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NGS PROVIDER EXPERIENCE
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Part B Medicare Administrative Contractor Overview and Coverage for Dental Services

4/24/2025

Closed Captioning: *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*

NGSMU
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Meaningful | Informative | Simplified

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

2636_0425

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Disclaimer

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Objective

The purpose of this webinar is to familiarize dental providers with National Government Services and Medicare Part B Dental Coverage.

Agenda

- MACs and NGS Jurisdictions
- NGS Website and Provider Education
- Stay Connected
- Medicare Dental Coverage
- Inextricably Linked Services
- Medical Documentation
- Dental Claim Filing Guidelines
- Resources
- Questions

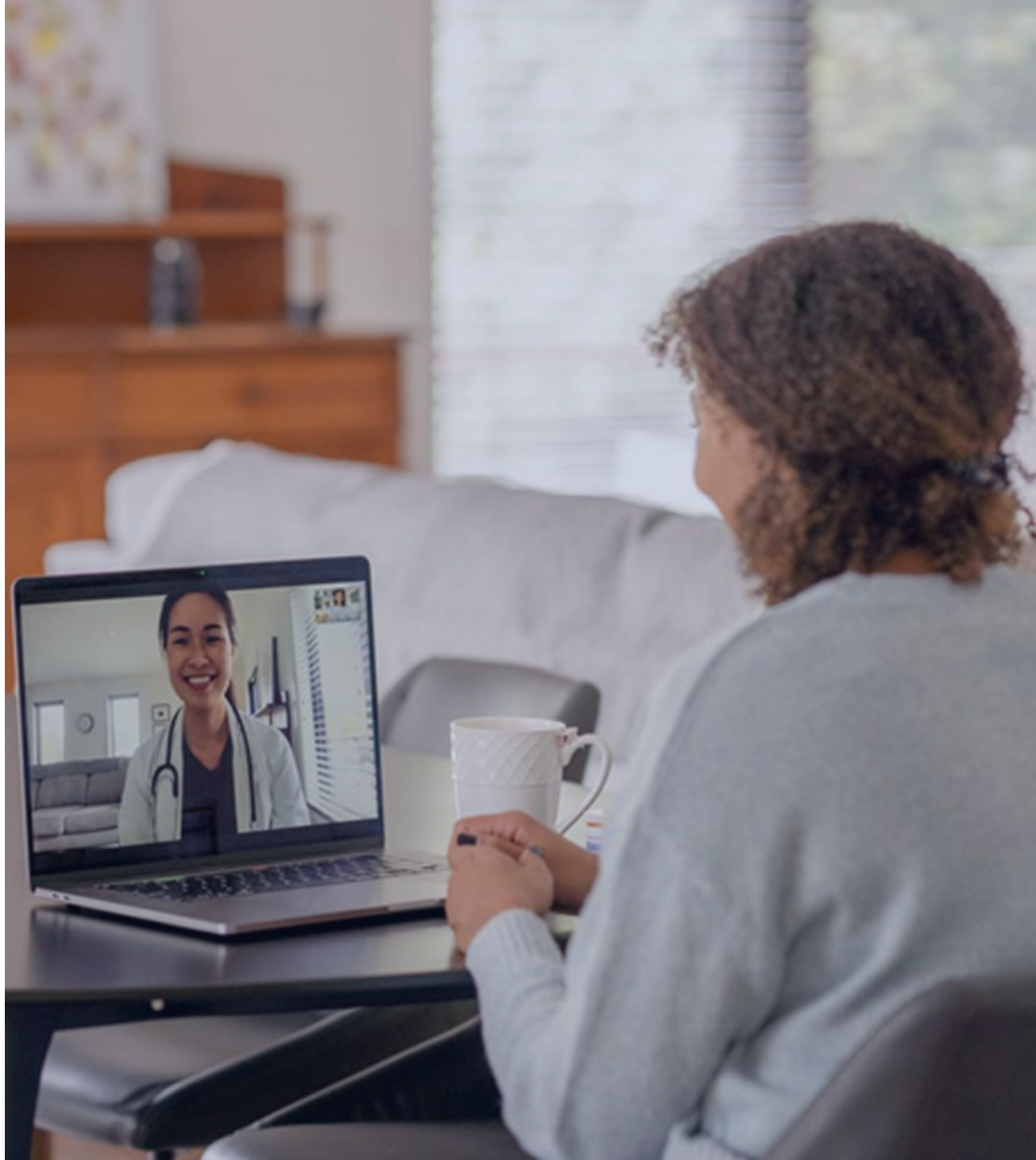
MACs and NGS Jurisdictions

Medicare Administrative Contractors

- A MAC is a private health care insurer that is awarded a geographic jurisdiction to process Medicare Fee-For-Service (FFS) claims and assist Medicare providers with other services
- Jurisdictions awarded by CMS
  - Parts A and B
  - Home Health and Hospice
  - Durable Medical Equipment benefits
- Each jurisdiction includes multiple states
  - Who are the MACs | CMS

NGS A/B MAC Jurisdiction 6 and Jurisdiction K

- NGS is responsible for Part A and Part B Medicare providers
  - Jurisdiction 6: Illinois, Minnesota, Wisconsin
  - Jurisdiction K: Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont



