

## Dental care Applies to:



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

Medicare Plus Blue<sup>SM</sup> PPO    Medicare Plus Blue<sup>SM</sup> Group PPO    Both

## Dental care

Dental care includes items and services in connection with the care, treatment, filling, removal or replacement of teeth or structures directly supporting the teeth. Structures directly supporting the teeth mean the periodontium, which includes the gingivae, dentogingival junction, periodontal membrane, cementum of the teeth and alveolar process.

## Original Medicare

Original Medicare will pay for dental services that are an integral part either of a covered procedure, such as reconstruction of the jaw following accidental injury, or for extractions done in preparation for radiation treatment for neoplastic diseases involving the jaw. Original Medicare will also make payment for oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement, under certain circumstances. Such an examination would be covered under Part A if performed by a dentist on the hospital's staff or under Part B if performed by a physician.

## Statutory dental exclusion

Section 1862 (a)(12) of the federal Social Security Act prohibits payment under Medicare Parts A and B for expenses incurred by a Medicare member "where such expenses are for 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 or her 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."

## Services excluded under Part B

These two categories of services are excluded from coverage under Medicare Part B:

- A primary service, regardless of cause or complexity, provided for the care, treatment, removal or replacement of teeth or structures directly supporting teeth, such as preparation of the mouth for dentures or removal of diseased teeth in an infected jaw.
- A secondary service related to the teeth or structures directly supporting the teeth unless it's incident to and an integral part of a covered primary service necessary to treat a non-dental condition, such as tumor removal.
  - This service must be performed at the same time as the covered primary service and by the same physician or dentist. In those cases in which these requirements are met and the secondary services are covered, the Medicare payment amount should not include the cost of dental appliances, such as dentures, even though the covered service resulted in the need for the teeth to be replaced, the cost of preparing the mouth for dentures or the cost of directly repairing teeth or structures directly supporting teeth, such as alveolar process.

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[bcbsm.com/provider/ma](https://bcbsm.com/provider/ma)

## Exceptions to excluded services

- The extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease.
- An oral or dental examination performed on an inpatient basis as part of comprehensive workup prior to renal transplant surgery or performed in a rural health clinic and federally qualified health center prior to a heart valve replacement.

## Medicare Plus Blue PPO Enhanced Benefit

Medicare Plus Blue PPO is a Medicare Advantage plan that provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for preventive dental care is provided to members under select individual Medicare Plus Blue PPO plans. Because Original Medicare does not cover preventive dental care, the scope of benefit, reimbursement methodology, maximum allowed payment amounts, and member cost-sharing are determined by Blue Cross.

## Conditions for payment

This table below specifies payment conditions for dental care. Note: Use ICD–9 diagnosis codes for DOS through September 30, 2015. For DOS beginning with October 1, 2015 and later ICD–10 codes must be used.

Conditions for payment	
Eligible provider	Dentist
Payable location	No restrictions
Frequency	Based on Individual Plan Option
CPT codes	D0120, D0140, D0150, D0160, D1110, D1120, D0220, D0230, D0270, D0272, D0273, D0274, D4910
Diagnosis restrictions	No restrictions
Age restrictions	

## Reimbursement

Medicare Plus Blue PPO plan's maximum payment amount for dental care is available on our provider website, [bcbsm.com/providers/help/faqs/medicare-advantage/provider-toolkit/enhanced-benefits.html](http://bcbsm.com/providers/help/faqs/medicare-advantage/provider-toolkit/enhanced-benefits.html) in the MA enhanced benefits fee schedule. The provider will be paid the lesser of the approved amount or the provider's charge minus the member's cost-share. This represents payment in full and providers are not allowed to balance bill the member the difference between the allowed amount and the charge.

## Member cost-sharing

- Medicare Plus Blue PPO members' cost-sharing responsibilities do not apply to dental care for in-network providers.
- Medicare Plus Blue PPO members have a 50 percent cost-sharing responsibility applied for out-of-network providers. Cost-sharing refers to a flat-dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue PPO cost-sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

To verify benefits and cost-share, providers may utilize SecureXChange or call 1–888–826–8152.

## Billing instructions for providers

1. Bill services on the 2012 American Dental Association claim form.
2. Report your National Provider Identifier on all claims.

3. To submit claims electronically contact: Electronic Data Interchange by calling 1–800–542–0945.
4. Submit paper claims to:  
Blue Cross Blue Shield of Michigan  
P.O. Box 49  
Detroit, MI 48231–0049

### **Revision History**

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08/14/2015: Updated formatting and billing instructions, removed reference to CAREN, added revision history section, updated web links.