

**Information on Medicare Payment for Dental Treatment  
Integral to a Medicare-covered Organ Transplant  
(including solid organ, bone marrow, and hematopoietic stem cell transplant)**

On November 1, 2022, the Centers for Medicare & Medicaid Services (CMS) issued a rule (CMS-1770-F) clarifying that Medicare payment may 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.”

The agency indicated that payment could be made for medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to or contemporaneously with such transplant.

Medicare billing and reimbursement for this medically necessary dental care depends upon coordination and exchange of information (and in some cases, payment arrangements) between the patients’ medical and dental providers. Both practitioners would need to be enrolled in Medicare and meet all other requirements for billing. **Alternatively**, a non-participating dental provider could perform the dental services under an arrangement with a Medicare-participating physician, who may submit the claim for Medicare payment and reimburse the dental provider pursuant to the arrangement.

The rule states that Medicare payment may also be made for ancillary services and supplies furnished incident to covered the dental services, including, but not limited to the administration of anesthesia, diagnostic x-rays, use of operating room, and other related procedures.

You can direct questions or comments you may have on this matter to the federal Medicare agency at: [MedicarePhysicianFeeSchedule@cms.hhs.gov](mailto:MedicarePhysicianFeeSchedule@cms.hhs.gov). State in the subject line: **Dental Payment Clarification**.