

Related Change Request (CR) #: N/A

Medlearn Matters Number: SE0402

Effective Date: February 8, 2004

Implementation Date: February 8, 2004

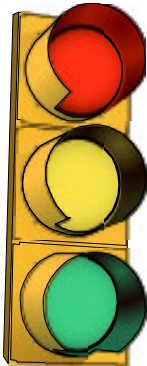
Treatment of Certain Dental Claims as a Result of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003

Provider Types Affected

Dentists

Provider Action Needed

Providers who submit dental claims for services provided to Medicare beneficiaries need to be aware of the new law related to claims submissions to supplemental or other group health insurers of Medicare beneficiaries.



STOP

As of February 8, for **outpatient** dental services that are not covered by Medicare, you do not need to submit a claim to Medicare and receive a denial for if the beneficiary has group secondary or supplemental coverage. Group health plans are prohibited from requiring such determinations as of February 8 for such services.

CAUTION

A group health plan may continue to require such determinations in cases involving or appearing to involve inpatient dental hospital services, or other dental services covered by Medicare.

GO

Please amend your procedures regarding dental service claims for Medicare patients as reflected by the new legislation. See the Additional Information section for further illumination.

Background

Under present law, the Medicare benefit does not include coverage of most dental services. Some insurers have required dentists to receive a claim denial from Medicare before they will process a claim from the dentist for a Medicare beneficiary holding coverage from that group health insurer. Under section 950 of the Medicare Prescription Drug, Improvement, and Modernization act of 2003, a group health plan providing supplemental or secondary coverage to Medicare beneficiaries cannot require dentists to obtain a claim denial from Medicare for dental services that are not covered by Medicare before paying the claim.

Disclaimer

Medlearn Matters articles are prepared as a service to the public and are not intended to grant rights or impose obligations. Medlearn Matters articles may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

However, a claims determination, i.e., a submission of a claim to Medicare, **may be required** for inpatient dental hospital services or dental services **specifically covered** by Medicare. (Payment may be made under part A for these services).

This section of the new legislation is to be effective 60 days after enactment of the legislation, which was enacted on December 8, 2003. Thus, this provision is effective as of February 8, 2004.

Additional Information

For your convenience, the actual text of Section 950 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 reads as follows:

“Sec. 950. Treatment of Certain Dental Claims

(a) In General—Section 1862 (42 U.S.C. 1395y) is amended by adding at the end, after the subsection transferred and redesignated by section 948 (a), the following new subsection:

(k) (1) Subject to paragraph (2), a group health plan (as defined in subsection (a) (1) (A) (v)) providing supplemental or secondary coverage to individuals also entitled to services under this title shall not require a Medicare claims determination under this title for dental benefits specifically excluded under subsection (a) (12) as a condition of making a claims determination for such benefits under the group health plan.

(2) A group health plan may require a claims determination under this title in cases involving or appearing to involve inpatient dental hospital services or dental services expressly covered under this title pursuant to actions taken by the Secretary.

(b) Effective Date.—The amendment made by subsection (a) shall take effect on the date that is 60 days after the date of the enactment of this Act.”

Disclaimer

Medlearn Matters articles are prepared as a service to the public and are not intended to grant rights or impose obligations. Medlearn Matters articles may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.