

Understanding Supplemental vs. Covered Benefits with Medicare Advantage

If Medicare does not cover most routine dental services, why am I seeing patients in my office with “Medicare Advantage plans” or “Medicare Part C” or “supplemental dental benefits with Medicare Advantage plans”? What is this program?

Some Medicare Advantage Plans may include “supplemental” dental benefits above and beyond what is covered by Part A & Part B of Medicare. These additional dental benefits are not offered by traditional Medicare. **Many dental patients seen in outpatient dental offices today may have these supplemental dental benefits through Medicare Advantage plans or other private coverage.** These plans would typically cover “cleanings and X rays” although we are seeing more plans covering more dental procedures. **Most importantly you DO NOT need to be enrolled or formally opted-out of Medicare to file claims for dental benefits that are supplemental dental benefits covered by Medicare Advantage.**

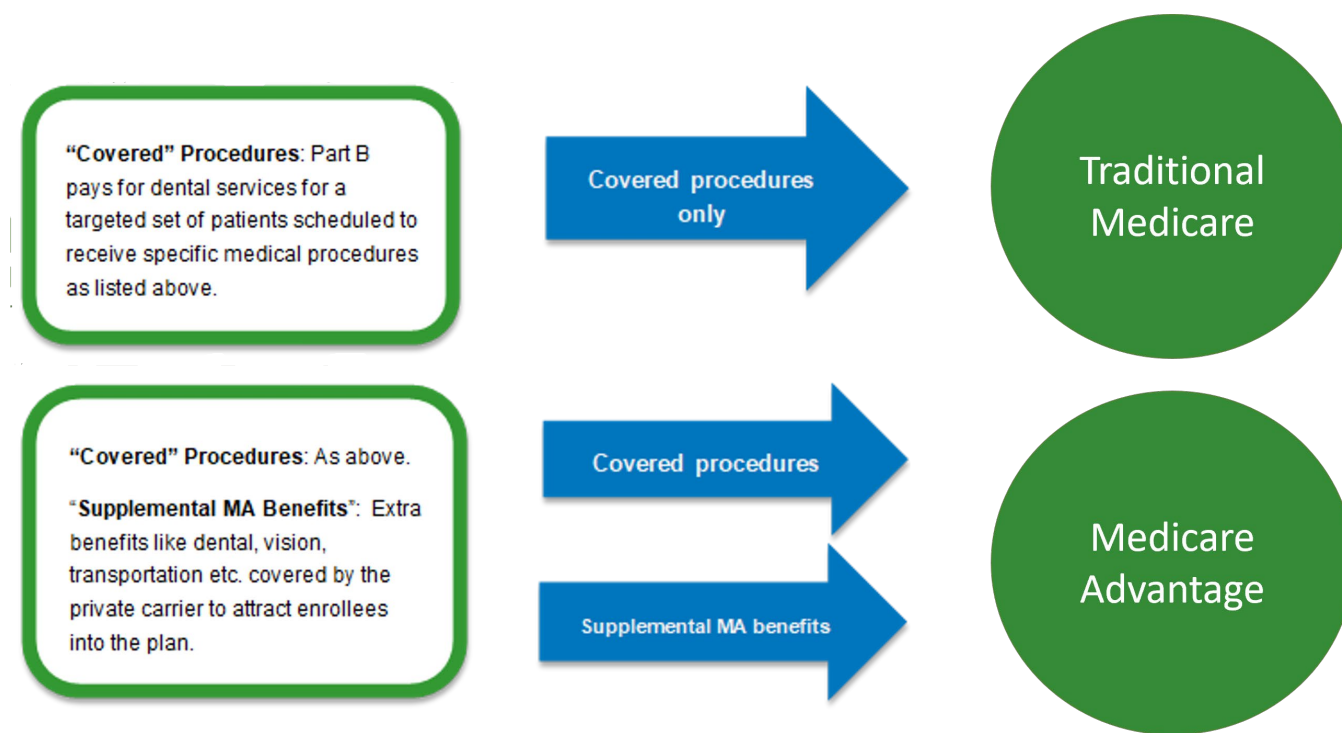


Figure: Benefits covered by traditional Medicare versus Medicare Advantage plans

If the patient is over 65 years of age there is a greater chance that the patient may have an MA plan. The dental office will need to check the patient’s insurance identification (ID) card to determine if the patient has a Medicare Advantage plan. The ID card will typically look like the insurance company’s commercial ID card (traditional Medicare ID cards are red, white and blue). If this is not indicated on the ID card itself, the office will need to call the 800-telephone number listed on the card to verify whether the patient has an MA plan. Although not always 100% accurate, your staff can ask the patient if he or she has an MA plan. Claims processing and billing are the same as with other commercial plans. Carriers offering MA plans typically use their commercial networks (e.g. PPO networks) for the MA plans. Thus, fee schedules and reimbursement policies closely follow those of commercial plans. No two commercial plans operate the same way. Dental offices should verify eligibility and coverage policies as with all commercial plans. **Most importantly you DO NOT need to be enrolled or formally opted-out of Medicare to file claims for dental supplemental benefits that are provided by Medicare Advantage plans.**



Understanding Medicare Advantage and Covered Benefits

A provider would need to be in-network with the Medicare Advantage plan directly since a provider is not automatically in-network for a Medicare Advantage plan is not automatic when a provider enrolls in Medicare. While a Medicare Advantage patient may seek treatment from out-of-network providers, the patient may be held responsible for payment. On the other hand, when a provider opts-out of traditional Medicare the MAC informs Medicare Advantage plans of the provider's opt-out status. A provider that has opted out may only bill the MA plan for supplemental services covered by the plan that are not covered by traditional Medicare.

Scenario Analysis

Q: My Medicare Advantage patient who I provide regular care for is coming in for an exam as they "need clearance" before their cardiac valve replacement. I plan to take a full mouth series of radiographs and perform an exam in order to determine their dental readiness for their cardiac surgery. Is this a covered procedure or a supplemental benefit?

A: If the patient is enrolled in Medicare (Part A & B) or Medicare Advantage (Part C) for their **medical** insurance (always check first – the patient could very well have employer sponsored insurance), then these are covered services. You will need to enroll or opt out (and sign a private contract with the patient) in order to be paid for these services **PRIOR** to the valve replacement surgery.

Q: When the same patient comes in for recall following a successful valve replacement and I do an exam and a restoration, would this be a covered procedure or a supplemental benefit?

A: This would NOT be a covered service within Part A/B or Part C (Medicare Advantage) of Medicare. However, if the patient has dental supplemental benefits associated with their Part C plan then these procedures could be supplemental benefits. Always verify eligibility and coverage with the carrier. For example, the exam may be covered but the restoration may not be covered. These criteria vary by the carrier and the plan that the patient has purchased.