

Medicare and Medicare Advantage Plans Coverage of Dental Services

Dental practices serving patients with both Medicaid and Medicare, often referred to as Dual Eligibles, should be aware that patients may have alternative forms of coverage which are primary, and should be billed prior to Medicaid. Medicaid may not be aware of these additional insurances, so it is important for the provider to discern first to avoid unnecessary recoupment.

1. Dual Eligibles with Medicare Advantage Plans

About half of those with Medicaid and Medicare are enrolled in Medicare Advantage plans which provide dental coverage. Examples include:

- [BlueRI for Duals HMO](#)
- [UnitedHealthcare Dual Complete](#)
- [Neighborhood INTEGRITY](#), providing dental through [Delta Dental](#)

2. Dual Eligibles not in Medicare Advantage plans with dental services inextricably connected to medical treatments or conditions.

According to the CMS Website [Medicare Dental Coverage](#), Medicare can pay under Part A and Part B, when dental services are inextricably linked to the clinical success of other Medicare-covered procedures or services.

Examples of dental services that are inextricably linked to, and substantially related and integral to the clinical success of, certain Medicare-covered services could include, but aren't limited to:

- 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 to treat 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.
- 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.
- Dental or oral examination performed as part of a comprehensive workup prior to, or contemporaneously with, Medicare-covered dialysis services for the treatment of ESRD.
- 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 ESRD.

More information is available on the website above, including directions to reach out to Rhode Island's Medicare Administrative Contractor or MAC, [National Government Services Inc. \(NGS\)](#). NGS is responsible for enrolling providers, answering questions, and claims.

Dental practices who have enrolled as Medicare providers should submit claims to Medicare first if applicable to the above requirements