

Important Facts About Medicare and Oral/Dental Coverage

Medicare's Dental 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.

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. Current MA enrollees should review the Annual Notice of Change (ANOC) sent to them by October 15 of each year to learn of any changes to their dental policy that will take effect the following year.

Limited Coverage for “Medically Necessary” Dental Procedures

Medicare typically will not cover care to address dental problems that are *caused by* a medical condition or treatment. Medicare rules do, however, permit payment to 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.” 42 C.F.R. § 411.15(i)(3).

By regulation and policy², payment may be made under Medicare Parts A and B for such “inextricably linked” dental services furnished in the inpatient or outpatient setting, including, but not limited to:

- Dental or oral examination performed as part of a comprehensive workup prior to, and medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to, or contemporaneously with the following Medicare covered services:

¹ 42 U.S.C. § 1395y(a)(12).

² 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/medicare/prevention/prevntiongeninfo/downloads/bp102c15.pdf>

- Organ transplant, hematopoietic stem cell transplant, bone marrow transplant
 - Cardiac valve replacement and valvuloplasty procedures
 - Chemotherapy, chimeric antigen receptor (CAR) T-cell therapy, or administration of high-dose bone-modifying agents (antiresorptive therapy) when used in the treatment of cancer
 - Dialysis services when used in the treatment of end stage renal disease (ESRD)
 - Head and neck cancer treatment using radiation, chemotherapy, surgery, or any combination of these. **Note:** payment may also be made for medically necessary diagnostic and treatment services to address dental or oral complications after these treatments for head and neck cancer.
- The extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease
 - The reconstruction of a dental ridge performed as a result of and at the same time as the surgical removal of a tumor.
 - 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.³

Medicare payment may also be made for ancillary services and supplies furnished incident to a covered dental service, whether performed in the inpatient or outpatient setting. These would include, but are not limited to, the administration of anesthesia, diagnostic x-rays, use of operating room, and other related procedures.

Tips for Beneficiaries

Beneficiaries who need covered “inextricably linked” dental services should make sure to seek care from a dentist who is enrolled in Medicare, either as a participating or non-participating provider. If a dentist or dental specialist has opted out of Medicare enrollment, neither they nor their patients can be reimbursed for furnishing Medicare-covered dental services.

For someone’s dental care to be “inextricably linked” to a Medicare-covered service to treat an illness, their medical doctor and dentist must integrate and coordinate care. The medical records must contain evidence of care coordination, such as a referral or exchange of information documenting the collaboration between the patient’s medical and dental providers. More details about Medicare dental coverage and payment can be found at:

<https://www.cms.gov/medicare/coverage/dental>.

MA plans are also required by law to cover dental services that are covered by Traditional Medicare, 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 bill for Medicare reimbursement.

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³ Currently, oral appliances for treating obstructive sleep apnea are covered by Medicare as durable medical equipment pursuant to local coverage determinations.