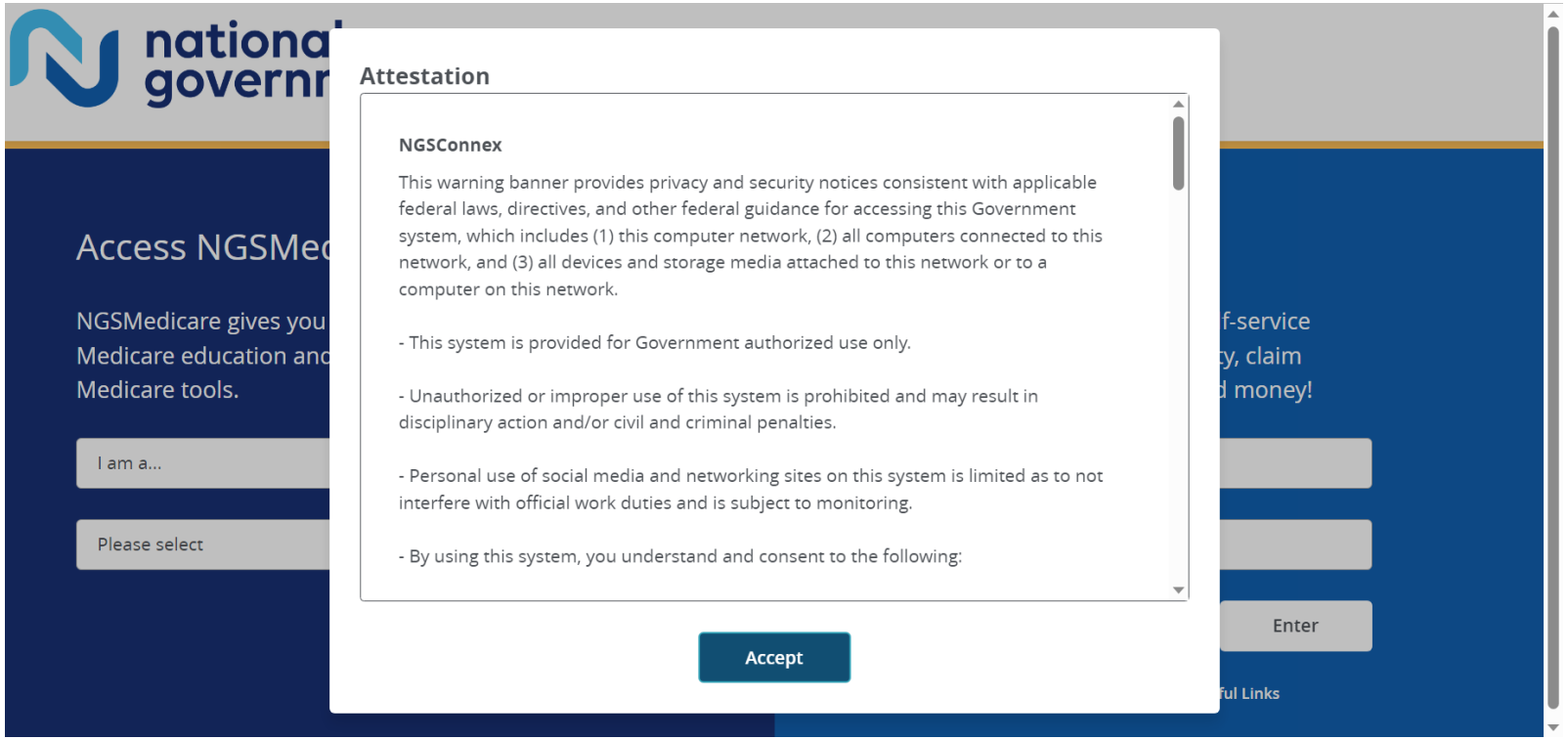
NGS Responsibilities as the Part B MAC

- Process claims
- Make and manage providers Medicare FFS payments and overpayments
- Enroll providers in Medicare FFS
- Determine medical necessity
  - Establish medical policies
- Handle redetermination requests (level one appeal)
- Educate providers
  - FFS billing requirements
  - Changes in the Medicare Program
  - Respond to provider telephone and written inquiries

