

Dental Care Applies to:
Blue Medicare Advantage (PPO)
Blue Medicare Advantage Comprehensive (PPO)

Dental Care

Dental care includes items and services in connection with the care, treatment, filling, removal or replacement of teeth or structures directly supporting the teeth. Structures directly supporting the teeth mean the periodontium, which includes the gingivae, dentogingival junction, periodontal membrane, cementum of the teeth and alveolar process.

Original Medicare

Original Medicare will pay for dental services that are an integral part either of a covered procedure, such as reconstruction of the jaw following accidental injury, or for extractions done in preparation for radiation treatment for neoplastic diseases involving the jaw. Original Medicare will also make payment for oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement, under certain circumstances. Such an examination would be covered under Part A if performed by a dentist on the hospital's staff or under Part B if performed by a physician.

Statutory Dental Exclusion

Section 1862 (a)(12) of the federal Social Security Act prohibits payment under Medicare Parts A and B for expenses incurred by a Medicare member "where such expenses are for services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth, except that payment may be made under Part A in the case of inpatient hospital services in connection with the provision of such dental services if the individual, because of his or her underlying medical condition and clinical status or because of the severity of the dental procedure, requires hospitalization in connection with the provision of such services."

Services Excluded Under Part B

These two categories of services are excluded from coverage under Medicare Part B:

A primary service, regardless of cause or complexity, provided for the care, treatment, removal or replacement of teeth or structures directly supporting teeth, such as preparation of the mouth for dentures or removal of diseased teeth in an infected jaw.

A secondary service related to the teeth or structures directly supporting the teeth unless it's incident to and an integral part of a covered primary service necessary to treat a non-dental condition, such as tumor removal. This service must be performed at the same time as the covered primary service and by the same physician or dentist. In those cases, in which these requirements are met and the secondary services are covered, the Medicare payment amount should not include the cost of dental appliances, such as dentures, even though the covered service resulted in the need for the teeth to be replaced, the cost of preparing the mouth for dentures or the cost of directly repairing teeth or structures directly supporting teeth, such as alveolar process.

Exceptions to Excluded Services

The extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease.

An oral or dental examination performed on an inpatient basis as part of comprehensive workup prior to renal transplant surgery or performed in a rural health clinic and federally qualified health center prior to a heart valve replacement.

Blue Cross Blue Shield of Kansas Medicare Advantage (PPO) Benefit

Blue Cross and Blue Shield of Kansas (BCBSKS) Medicare Advantage PPO is a Medicare Advantage plan that provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows BCBSKS to offer enriched plans by using Original Medicare as the base program and adding desired benefit options. BCBSKS Medicare Advantage PPO has contracted with Dominion National, a leading provider of dental services, to administer and support these benefits.

Coverage for basic Preventive Dental care is provided to members under Blue Medicare Advantage PPO and Blue Medicare Advantage Comprehensive PPO. Additional comprehensive and supplemental dental coverage may also be provided to members. Because Original Medicare provides only limited dental coverage, the scope of benefit, reimbursement methodology, maximum allowed payment amounts, and member cost sharing are determined by BCBSKS.

Conditions for Payment

This table below specifies payment conditions for dental care.

Conditions for Payment	
Eligible provider	Dentist (BCBSKS MA Network Provider)
Payable location	No restrictions
Dental codes	D0120:D9974
Diagnosis restrictions	Dental diagnosis codes
Age restrictions	No restrictions

Reimbursement

BCBSKS Medicare Advantage PPO plan’s maximum payment amount for dental care is based on the BCBSKS Competitive Allowance Program (CAP). Contracted providers agree to accept the CAP allowed amount as payment in full when they perform covered dental services. This represents payment in full and providers are not allowed to balance bill the member the difference between the allowed amount and the charge.

