessity, explaining how test will be used in treatment and/or management
- Patient history and physical
- Procedure or operative report
- Progress or office notes
- Invoice, when applicable
- Referral information showing inextricable linkage – exchange of information between medical & dental professional

**Remember** to ensure medical records are properly authenticated.

# Submitting Claims to Medicare

## Medical Documentation Requirements, Continued

Contractor may issue an **additional document request (ADR)**

Article 59449 (Palmetto) on Billing and Coding:

- Signed, legible dental records, name/title of provider
- Consultation & coordination between dentist & medical provider
- Evaluation at other locations
- Specifics on anesthesia, radiographs, testing or diagnostics
- Documentation of teeth treated, surface if appropriate, missing teeth
- Type of treatment (caries, endo, prosthetic, preventive, lesions, and dental disease, etc.)
- Literature & clinical evidence, if necessary, to establish linkage

# Additional Issues

- If dentist believes Medicare will deny because of medical necessity or no “inextricable link”, an Advance Beneficiary Notice of Noncoverage (ABN) should be issued to transfer liability to the beneficiary. ABN is optional when Medicare *never* covers a service.
- Use appropriate modifier when submitting claims to obtain proof of Medicare denial so that third-party insurers (e.g., Medicaid, private dental insurance) can pay as primary.
- **Note:** the Dental Payment Policy applies to beneficiaries in Medicare Advantage (MA) as well! **MA plans must cover the same services as Parts A and B.**

# How to Enroll in Medicare

- Obtain NPI number
- Register for PECOS (Provider Enrollment, Chain & Ownership System)
  - Recommended
- Submit enrollment application to the MAC for their jurisdiction

## **Providers who are in opt-out status:**

- Can terminate opt-out status within the first 90 days of submitting initial opt-out affidavit
- Can cancel their opt-out status by mailing cancellation request to MAC at least 30 days before opt-out renews for next 2-year cycle

# Dental Payment Information from Part B MACs

**CGS** (Jurisdiction 15: KY, OH) <https://www.cgsmedicare.com/partb/pubs/news/2023/06/cope140101.html>

**FCSO** (Jurisdiction N: FL, Puerto Rico, U.S.V.I.) [https://medicare.fcso.com/dental\\_services/0503585.asp](https://medicare.fcso.com/dental_services/0503585.asp)

**NGS** (Jurisdictions 6 and K: CT, IL, MA, ME, MN, NH, NY, RI, VT, WI)  
<https://www.ngsmedicare.com/dental?lob=96664&state=97178&rgion=93623&selectedArticleId=8533029>

Also, Local Coverage Article A59543 <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=59543&ver=5&bc=0>

**Noridian** (Jurisdiction F: AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY) Local Coverage Article A59450: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=59450&ver=7&bc=0>

**Noridian** (Jurisdiction E: CA, HI, NV) <https://med.noridianmedicare.com/web/jeb/specialties/dental> (being revised)

**Novitas** (Jurisdiction H: AR, CO, LA, MI, NM, OK, TX) (Jurisdiction L: DC, DE, MD, NJ, PA) <https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00087934>

**Palmetto** (Jurisdictions J & M: AL, GA, NC, SC, TN, VA, WV) Local Coverage Article A59449: <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=59449&ver=2&bc=0>

**WPS** (Jurisdictions 5 & 8: IA, IN, KS, MI, MO, NE) No online information

# Additional Resources

**CMS webpage on Medicare Dental Coverage, with basic information on enrollment and submitting claims.** <https://www.cms.gov/medicare/coverage/dental>

**42 C.F.R. Sec. 411.115(i) Dental services exclusion and exceptions** <https://www.govinfo.gov/content/pkg/CFR-2010-title42-vol2/pdf/CFR-2010-title42-vol2-sec411-15.pdf>

