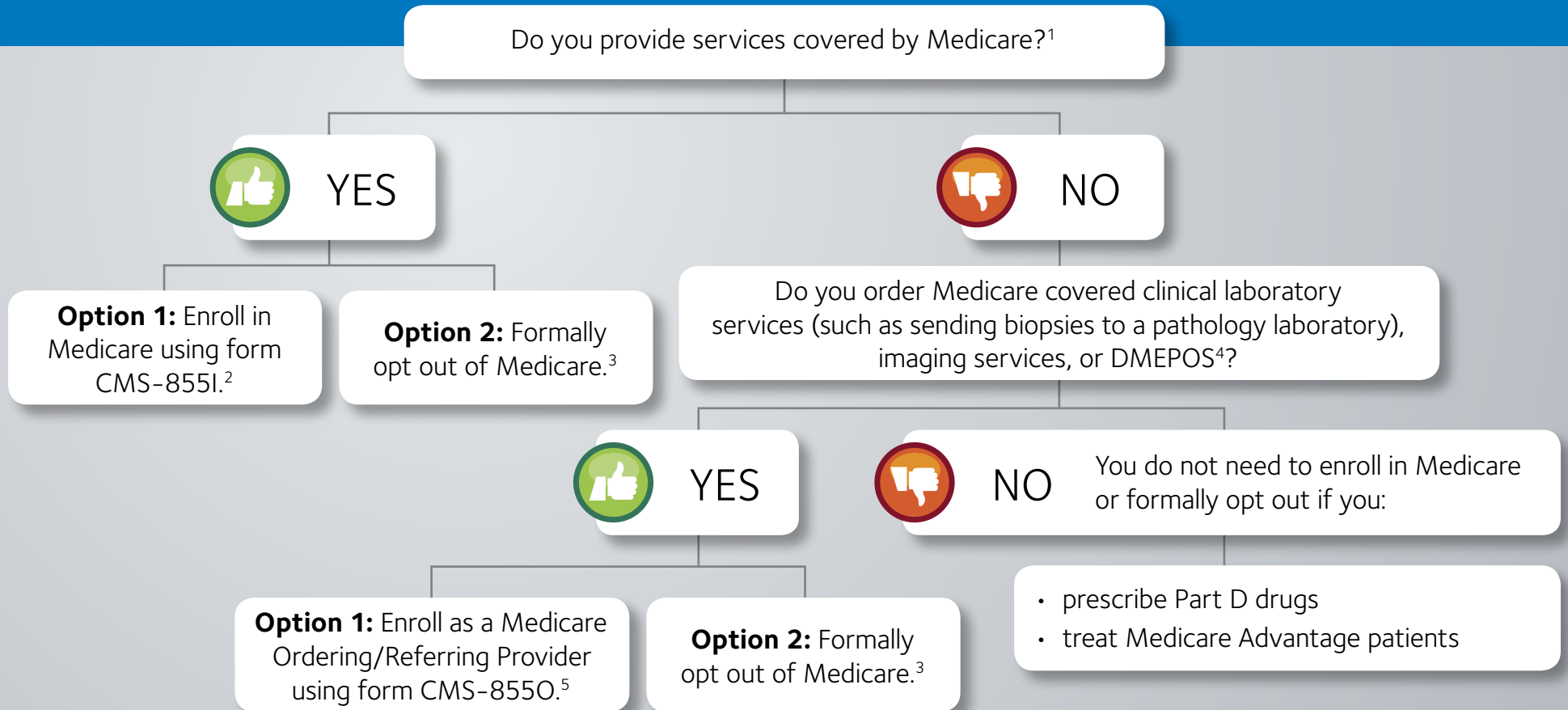


# Should I Enroll In Medicare?



<sup>1</sup>**Dental services covered by Medicare.** Medicare covers a very limited number of dental services, such as the extraction of teeth to prepare the jaw for radiation treatment, or an oral exam performed on an inpatient basis prior to renal transplant surgery (see CMS, [Medicare Dental Coverage](#)). However, certain biopsies performed in a dental office may be covered by Medicare.

**How do I know whether a patient is on Medicare?** Medicare is a health insurance program for people age 65 or older, people under age 65 with certain disabilities, and people of all ages with End-Stage Renal disease. You can only find out whether a patient is on Medicare by asking the patient or the patient's legal representative.

<sup>2</sup>**Form CMS-8551.** You can use the paper or electronic form (see CMS, [Enrollment Applications](#)).

**What if I'm already enrolled, but as a DME supplier?** If you also provide covered services, you must also enroll using CMS-8551 or opt out. If you order clinical lab or imaging services or DMEPOS but you do not provide covered services, you must enroll using form CMS-8550 (you may also use CMS-8551), or opt out.

<sup>3</sup>**Opting Out.** Opting out requires you to file an affidavit with all applicable Medicare contractors and enter into private contracts with patients who are Medicare beneficiaries. Opting out lasts for two years and renews automatically, and generally cannot be cancelled. However, a dentist who opts out for the first time may be able to cancel the opt out in the first 90 days. [See ADA, [The Facts and FAQ on Medicare](#); CMS, [Opting Out of Medicare and/or Electing to Order and Refer Services](#) (PDF)]. Note that dentists who opt out of Medicare cannot receive reimbursement from Medicare for covered items or services, and neither can the patient. However, as of January 1, 2022, the Medicare opt-out status will no longer apply to supplemental dental services covered by dental insurance companies through Medicare Advantage plans. Thus, dentists who have opted-out of Medicare are now able to get paid by Medicare Advantage plans and so are their patients.

<sup>4</sup>**Ordering covered clinical laboratory and imaging services and DMEPOS.** For example, some oral pathology services are covered clinical laboratory services, and in some cases oral sleep apnea devices may be covered DMEPOS. Medicare will not pay for the clinical laboratory or imaging service or the DMEPOS if the ordering dentist is not enrolled or formally opted out. For more information, see CMS, [Medicare Enrollment Guidelines for Ordering/Referring Providers](#) (PDF).

<sup>5</sup>**Form CMS-8550.** You can use the paper or electronic form (see CMS, [Enrollment Applications](#)). Note: If you only order/refer, you may choose to enroll as a Medicare provider using the longer form CMS-8551, but that offers no advantage if you are not seeking to provide Medicare covered services.

**Note:** Dentists who prescribed Part D drugs **will not** be required to enroll or opt out. An earlier version of this chart referred to that requirement, which was not implemented and has been withdrawn.