Member Annual Dental Allowance by Product

BCBSKS Products	Topeka Blue Medicare Advantage	Topeka Blue Medicare Advantage Comprehensive	Wichita Blue Medicare Advantage	Wichita Blue Medicare Advantage Comprehensive
	H7063-001	H7063-002	H7063-006	H7063-007
Embedded Allowance	\$500 Annual Allowance - Combine IN-Network + Out-Of-Network Annual Allowance on <u>Class 1 Services Only</u>	\$800 Annual Allowance - Combine IN-Network + Out-Of-Network Annual Allowance on <u>Class 1 Services Only</u>	\$1,000 Annual Allowance - Combine IN-Network + Out-Of-Network Annual Allowance on <u>Class 1, 2, & 3 Services</u>	\$2,000 Annual Allowance - Combine IN-Network + Out-Of-Network Annual Allowance on <u>Class 1, 2, & 3 Services</u>
Optional Buy-Up Allowance <i>(Topeka Products Only)</i>	\$1,000 Annual Allowance - Combine IN-Network + Out-Of-Network Annual Allowance on <u>Class 2 & 3 Services Only</u>	\$1,000 Annual Allowance - Combine IN-Network + Out-Of-Network Annual Allowance on <u>Class 2 & 3 Services Only</u>	<i>Not applicable</i>	<i>Not applicable</i>

BCBSKS Dental Benefits	Topeka Blue Medicare Advantage		Topeka Blue Medicare Advantage Comprehensive		Wichita Blue Medicare Advantage		Wichita Blue Medicare Advantage Comprehensive	
	IN-Network	Out-Of-Network	IN-Network	Out-Of-Network	IN-Network	Out-Of-Network	IN-Network	Out-Of-Network
Class 1: Diagnostic and Preventive Services								
Oral Evaluations <i>2 per year</i>	\$0	40%	\$0	30%	\$0	40%	\$0	30%
Prophylaxis <i>2 per year</i>								
Fluoride <i>N/A</i>								
X-Rays <i>2 bitewings per year</i>								
Lab and Other Tests <i>N/A</i>								
Sealants <i>N/A</i>								
Class 2: Basic Services								
Emergency (Palliative) <i>N/A</i>	50% Coinsurance* <i>(only covered if member purchases Optional Dental Buy-Up)</i>		50% Coinsurance* <i>(only covered if member purchases Optional Dental Buy-Up)</i>		50% Coinsurance		50% Coinsurance	
Space Maintainers <i>N/A</i>								
Simple Extractions & Surgical Extractions <i>1 extraction per tooth per year</i>								
Oral Surgery <i>N/A</i>								
Anesthesia <i>N/A</i>								
Restorations <i>1 amalgam or resin filling per tooth pre surface every 2 years</i>								
Periodontics <i>Scaling / root planning of 2 quadrants per visit and once per quadrant every 24 months</i>								
Endodontics <i>1 root canal per tooth per lifetime</i>								

Class 3: Major Services				
Inlays / Onlays / Crowns <i>1 crown per tooth every 5 years</i>				
Dentures <i>1 set of dentures / partials / bridges every 5 years and 1 denture repair every year</i>				
Bridges <i>1 set of dentures / partials / bridges every 5 years and 1 denture repair every year</i>	50% Coinsurance* <i>(only covered if member purchases Optional Dental Buy-Up)</i>	50% Coinsurance* <i>(only covered if member purchases Optional Dental Buy-Up)</i>	50% Coinsurance	50% Coinsurance
Repair (Simple) <i>1 set of dentures / partials / bridges every 5 years and 1 denture repair every year</i>				
Other Prosthetics <i>1 set of dentures / partials / bridges every 5 years and 1 denture repair every year</i>				

BCBSKS Medicare Advantage PPO members are responsible for any amount above the BCBSKS Medicare Advantage PPO allowed amount for a covered service when using an out-of-network provider.

Cost sharing refers to a flat-dollar copayment or a percentage coinsurance. Providers may only collect the appropriate BCBSKS Medicare Advantage PPO cost sharing amounts from the member.

If the member elects to receive a non-covered service, he or she is responsible for the entire charge associated with the non-covered service.

Cost share amounts incurred by the member under this benefit do not count toward the plans medical combined maximum out of pocket limit as listed in the Evidence of Coverage document.

To verify member eligibility, benefits and cost share, log on to Availity. From the BCBSKS payer space, in the resource tab, select the BlueMA Dental link.



Billing Instructions for Providers

Bill services on the 2012 American Dental Association claim form.

Report your National Provider Identifier on all claims.

Submit electronic claims to ASK or contact Dominion National for other electronic claim options.

Paper claims submit direct to Dominion National at the following address:

BCBSKS
P.O. Box 1126
Elk Grove Village, IL 60009

Revision History

Policy number: PR MADT A001

Effective: 01/01/2020