

Medicare Opt In/Opt Out Facts

As you know, Medicare does not cover routine dental procedures. It does will cover certain dental procedures that have a corresponding medical code – mainly oral surgery, perio surgery, lab work, for example. For specialists, or generalists for that matter, who perform procedures for which there are medical cross-codes, the federal Centers for Medicare and Medicaid Services is allowing an opt-in to Medicare as a provider, which will allow dentists to be reimbursed for those procedures. But again, for basic oral health care -- preventive, diagnostic, basic restorative -- Medicare doesn't provide coverage, and most dental care provided to patients who are beneficiaries within Medicare, that care will have to be paid on a cash basis.

Medicare is giving dentists until June 1, 2016 to decide if they want to opt-in or opt-out. The opt-out, which most dentists are going for, lets CMS know that you are choosing not to participate in Medicare, and that any services provided to a senior who is in the Medicare program will be provided through private arrangement between the practice and the patient. The provider who opts-out will not be able to submit a claim to Medicare, even if a procedure is a covered benefit in Medicare.

The third option is to enroll with Medicare as an ordering and referring provider. This is a kind of in-between status – neither in nor out. Such a status does not allow the provider to bill Medicare for services, but does put the provider into the Medicare system and eases the care and coverage for a Medicare patient when they are referred to another provider such as an oral surgeon who may be a provider who has opted-in.

What if a dentist chooses to do nothing – neither opt-in, opt-out, or enroll as a referring provider? A couple of negative things may result. If one does nothing in regard to Medicare, and refers out covered procedures, let's say a biopsy to a lab, the lab would not be able to get reimbursed by Medicare if the biopsy came from a dentist who wasn't opted-in, opted-out, or enrolled as a referring provider. So it makes payment for services problematic down the line for the patient if the dentist does nothing. The other negative that could result is that a provider who stays off the grid, so to speak, who treats a Medicare beneficiary, bills that beneficiary for the treatment provided, if then the patient files a claim on their own with Medicare, the provider will likely get a notice from the Medicare administrator (Noridian in California) that they have received a claim from a patient treated by the provider, and that the provider isn't in the system, so the provider needs to enroll in the system. We've received calls from dentists who have received such notices. We have communicated to the administrator that the provider is a dentist, that Medicare will never pay for what the dentist provided the patient, and the administrator has agreed that the dentist doesn't need to enroll in Medicare. But still, the provider off the books, so to speak, will continue to get these notices when patients submit their own claims to the Medicare administrator. So what CMS has done with the opt-in and opt-out opportunity, and by including dentists in this, is to enable Medicare administrators to either pay dentists for covered medical care, or to recognize that the dentist has opted-out and has the ability to enter into private arrangements with Medicare patients to pay for their own dental care. So, there is an advantage to a dentist who performs care that is covered under Medicare to opt-in; while there is also an advantage to a dentist who may likely never provide care that is covered under Medicare, to opt-out.

The third alternative – enrolling as a referring provider for Medicare beneficiaries – isn't an opt-in, and is more like the opt-out. The main benefit of this status is to the patient, and to CMS, which is interested in following a Medicare beneficiary from entry into the healthcare system for their treatment, and follows them to wherever they receive treatment – to a specialist, to use of a lab, to a hospital, a clinic...wherever.

We're not telling dentists what they should do, but if a dentist wants to occasionally receive some reimbursement for treating a Medicare beneficiary, or if they want nothing to do with Medicare and yet want to make sure they aren't occasionally badgered by the Medicare administrator about "enrolling," we hope dentists will consider submitting one of the three options.

The opt-out affidavit is to be sent to Noridian Healthcare Solutions, Provider Enrollment, P.O. Box 6770, Fargo, ND 58108-6774 (for northern California, or zip 58108-6775 for southern California). Provider Enrollment at Noridian can be reached at 855-609-9960.

Here are some additional resources:

This is a key document providing a basic overview:

<http://www.cda.org/LinkClick.aspx?fileticket=IRX4H8bxLOU%3d&portalid=0>

The Medicare **opt-in** form, the CMS 855i form, linked here:

http://www.hipaaspace.com/Medical_Forms/Centers_For_Medicare_Medicaid_Services/CMS_Forms/CMS_Form_cms855i.pdf.aspx

Instructions for filing out the opt-in form: From Noridian --

<https://med.noridianmedicare.com/web/jeb/enrollment/cms-855i-instructions> Instructions from CMS are attached.

Link to the CMS Form 855o, which is the form for registering as an ordering or referring provider:

<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855o.pdf>

Instructions for filing out the 855o form: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7723.pdf>

The form for applying to be a durable medical device supplier, which would apply to those who supply approved sleep apnea devices: <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855s.pdf>

ADA's opt-out information (requires log-in), which includes a sample affidavit form and private contract for Medicare patients:

<https://success.ada.org/en/practice/medicare/medicare/opting-out-of-medicare>

Nordian's information:

<https://med.noridianmedicare.com/web/jeb/enrollment/opt-out>

CMS: Medicare Enrollment Guidelines for Ordering/Referring Providers:

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedEnroll_OrderReferProv_FactSheet_ICN906223.pdf

A good description of the opt-out process on the website of the Medicare administrator for four Midwest states:

http://www.wpsmedicare.com/j5macpartb/departments/enrollment/b_opt_enroll.shtml

ADA's expert on this is

Frank A. Kyle, Jr., DDS, MS kylef@ada.org
Manager, Legislative and Regulatory Policy
Government and Public Affairs
202.789.5175 (o) 703-405-4703 (c)

You should feel free to contact Dr. Kyle for detailed information about CMS's requirements.

For the question about the Exchange/Affordable Care Act plans and what they're required to do as far as imbedded coverage, shared deductibles, or questions about the status of Denti-Cal, Nicette Short in Public Policy is the one to speak with. Her direct number is 916-554-4970.