NGS Website and Provider Education

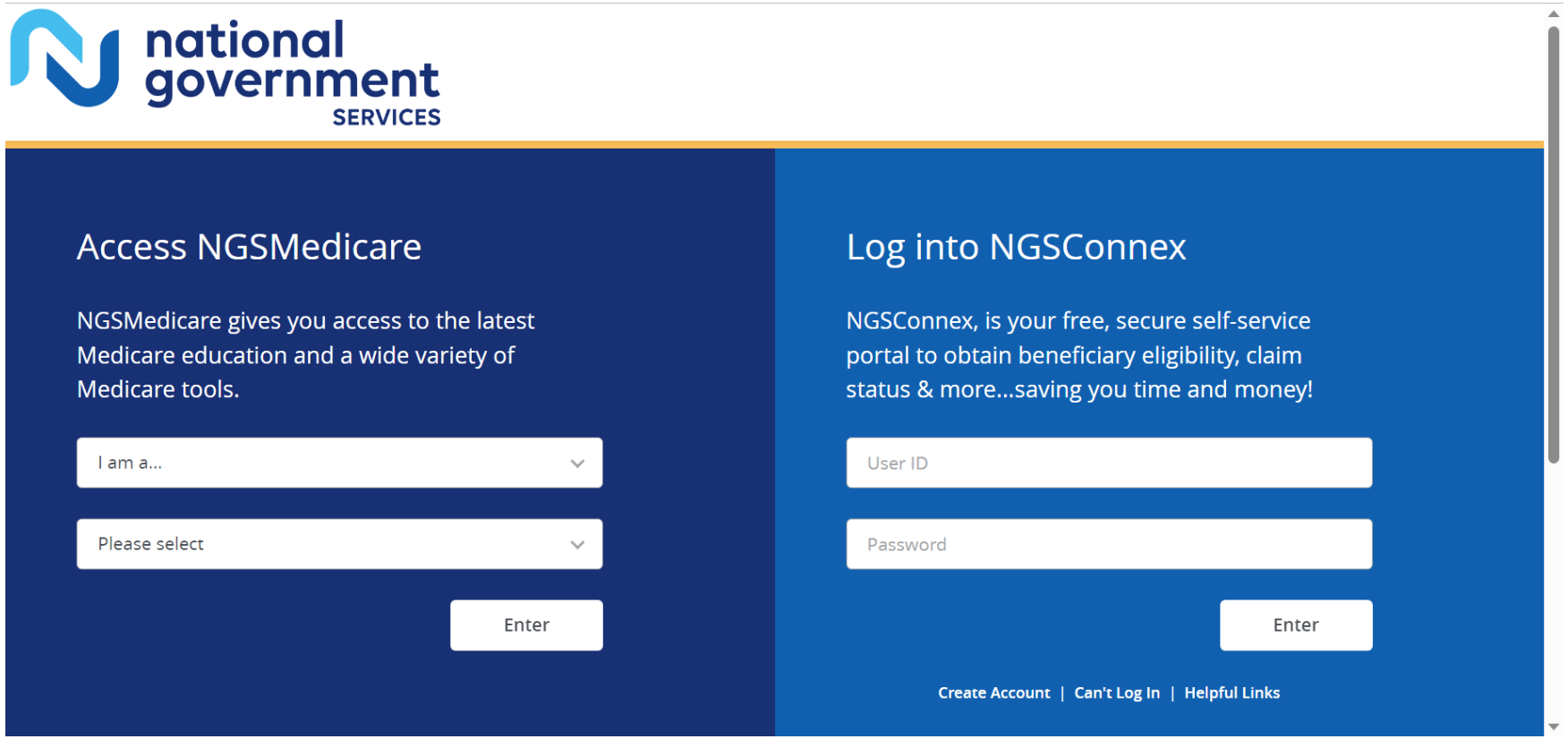
www.NGSMedicare.com

- Landing page

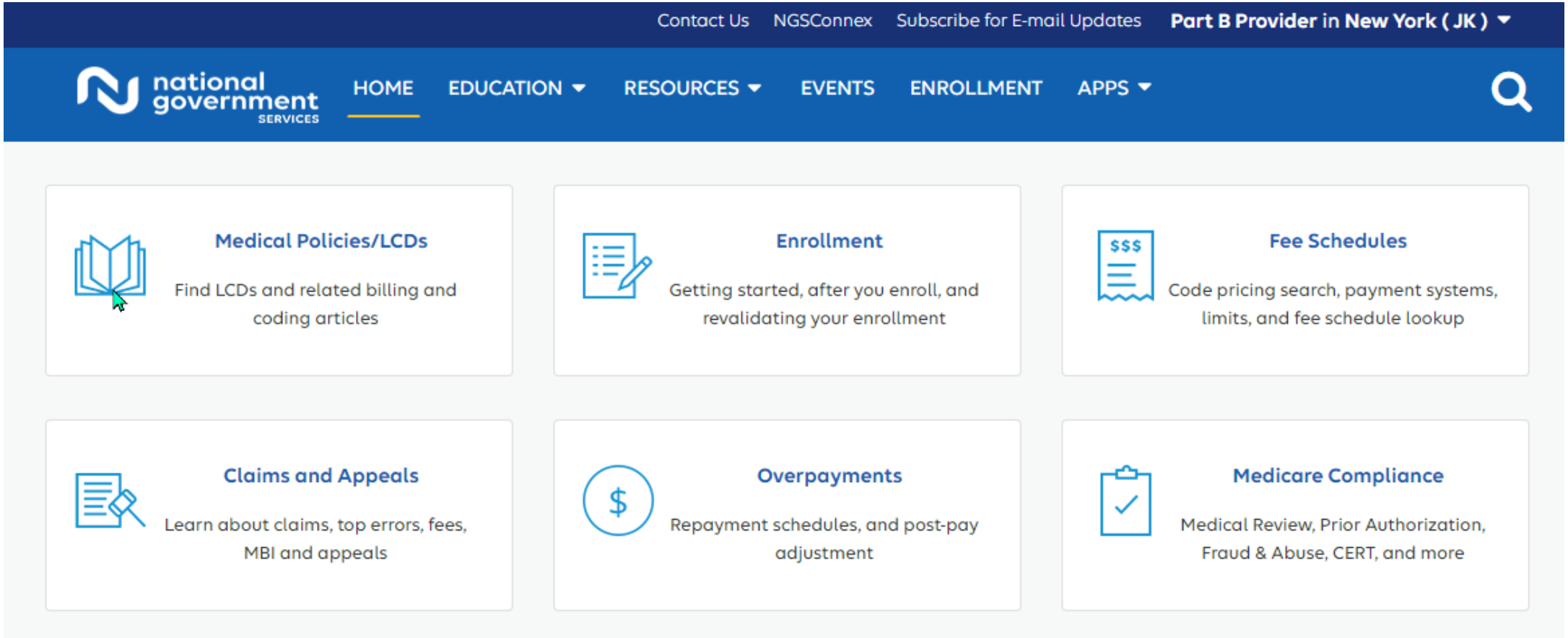


www.NGSMedicare.com

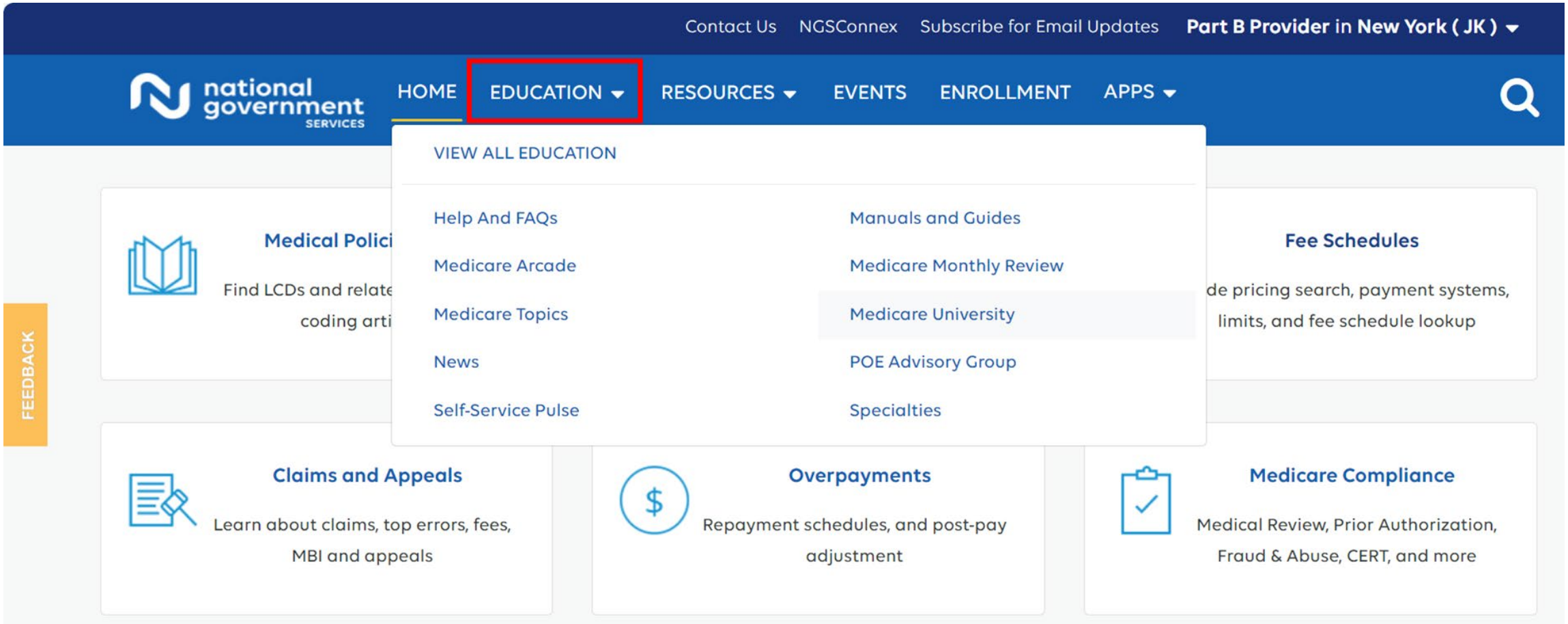
- Access website or NGSConnex



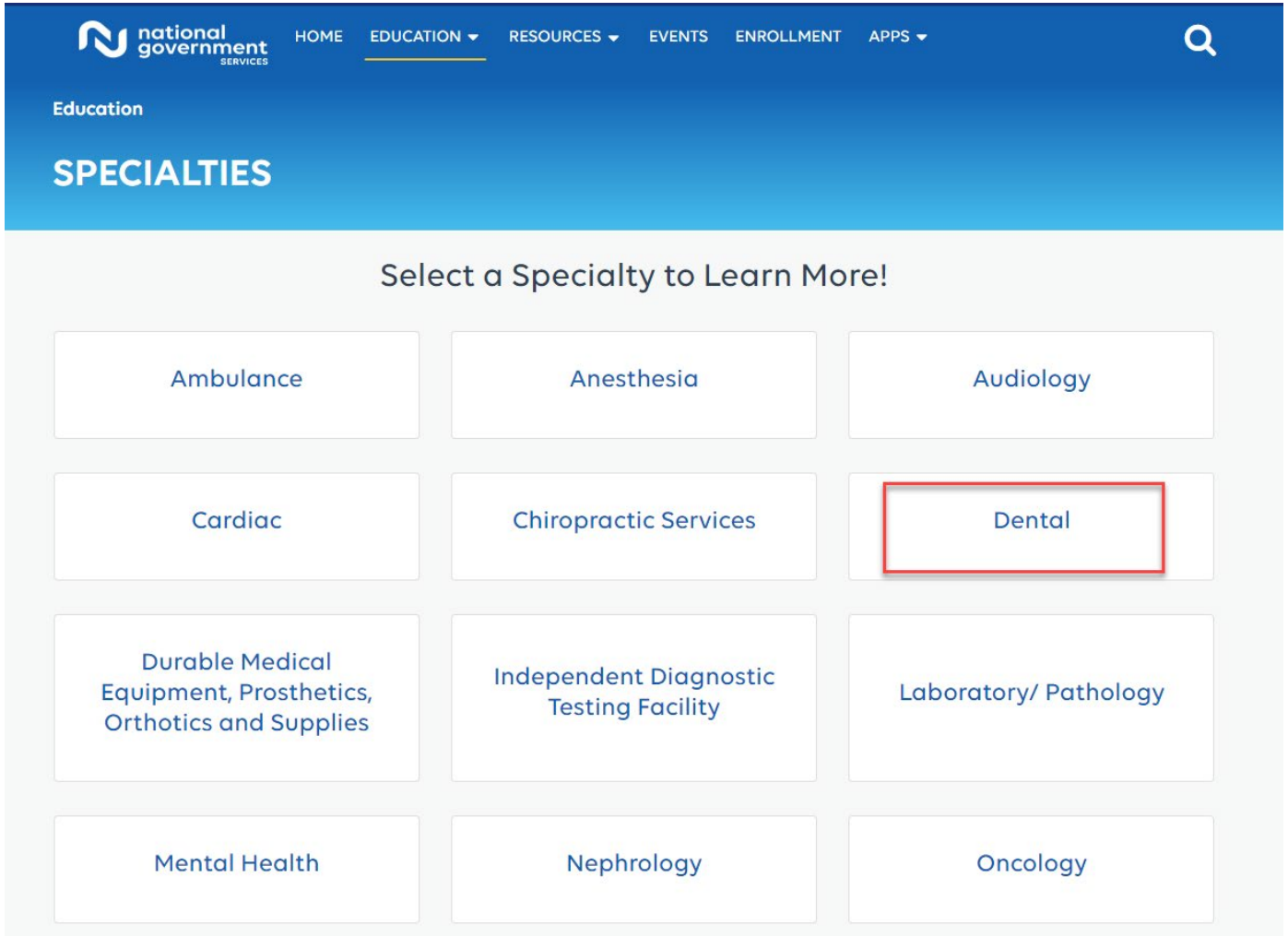
NGS Website Homepage



NGSMedicare.com Education Tab



NGSMedicare.com Specialties



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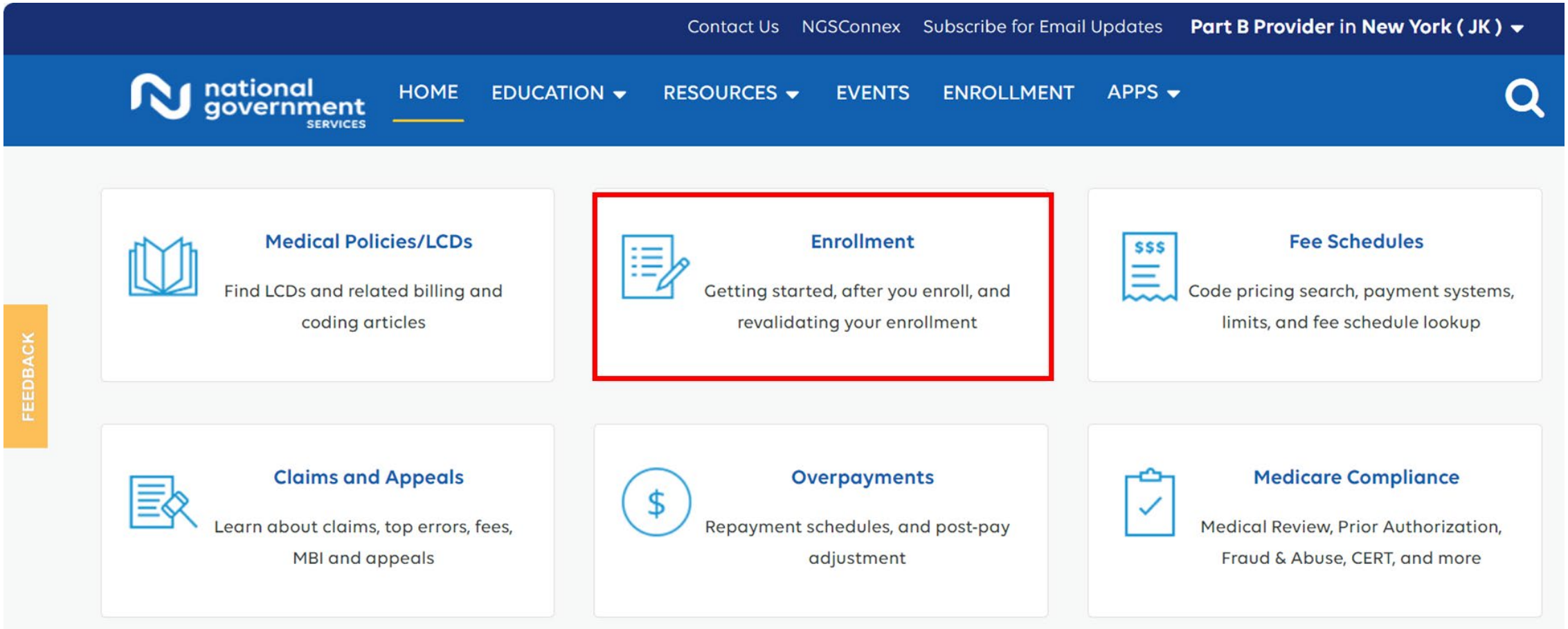


Stay Connected

NGSConnex

- NGSConnex is a free, secure, web-based application developed by NGS for use by our providers and suppliers
- NGSConnex Features
  - Beneficiary eligibility
  - Claim status and details
  - View and download remittance advice
  - Submit redetermination and reopening requests
  - View your provider demographics
  - Provider financial data
  - Electronically submit documentation
  - And more!

Getting Started With NGSConnex

- Registration is required to access to NGSConnex
  - Access is for single users only
  - Each associate needs to complete their own registration
- Resources
  - NGSConnex overview and instructions
  - NGSConnex Login Page and user registration
  - NGSConnex User Guide Part B

NGS Customer Service

- Provider Contact Center
  - JK Part B
    - 866-837-0241
  - J6 Part B
    - 866-234-7340
- Privacy Requirements
  - Each caller must provide
    - NPI
    - PTAN
    - Last five digits of your TIN

NGS JK Part B Contact Information

- IVR: 877-869-6504
- EDI Helpdesk: 888-379-9132
- Provider Enrollment: 888-379-3807
- Correspondence

  National Government Services
  Part B Provider General Written Inquiries
  P.O. Box 6189
