

Referral for Dental Care (Medicare)

PHYSICIAN REFERRAL FORM

Provider Information			
Referral Date:		Proposed Date of Medical Procedure:	
Referring Physician Name:		Physician Medicare Provider ID Number (PIN):	
Name of Referred Dentist:			
Patient Information			
Name:		Gender:	
Phone:		Birth Date:	
Address: <small>City, State, Zip</small>			
Applicable Medicare Covered Medical Treatment			
<small>Please reference Information for Physicians and Dentists for applicability</small>			
A dental exam or workup prior to one of the below procedures, or eliminating oral infection prior to or contemporaneously with:			
<input type="checkbox"/>	Cardiac valve replacement		
<input type="checkbox"/>	Chemotherapy, chimeric antigen receptor (CAR) T-cell therapy, administration of high-dose bone-modifying agents for any cancer; or treatment of head/neck cancer through chemotherapy, radiation, surgery, or any combination thereof.		
<input type="checkbox"/>	Organ, hematopoietic stem cell, or bone marrow transplant		
<input type="checkbox"/>	Valvuloplasty procedures		
<input type="checkbox"/>	Treatment of head/neck cancer through chemotherapy, radiation, surgery or any combination of these		
<input type="checkbox"/>	Dialysis services (inpatient/outpatient) for the treatment of end-stage renal disease		
Address dental or oral complications after:			
<input type="checkbox"/>	Treatment of head/neck cancer through chemotherapy, radiation, surgery or any combination of these		
As a result of or contemporaneously with one of the following:			
<input type="checkbox"/>	Jaw Fracture (stabilize/immobilize teeth)		
<input type="checkbox"/>	Covered medical procedure requiring use of dental splits		
<input type="checkbox"/>	Tumor removal requiring dental ridge construction		
<input type="checkbox"/>	Other applicable Medicare covered medical treatment* (specify):		
Applicable ICD-10 Code(s) for Covered Medical Treatment			
1.		2.	
3.			
Physician Clinical Rationale & Applicable Medical Findings			
<small>Please detail the rationale for why dental services are needed for the clinical success of the above procedures, as well as any other related comorbidities or relevant treatment-related information. Please also attach applicable medical records to this form.</small>			
Follow Up			
<input type="checkbox"/>	Written or Faxed Report from Dental Office		<input type="checkbox"/> None
<small>* Physician: If you have marked "Other" in the medical condition/treatment section of this form, please provide or attach clinical evidence next to "Other" to support that the dental services would result in significant improvements in clinical, quality and safety outcomes related to the covered medical condition or procedure for purposes of Medicare billing.</small>			
I attest that the information provided on this form is reflective of conditions, procedures or planned treatments as documented in the patient's medical record. I understand that falsifying information in connection with a Medicare claim may subject me to the legal penalties under federal fraud and abuse laws.			
Referring Physician Signature:			Date:

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Referral for Dental Care (Medicare) INFORMATION FOR PHYSICIANS AND DENTISTS

CMS has begun reimbursement for dental procedures that are inextricably linked to, and substantially related and integral to, the clinical success of certain otherwise covered medical procedures. Below is a list of dental procedures Medicare may cover:

- 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:
 1. Organ transplant, including hematopoietic stem cell and bone marrow transplant
 2. Cardiac valve replacement
 3. Valvuloplasty procedures; and
 4. 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.
- Dental ridge reconstruction done as a result of and at the same time as surgery to remove a tumor.
- Dental or oral examination in the inpatient/outpatient setting or medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to, or contemporaneously with, Medicare-covered dialysis services for the treatment of end-stage renal disease.
- 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.

For Medicare beneficiaries or their dental providers to file a claim for these services, **there must be documented care coordination or exchange of information** for Medicare to pay for dental services. This Referral Form serves as a sample for documenting the exchange of information required to submit a claim.

For physicians: Ensure that accurate ICD-10 codes linked to the above medical procedures are documented on this form. Omit any additional ICD-10 codes for co-morbidities or diseases that are not linked to the qualifying procedures for coverage of dental services. Physicians must also include their Medicare PIN on this form for documentation purposes.

In the “Physician Clinical Rationale & Applicable Medical Findings” section of this form, physicians should describe the conditions of concern in relation to the patient’s co-morbidities or upcoming procedures. This section should also include relevant or important information that may guide the dentist in a potential treatment plan such as, but not limited to, abnormal lab results, medications, or allergies.

Physicians should submit this referral document to the dentist accepting this referral and/or provide a copy to the patient for their records. If a patient has no dental home available for immediate referral, please provide a copy to the patient to later submit to a Medicare-enrolled dentist.

For dentists: Medicare Administrative Contractors (MACs) are currently not requiring this form or other documentation when submitting claims, but MACs reserve the right to request supporting information or documentation in writing at a later date. Dentists should include this completed form in the patient file in the case MACs request more information.

To help ensure reimbursement, dentists should confirm that this form is completed and contains the dentist’s name under “Name of Referred Dentist” before providing a covered service for a Medicare-enrolled patient. Dentists must also include the ICD-10 codes documented on this form when submitting the 2024 ADA Dental Claim Form (or 837D) to their MAC. Additionally, the name of the referring physician and their Medicare Provider Identification Number (PIN) should be placed in *Box 35: Remarks* of the 2024 ADA Dental Claim Form (or 837D) for the MAC to link these dental procedures with the medical procedures being performed on the patient.