

Educational Instructions for the Implementation of the Medicare Payment Provisions for Dental Services as Finalized in the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Final Rule

The purpose of this Change Request (CR) is to provide further clarity to and directs the A/B MACs to develop educational materials to aid in the implementation of the Medicare payment policies for dental services as described in Section II.L of the CY 2023 PFS final rule (87 FR 69663-69688). This guidance is intended to facilitate a consistent application of this payment policy nationally, with MACs providing payment for more types of dental services associated with a broader set of medical services than before CY 2023.

EFFECTIVE DATE: January 1, 2023

*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: June 9, 2023

CY 2023 PFS Final Rule Finalized Provisions for Medicare Parts A and B Payment for Dental Services In the CY 2023 PFS Final Rule, CMS finalized the following provisions related to dental services:

Effective for CY 2023, a clarification and codification of certain aspects of the current Medicare FFS payment policies for dental services when that service is an integral part of specific treatment of a beneficiary's primary medical condition;

Effective for CY 2023, Medicare Parts A and B payment for dental services, such as dental examinations, including necessary treatment, performed as part of a comprehensive workup prior to organ transplant, or prior to a cardiac valve replacement or valvuloplasty procedures;

3. Effective for CY 2024, Medicare Parts A and B payment for dental services, such as dental examinations, including necessary treatments, performed as part of a comprehensive workup prior to the treatment for head and neck cancers; and

4. Effective for CY 2023, a process to identify for CMS's consideration and review submissions of additional dental services that are inextricably linked and substantially related and integral to the clinical success of other covered medical services

Additionally, effective for CY 2023, payment can be made under Medicare Parts A and B, under the applicable payment system, for such dental services that occur within the inpatient hospital and outpatient setting, as clinically appropriate.

Specifically, under this finalized policy, payment under Medicare Parts A and B can be made for dental services that are inextricably linked to, and substantially related and integral to the clinical success of, a certain covered medical service; payment may be made under Medicare Parts A and B for services furnished in the inpatient or outpatient setting. Such services include, but are not limited to:

Dental or oral examination performed as part of a comprehensive workup in either the inpatient or outpatient setting prior to Medicare-covered organ transplant, cardiac valve replacement, or valvuloplasty procedures; and, medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to, or contemporaneously with, the organ transplant, cardiac valve replacement, or valvuloplasty procedure.

2. The reconstruction of a dental ridge performed as a result of and at the same time as the surgical removal of a tumor.
3. The stabilization or immobilization of teeth in connection with the reduction of a jaw fracture, and dental splints only when used in conjunction with covered treatment of a covered medical condition such as dislocated jaw joints.
4. The extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease. Additionally, ancillary services and supplies furnished incident to covered dental services are not excluded for payment under Medicare parts A and B, and Medicare payment may be made under Part A or Part B, as applicable, whether the service is performed in the inpatient or outpatient setting, including, but not limited to the administration of anesthesia, diagnostic x-rays, use of operating room, and other related procedures.

Medicare payment policy related to dental services has historically been further specified within the Medicare Benefit Policy Manual (IOM Pub 100-02, Chapter 15, Section 150); and Medicare National Coverage Determinations Manual Chapter 1, Part 4 (IOM Pub 100-03, Chapter 1, Part 4, Section 260.6). CMS plans to make conforming changes to the Medicare Benefit Policy Manual and Medicare National Coverage Determinations Manual to reflect these CY 2023 PFS final policies.

Please review <https://www.cms.gov/files/document/r12047bp.pdf> for full details.

Additional Notes:

Determining Inextricable Linkage begins on page 4.

Integration and Coordination Between Dental and Medical Professionals begins on page 5.

Multiple Visits and Provider Enrollment begins on page 6.

Billing and Coding for Dental Services and Advanced Beneficiary Notice (ABN) begins on page 7.

Business Requirements Table begins on page 8.