  Indianapolis, IN 46207-6189

NGS J6 Part B Contact Information

- IVR: 877-908-9499
- EDI Helpdesk: 877-273-4334
- Provider Enrollment: 877-908-8476
- Correspondence

  National Government Services, Inc.
  Attn: Written Inquiries
  P.O. Box 6475
  Indianapolis, IN 46206-6475

Medicare Dental Coverage

Who Can Provide Dental Services

- You must be a Medicare enrolled provider to bill and be reimbursed for providing Medicare covered dental services
- Covered when provided by
  - Physicians, including a dentist or dental surgeon
  - Nonphysician practitioner
  - Auxiliary personnel such as a dental technician, dental hygienist, dental therapist, or registered nurse, when
    - They are directly supervised by a doctor or dentist
    - The services meet the requirements for incident to services

Enrolling

- To enroll in the Medicare program, medical professionals and dentists must complete the CMS-855I application for physicians and nonphysician practitioners
- You can enroll through the
  - Medicare Provider Enrollment, Chain and Ownership System (PECOS) on-line system
  - Complete the Medicare Enrollment Application Physicians and Nonphysician Practitioners CMS-855I paper application
    - Submit by mail
    - YouTube Video: *Completing the CMS-855I Paper Application*

Provider Enrollment Resources

- National Government Services offers several resources and articles to help you with completing the Medicare enrollment application
- Provider enrollment resources
  - Initial Provider Enrollment Process
  - Introducing PECOS 2.0
- Contact Information
  - J6 (IL, MN, WI)
    - 877-908-8476
  - JK (CT, MA, ME, NH, NY, RI, VT)
    - 888-379-3807

