Center for Medicare Advocacy
Advancing Access to Medicare and Health Care

Important Facts About Medicare & Dental /Oral Health Coverage

Medicare's Dental/Oral Health Coverage Gap

Dental/oral health benefits are not a part of the Traditional Medicare program. A provision in the Medicare statute prohibits payment for "services in connection with the care, treatment, filling, removal or replacement of teeth or structures directly supporting the teeth."[1] The federal agency has long interpreted this language to bar coverage for nearly all dental work, including preventive and diagnostic services like exams, x-rays, and cleanings, as well as restorative procedures like fillings, extractions, periodontal care, root canals, crowns, bridges, dentures, and implants.[2]

While many private Medicare Advantage (MA) plans offer dental benefits, those benefits may be limited in scope of services, coverage amount, and provider network. Persons who are considering enrolling in an MA plan should seek out and evaluate the details of the plan's dental policy.

Medicare generally does not cover routine or complex dental and/or oral health care, even when such care is essential to the treatment or management of an underlying medical condition (some private Medicare Advantage plans offer limited coverage). The Center for Medicare Advocacy strongly supports adding a comprehensive oral health care benefit to Medicare and expanding coverage for medically necessary oral care, because the mouth is a part of the body and oral health impacts overall health.

The Center encourages Medicare beneficiaries to share their oral health stories and tell elected officials why oral health coverage is important to them. To do so, email the Center at OralHealth@MedicareAdvocacy.org.

Currently: Extremely Limited Coverage for "Medically Necessary" Dental Procedures

Medicare beneficiaries are sometimes shocked to learn that Medicare typically will not even cover care to address dental problems that are *caused by* a medical condition or treatment, or that *could jeopardize* their medical condition or treatment. For example, it will not cover care for rampant tooth decay and gum disease resulting from radiation, chemotherapy, or prescribed medications or diseases (e.g., Sjogren's syndrome) that affect the functioning of the salivary glands. Nor will Medicare pay for dental care that someone must have to obtain clearance for a critical medical procedure, such as heart surgery, organ transplant, or treatment for leukemia.

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[1] 42 U.S.C. § 1395y(a)(12).

[2] Note: Pursuant to a local coverage determination (LCD) issued by regional contractor Palmetto GBA, Medicare beneficiaries in Alabama, Georgia, Tennessee, North Carolina, South Carolina, Virginia and West Virginia, have coverage for the insertion of metallic implants when "used to assist in or enhance the retention of a dental prosthetic as a result of a covered service." [L34574]. https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34574

What Medicare Will Cover

Medicare's current dental policy[3] generally limits coverage to the following procedures:

- Surgery related to the jaw and orofacial structures (e.g., skull, palate, tongue, salivary glands, sinuses, etc.), such as to repair a fracture or remove a tumor
- Extractions needed to prepare the jaw for radiation treatment of cancer
- Inpatient oral examination prior to kidney transplant
- Dental items and services provided in connection with a primary *covered* service that the dentist is performing. For example, if the dentist must extract a tooth as a part of repairing a fracture or removing a tumor, then the entire procedure will be covered, including the extraction which normally would not be covered.[4]

Tips for Beneficiaries

Beneficiaries who need the above-mentioned covered services should make sure to seek care from a provider who is enrolled in Medicare. Beneficiaries have a right to appeal denials of coverage. They can initiate an appeal by following the directions on the Medicare Summary Notice that reflects the coverage denial. The first two levels of appeal are paper reviews performed by contractors. At the third stage, conducted by an administrative law judge (ALJ), the beneficiary can choose to present arguments and testimony at a telephonic hearing. At each of these stages, the beneficiary can submit additional evidence, such as supporting letters from their physicians. Two additional levels of appeal are available, assuming that the amount in controversy requirements are met.

These Coverage Rules Apply to Medicare Advantage Plans

MA plans are also required by law to cover these services, and a plan enrollee can appeal if the plan denies prior authorization. The enrollee should make sure to seek care from a provider who can be paid by the plan. If a dentist or dental specialist has opted out of Medicare enrollment, neither they nor their patients can be reimbursed by a MA plan or traditional Medicare.

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[3] For more detailed information on Medicare's dental coverage policy, refer to the Medicare Benefits Policy Manual Chapter 15, §§ 150 [Dental Services], 150.1 [Treatment of Temporomandibular Joint (TMJ) Syndrome], and 120-C [Prosthetic Devices – Dentures]. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf

[4] Currently, oral appliances for treating obstructive sleep apnea are covered by Medicare as durable medical equipment pursuant to local coverage determinations.