The Basics of Medicare

Medicare is a health insurance program administered by the Centers for Medicare & Medicaid Services (CMS) under the Health and Human Services Department of the U.S. Government. Medicare covers people age 65 or older, people under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare is organized into many “Parts”. The following are the “Parts” of Medicare most relevant to dentists.

PART	COVERAGE
PART A	Covers inpatient hospital stays, skilled nursing facility stays, some home health visits, and hospice care. **[Also called “Traditional Medicare” and administered by CMS through contractors]**
PART B	Covers physician visits, outpatient services, preventive services, and some home health visits. **[Also called “Traditional Medicare” and administered by CMS through contractors]**
PART C	Refers to the Medicare Advantage program through which beneficiaries can enroll in a private health plan, such as a health maintenance organization (HMO) or preferred provider organization (PPO) and receive all Medicare-covered Part A and Part B benefits and possibly Part D benefits . **[Called Medicare Advantage and administered by insurance companies]**
PART D	Covers outpatient prescription drugs through private plans that contract with Medicare, including both stand-alone prescription drug plans (PDPs) and Medicare Advantage drug plans (MA-PD plans); enrollment in Part D plans is voluntary.

Medicare does not cover most routine dental services. In fact, the Medicare law expressly excludes "…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." [Section 1862 (a)(12) of the Social Security Act.]

Then what has changed?

Recently, Medicare began paying for dental services that, in part, aid in the removal of dental infection in order to improve medical outcomes prior to specific covered medical services. The following provides a comprehensive list of situations where Medicare allows payment for dental services. In the graphic below these are referred to as “covered services”. These “covered services” are applicable for (1) patients who have enrolled in traditional Medicare to receive their Part A & B benefits i.e. the program administered by CMS through the MAC as well as (2) patients who have chosen to enroll in a Medicare Advantage plan (Part C plan) to receive their Part A & B benefits:

- Dental or oral exams as part of a comprehensive workup prior to the Medicare-covered services listed below, and medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to or contemporaneously with these Medicare-covered services:
    - Organ transplant, including hematopoietic stem cell and bone marrow transplant
    - Cardiac valve replacement
    - Valvuloplasty procedures
    - Chemotherapy, chimeric antigen receptor (CAR) T-cell therapy, and the administration of high-dose bone-modifying agents (antiresorptive therapy) when used in the treatment of cancer
- Dental or oral exams as part of a comprehensive workup prior to medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to or contemporaneously with, and medically necessary diagnostic and treatment services to address dental or oral complications after, Medicare-covered treatment of head and neck cancer using radiation, chemotherapy, surgery, or any combination of these. [primary and metastatic]
- Dental ridge reconstruction done as a result of and at the same time as surgery to remove a tumor.
- Services to stabilize or immobilize teeth related to reducing a jaw fracture.
- Dental splints, only when used as part of covered treatment of a covered medical condition such as dislocated jaw joints.

Note that if you are providing a covered service as listed above, you will need to make a decision on your Medicare enrollment status before providing this care in order to be paid.