Medicare Dental Coverage

- Medicare does not pay for items and services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth except for inpatient hospital services connected to dental procedures if the patient is hospitalized due to
  - The patient's underlying medical condition and clinical status
  - The severity of the dental procedure requires hospitalization
- Medicare payment can be made under Part A and Part B when dental services are inextricably linked to the clinical success of other medically necessary covered services

Dental Services Integral to Medicare Covered Services

- Dental or oral exams as part of a comprehensive workup prior to the Medicare-covered services listed below as well as medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to or contemporaneously with these Medicare-covered services
  - Organ transplant, including hematopoietic stem cell and bone marrow transplant
  - Cardiac valve replacement
  - Valvuloplasty procedures
  - Chemotherapy, chimeric antigen receptor (CAR) T-cell therapy, and the administration of high-dose bone-modifying agents (antiresorptive therapy) when used to treat cancer

Dental Services Integral to Medicare Covered Services Continued

- Dental or oral exams as part of a comprehensive workup prior to, medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to or contemporaneously with, and medically necessary diagnostic and treatment services to address dental or oral complications after, Medicare-covered treatment of head and neck cancer using radiation, chemotherapy, surgery, or any combination of these
- Dental ridge reconstruction done as a result of and at the same time as surgery to remove a tumor
- Services to stabilize or immobilize teeth related to reducing a jaw fracture
- Dental splints, only when used as part of covered treatment of a covered medical condition such as dislocated jaw joints
- Dental or oral examination performed as part of a comprehensive workup prior to, or contemporaneously with, Medicare-covered dialysis services for the treatment of ESRD
- Medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to, or contemporaneously with, Medicare-covered dialysis services for the treatment of ESRD

Covered Ancillary Services and Supplies

- Medicare payment can also be made under Part A and Part B for ancillary services and supplies incident to the covered dental services, like
  - Administering anesthesia
  - Diagnostic X-rays
  - Operating room use
  - Other related procedures
- The services must meet the requirements for incident to services
  - “Incident to” Services
  - “Incident to” Office Guidelines
  - Incident to Quick Reference Chart

What Medicare Does Not Cover

- Medicare doesn't cover items and services for the care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth
- Structures directly supporting the teeth are the periodontium, which includes
  - Gingivae
  - Dentogingival junction
  - Periodontal membrane
  - Cementum
  - Alveolar bone (alveolar process and tooth sockets)

Examples of Services Not Covered

- Examples of noncovered dental services include, but aren't limited to
  - Routine dental care (services for the care, treatment, filling, removal, or replacement of teeth or structures directly supporting the teeth)
  - Extraction of an impacted tooth
  - Dental services, when performed in connection with excluded services, like to prepare the mouth for dentures, including
    - Alveoplasty (surgical improvement of the shape and condition of the alveolar process)
    - Dental ridge reconstruction
    - Frenectomy
    - Removing the torus palatinus (a bony growth on the roof of the mouth)
- Dental services related to other noncovered services

Inextricably Linked Services

Inextricably Linked Services

- Payment under Medicare Parts A and B is only permitted for dental services that are inextricably linked to, and substantially related and integral to the clinical success of a certain covered medical service
- Integrated and coordinated level of care to ensure the dental services are an integral part of the Medicare covered primary procedure or service
- Integrated and coordinated care requires
  - Exchange of information (or referral) between the medical professional (physician or other nonphysician practitioner) and the dentist regarding the need for dental services to support the primary medical service(s)

Coordination of Care

- Without care coordination, health care providers will not have the information they need to decide whether a dental service is inextricably linked to a Medicare covered service
- If the health care providers do not coordinate care, Medicare will not cover and pay for dental services
- Examples of care coordination may include a referral or exchange of information between a medical doctor and a dentist
- Coordination of care must be documented in the medical records
- Reference
  - MLN® Fact Sheet *Collaborative Patient Care is a Provider Partnership*

Without Coordination of Care

- Without both integration between the Medicare enrolled medical and dental professional, and the inextricable link between the dental and covered medical services
  - Dental services fall outside of the Medicare Part B benefit as they would be in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth
    - Though they maybe covered by types of supplemental health or dental coverage
  - This is because the medical and dental professionals would not have the necessary information to decide that the dental service is inextricably linked to a covered medical service
    - Not subject to a statutory payment exclusion

Multiple Visits

- It may not be clinically appropriate to receive the totality of dental services that are inextricably linked to the covered medical services within one visit
- Medicare can make payment for multiple visits if it is clinically necessary to provide dental services that are inextricably linked to other Medicare covered services in more than one visit
  - Example
    - Medicare may pay for multiple visits for dental services to eliminate a patient's dental infection before an organ transplant

Modifier KX for Dental Services

- Inextricable Linkage
  - The dental services are integral to the clinical outcome and success of the covered medical procedure
  - Requires an integrated and coordinated level of care to ensure the dental services are an integral part of the Medicare covered primary procedure or service

Medical Documentation

Documentation Guidelines

- Documentation should support medical necessity for the service or item provided or ordered
- The documentation should
  - Give a thorough picture of what happened during the patient's visit
  - Tell why services or items you ordered or performed were medically necessary
  - Available upon request
- Remember: If it's not documented it did not happen

General Documentation Requirements

- Documentation supporting medical necessity must be complete, legible, and include
  - Name of person providing the services or items
  - Date of service
  - Patient's signs, symptoms, and any conditions supporting the need for the services or items
  - Details of the services or items you provided
  - Where you provided services or items
  - Signed orders for services or items and the clinical rationale for the orders
  - Rationale for the level of care given
  - Intensity, frequency, duration, and scope of services
  - Legible signature of the person providing the service and the physician ordering and approving treatment plans (if signature is not legible, include a signature log showing name in print and signature)
    - Medical Documentation Signature Requirements
    - MLN® Fact Sheet *Complying with Medicare Signature Requirements*

Medical Documentation Requirements

- Must include all applicable diagnosis codes to the highest level of specificity to establish the medical necessity of the services provided
- If you receive an additional documentation request, make sure you include the following documentation
  - Lab report/results, including laboratory name, test name, and details of test methodology
  - Office notes that support medical necessity, specifically explaining how the test will be used in the treatment and/or management of the patient
  - Patient history and physical
  - Procedure or operative report
  - Progress or office notes
  - Invoice, when applicable
  - Referral information showing the service is inextricably linked to, and substantially related and integral to the clinical success of, a certain covered medical service
- We encourage you to review your documentation prior to submission to ensure that all requested documentation is included in your response, and that the medical records are appropriately authenticated
- Additional Documentation Request

Incomplete Documentation

- Documentation received does not provide enough information to establish medical necessity
- To ensure proper claims processing and payment, you must follow documentation requirements and meet Medicare coverage criteria
- If your documentation is incomplete
  - Medicare may not pay for the services or items you ordered or performed
  - Your patient may have to pay additional costs
- Also, if you do not provide enough information to support medical necessity when you make referrals or write orders, the other provider or supplier may delay or deny care to your patient