**Change Request 13323** <https://www.cms.gov/files/document/r12231cp.pdf>

**Change Request 13181** <https://www.cms.gov/files/document/r11995bp.pdf>

**Change Request 13190** <https://www.cms.gov/files/document/r12047bp.pdf>

**CY 2023 Medicare Physicians Fee Schedule Final Rule** <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1770-f>

**CY 2024 Medicare Physicians Fee Schedule Final Rule** <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1784-f>

**Physician Fee Schedule webpage** <https://www.cms.gov/medicare/payment/fee-schedules/physician>

**Provide feedback at** [MedicarePhysicianFeeSchedule@cms.hhs.gov](mailto:MedicarePhysicianFeeSchedule@cms.hhs.gov)



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# Question and Answer



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## Missed Connections

### Providers and Consumers Want More Medical-Dental Integration

Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a variety of chronic health conditions, such as high blood pressure, dementia, diabetes, and obesity. Despite this known connection, dental care is still largely siloed from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to \$100 million every year.<sup>1</sup>

CareQuest Institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (n=5,320). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to interprofessional practice (n=377). Consumers and oral health providers described a lack of integration between medical and oral health care, and a desire for increased interprofessional collaboration.

**Key Findings:**  
**Medical-dental collaboration is currently uncommon.**

- 63% of consumers report that their primary medical doctor "rarely" or "never" asks about their oral health.
- 33% of consumers report that their oral health provider "rarely" or "never" asks about their overall health.
- 45% of responding oral health providers report "rarely" integrating their care with clinicians outside of dentistry, with only 14% reporting it is part of their "daily" practice.
- Less than a third of consumers report receiving general health screenings from their oral health provider.
- A majority (89%) of adults report never receiving a referral from their oral health provider to a non-oral health professional.
- Almost a fourth (24%) of participating oral health providers report currently implementing interprofessional practice.

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Examining the Connection Between Sleep and Oral Health on **May 23 at 7 p.m. ET**

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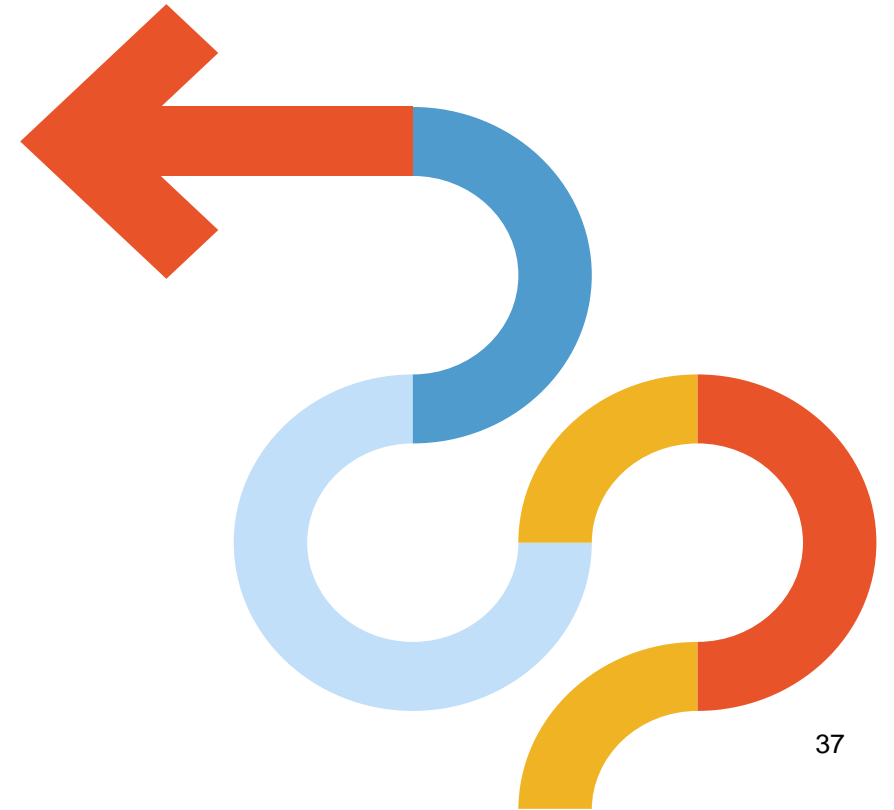
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