



Options for Dentists When Choosing to Treat Medicare Beneficiaries for Covered Services

Dentists who provide Part B covered items or services to patients who are Medicare beneficiaries have obligations under the Medicare program, even if the dentist is not enrolled as a Medicare provider. **NOTE: This guidance DOES NOT apply to Medicare Advantage supplemental benefits. Dentists DO NOT need to be enrolled or formally opted-out of Medicare to file claims for dental benefits that are included as a Medicare Advantage supplemental benefit.**

In order to treat Medicare beneficiaries for covered services, dentists have the following options:

1. Enroll as a participating provider
2. Enroll as a non-participating provider
3. Formally opt-out.

When a dentist furnishes a service covered by Medicare, the dentist is subject to the mandatory claim submission provisions of section 1848(g)(4) of the Act. This requirement applies regardless of whether the dentist is enrolled in Medicare or not. Therefore, if a dentist charges or attempts to charge a beneficiary any remuneration for a service that is covered by Medicare, then the dentist must submit a claim to Medicare. In order to stay in compliance with Medicare law, a dentist who treats a Medicare beneficiary for a Medicare-covered service must either:

- Enroll in Medicare and submit a claim on that beneficiary's behalf for those services (see 42 CFR 424.505);
- Opt-out of Medicare and enter into a private contract with the beneficiary for those services; or,
- Furnish the Medicare-covered services for free.

The only situation in which a dentist who has neither enrolled nor opted out does not need to submit a claim to Medicare for covered services is where a beneficiary (or a beneficiary's legal representative) refuses, of his or her own free will, to authorize the submission of a bill to Medicare; however, the limits on what the dentist may collect from the beneficiary continue to apply to charges for the covered service.

If a dentist who has not opted out fails to submit a claim to Medicare for a covered service within one year of providing the service, or knowingly and willfully charges a beneficiary more than the applicable charge limits on a repeated basis, the dentist may be subject to civil monetary penalties. Dentists and Medicare beneficiaries cannot negotiate these requirements. If a dentist and a Medicare beneficiary agree to waive the requirements for filing claims, charge limitations, or any other Medicare requirements, the agreement has no legal force and effect. The state Medicare contractor will refer such cases to the Office of Inspector General of the U.S. Department of Health and Human Services and the dentist could be subject to penalties and possible exclusion from Medicare and Medicaid.