Dental Claim Filing Guidelines

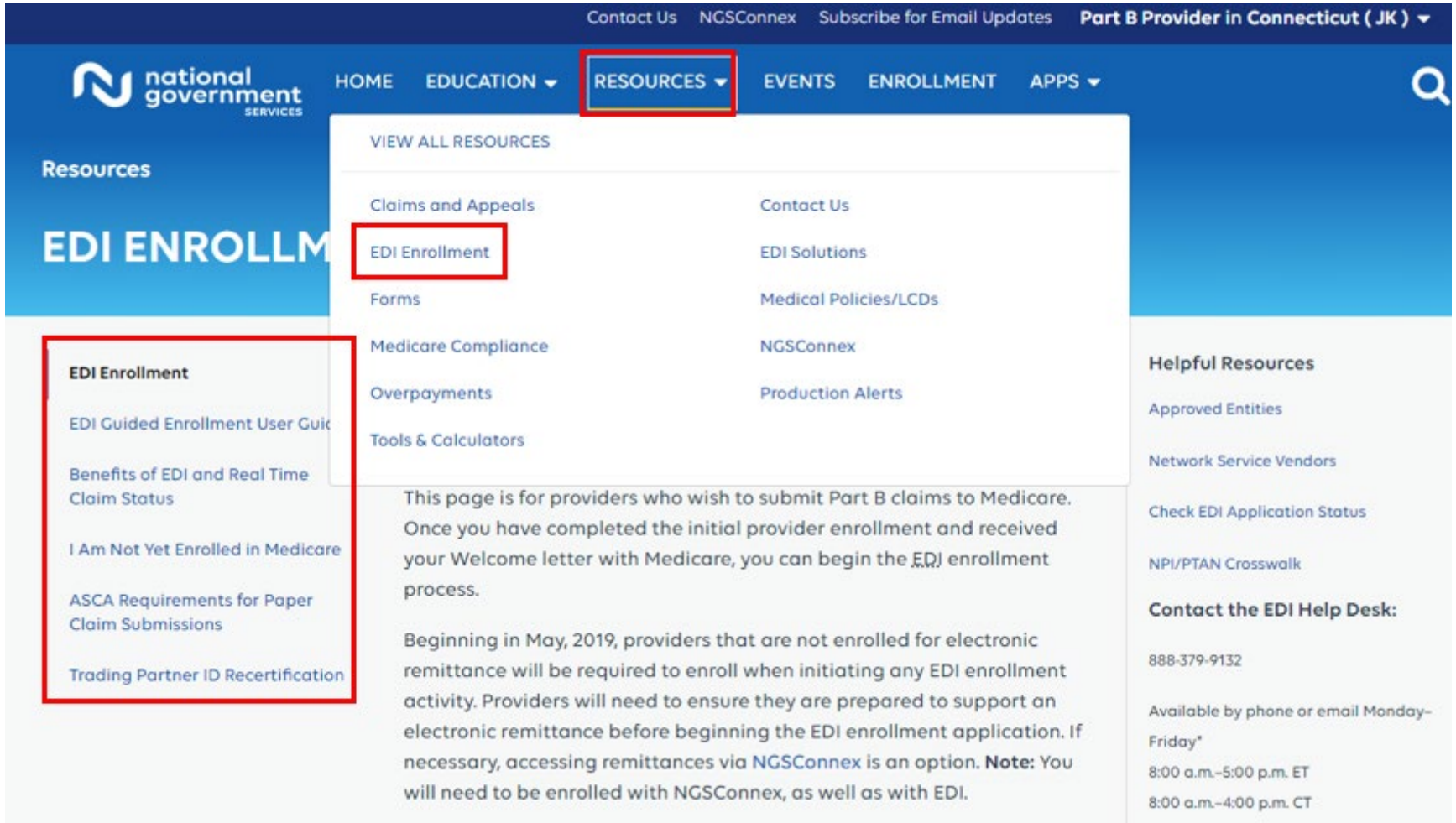
Ways to Submit a Claim to Medicare

- EDI
  - Preferred method
  - Electronic Media Claim (EMC)
    - 837P
    - 837D
- NGSConnex
  - Part B Claim Submission
- Paper claims
  - CMS-1500 claim form
  - ADA paper form
- Medicare claims must be filed within one year of the date of service
  - Requesting an Exception to Timely Filing

EDI Dental Enrollment

- EDI Enrollment is required for testing
- Before electronic dental claims can be submitted the following must test
  - Clearing Houses
  - Billing Services
  - Software Vendors
  - Direct Submitters
- Standard Companion Guides

NGSMedicare.com Resources



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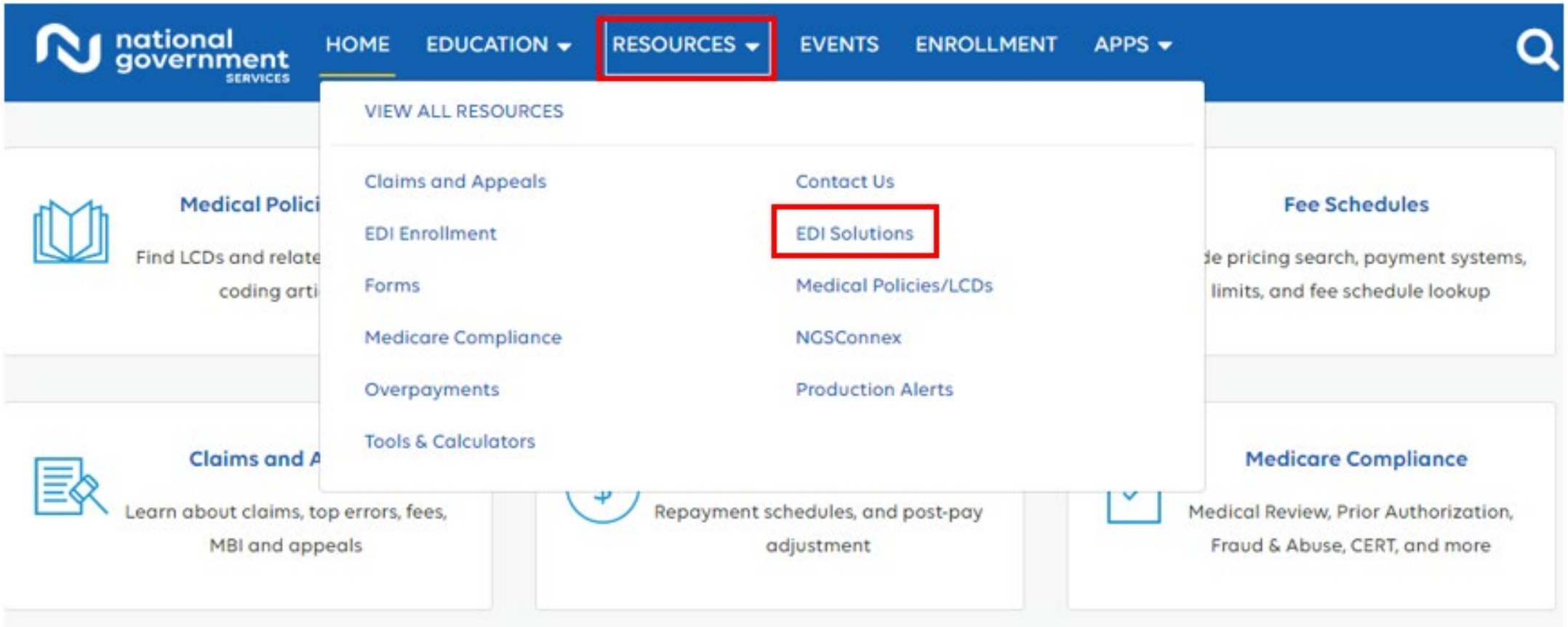
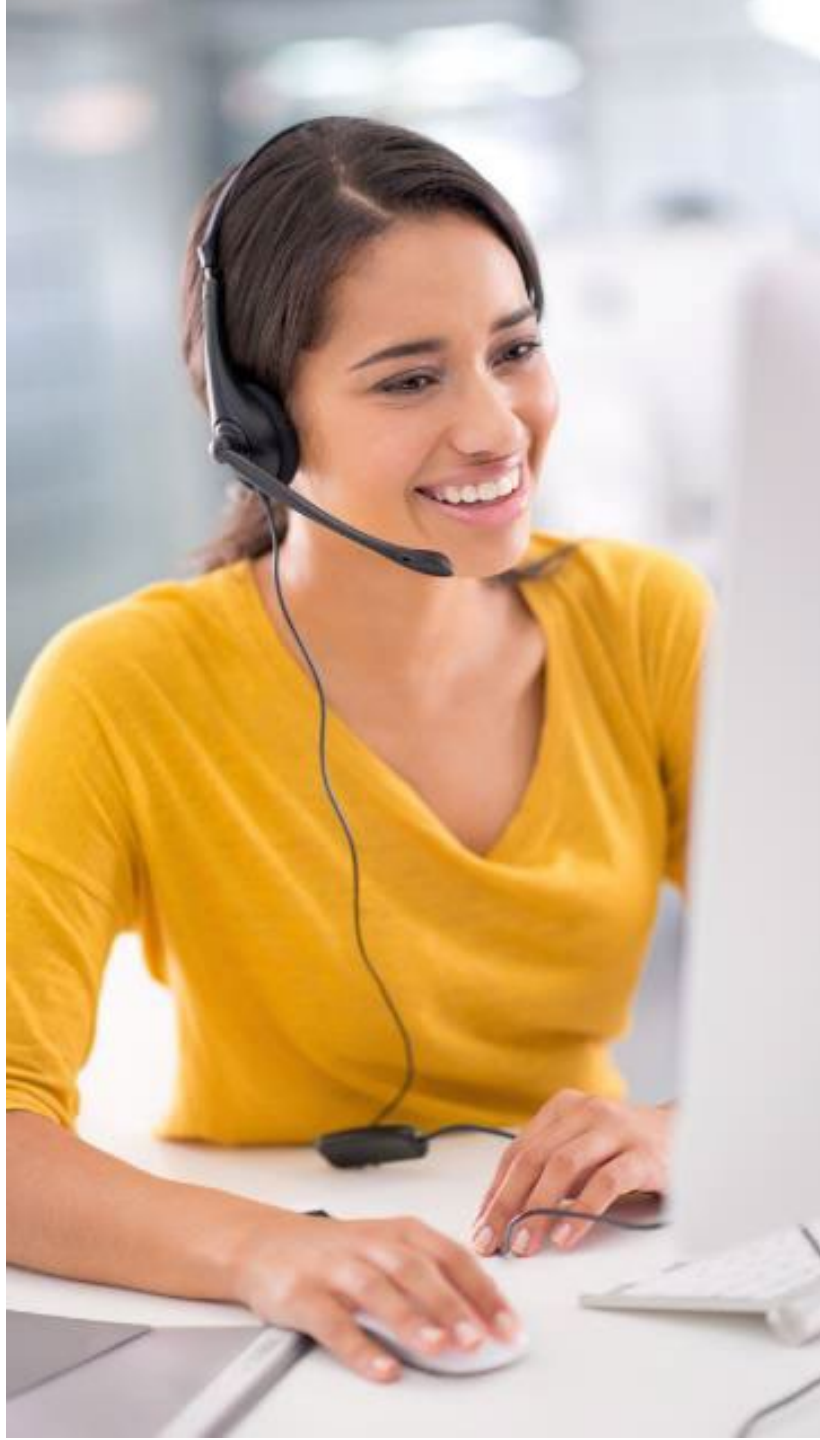


Benefits of Electronic Data Interchange

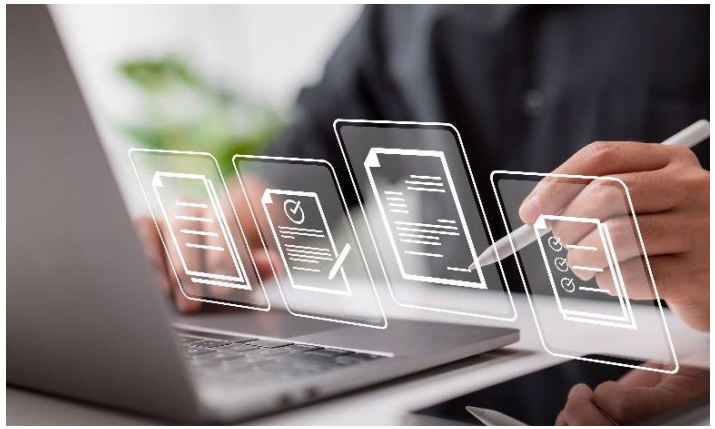
- Reduced paperwork
- Improved cash flow
- Easier monitoring of claims
- Less cost
- Less processing time
  - Electronic claims are held for 14 days
  - Paper claims are held for 29 days

EDI Helpdesk Information

- Toll-Free number
  - JK: 888-379-9132
  - J6: 877-273-4334
- Hours of Operation
  - Monday–Friday: 8:00 a.m.–5:00 p.m. ET
    - By phone or email
    - Closed for training the 2nd and 4th Friday of the month from 12:00–4:00 p.m. ET



PC-ACE Billing Software

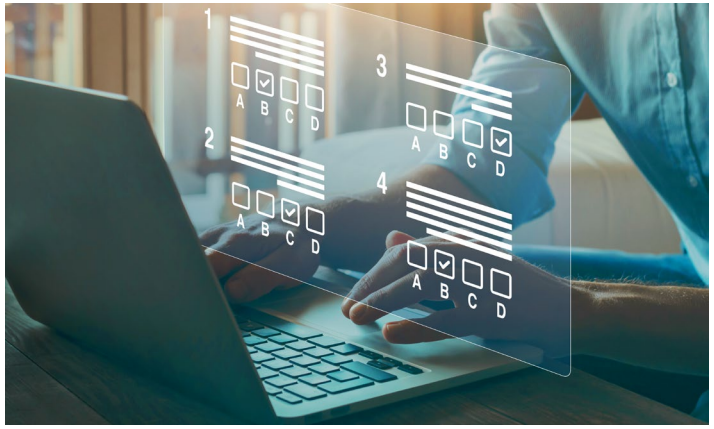


PC-ACE

- Free billing software for JK/J6

PC-ACE Features

- Enter patient information
- Maintains claim payment history
- Procedure file information
- Summary report



Network Service Vendor

- Allows for exchange of EDI data

Electronic Funds Transfer and Electronic Remittance Advice

- EFT
  - Receive Medicare payments via direct deposit
  - Directly deposited and available immediately
- EFT Authorization Agreement Form
- ERA
- ERA and SPR
- Health Care Payment and Remittance Advice

Dental Claim Submission Guidelines

- When you submit a claim for Medicare-covered dental services, you're certifying that the dental service is inextricably linked to a Medicare covered medical service
- Medical and dental providers should bill using Current Dental Terminology (CDT) or Current Procedure Terminology (CPT) codes

Billing the KX Modifier

- Dates of service on or after 1/1/2024
  - Can begin using on claims submitted on or after 7/1/2024
- Append to procedure code
- 837D or 837P electronic claim

- NOTE: KX required for claims received on or after 7/1/2025

KX Modifier

- Used to indicate that the service or item is medically necessary
  - Appropriate documentation included in the medical record
  - Medical record supports or justifies the medical necessity of the service or item
- For example, dental extractions needed before an aortic valve replacement

GY Modifier

- Modifier GY used when submitting a Medicare claim for a statutorily excluded service or does not meet the definition of any Medicare benefit
- Indicates expected denial
  - Appended for purposes of billing the supplemental insurance company and/or
  - Beneficiary requested submission
- Informational modifier only
- ABN optional
  - Allows the beneficiary to make an informed decision about whether to receive the services that they may be financially responsible for paying
  - Serves as proof the patient had knowledge prior to receiving the service Medicare may not cover
- Reference
  - Form Instructions Advance Beneficiary Notice of Non-coverage (ABN)

ICD-10 Diagnosis Codes

- Submit ICD-10 diagnosis code(s) to the highest level of specificity in the
  - Primary and secondary positions related to the dental service(s)provided
  - Secondary positions related to the planned medical condition or surgical procedure that is considered "inextricably linked”

  - NOTE: ICD-10 required on 837D starting 7/1/2025

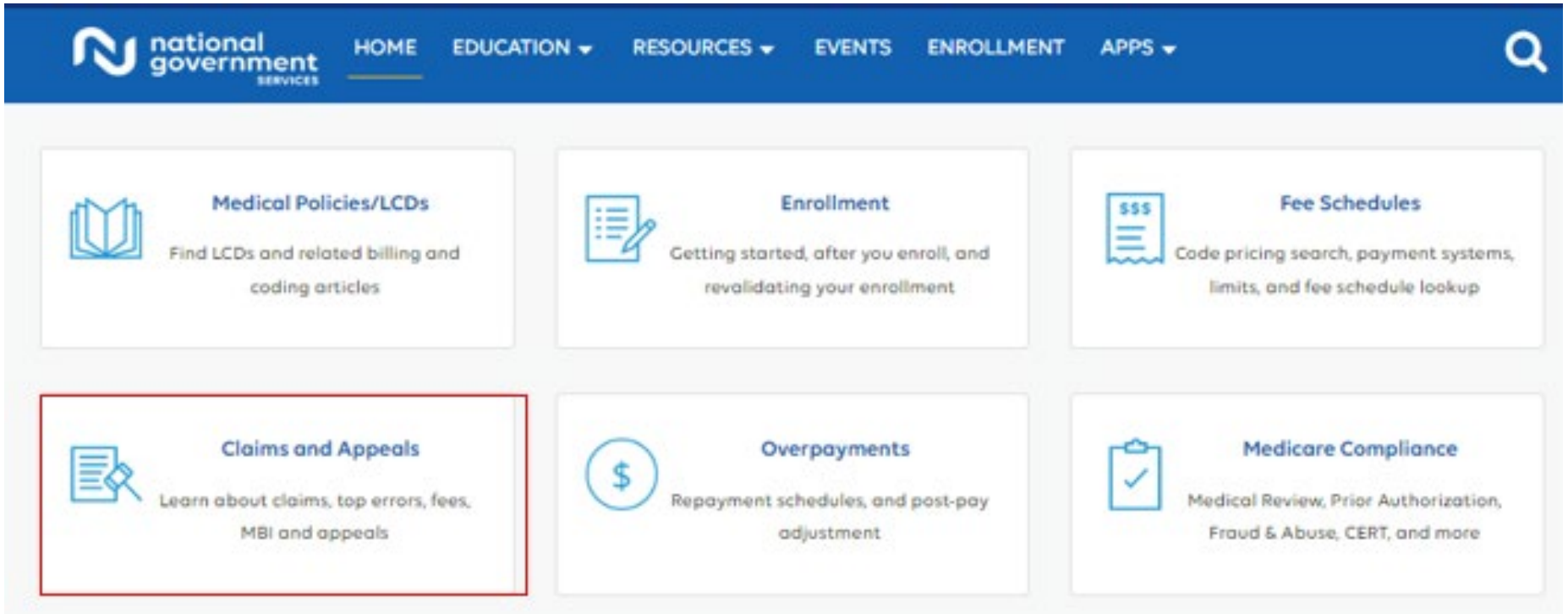
Unprocessable and Returned Claims

- Unprocessable claims
  - Claims submitted with incomplete or invalid information are returned as unprocessable; these claims have no appeal rights
    - Message code MA130 appears on the remittance advice indicating the claim is unprocessable
- Return to provider
  - Fatal error prevents claim from entering the claims processing system
  - These claims do not appear on remittance advice
  - Refer to EDI transactions for error reasons

Prevent Duplicate Claim Denials

- Duplicate claim submissions are often one of the top ten reasons for claim denials
  - These denials are preventable
- Tips
  - Payment floor standards require claim payments to be held
    - 29 days, paper claims
    - 14 days, electronic claims
    - Remittance and payment, including check number. are released on the same day
  - Electronic claims submitters
    - Use your EDI validation report to verify claims were received and accepted
    - Do not set up for automatic rebill every 30 days

Appeals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Find LCDs and related billing and coding articles
Enrollment
Getting started, after you enroll, and revalidating your enrollment
$$$
Fee Schedules
Code pricing search, payment systems, limits, and fee schedule lookup
Claims and Appeals
Learn about claims, top errors, fees, MBI and appeals
$
Overpayments
Repayment schedules, and post-pay adjustment
Medicare Compliance
Medical Review, Prior Authorization, Fraud & Abuse, CERT, and more

Appeal Levels

	Level One	Level Two	Level Three	Level Four	Level Five
Type of Appeal	Redetermination	Reconsideration (QIC)	Administrative Law Judge (ALJ) Hearing	Medicare Appeals Council (MAC)	Federal Court Review
Time Limit for Filing Appeal	120 days from date of receipt of the initial determination notice	180 days from date of receipt of the redetermination decision	60 days from the date of the reconsideration (QIC decision)	60 days from date of receipt of the ALJ decision	60 days from date of receipt of the MAC decision
Amount in Controversy (monetary threshold to be met)	No minimum (none)	No minimum (none)	The amount that must remain in controversy for ALJ hearing for requests filed on or after 1/1/2025 is $190	No minimum (none)	For requests filed on or after 1/1/2025 at least $1,900 remains in controversy

Reopening

- Allows Part B providers and suppliers to correct clerical errors or omissions without having to request a formal appeal
- A reopening can be initiated on
  - NGSConnex – preferred method
  - Telephone – limited situations
  - By mail
- Resources
  - Reopenings for Minor Errors and Omissions
  - About Appeals

Telephone Reopening Unit

- TRU Line JK: 888-812-8905
- TRU Line J6: 877-867-3418
- Hours of operation
  - Monday–Friday
    7:00 a.m.–3:00 p.m. CT/8:00 a.m.–4:00 p.m. ET
    - Closed for training the 2nd and 4th Friday of the month
      - JK: 12:00–4:00 p.m. ET
      - J6: 11:00 a.m.–3:00 p.m. CT
- Faxes accepted and representatives are permitted to accept no more than three claims per call

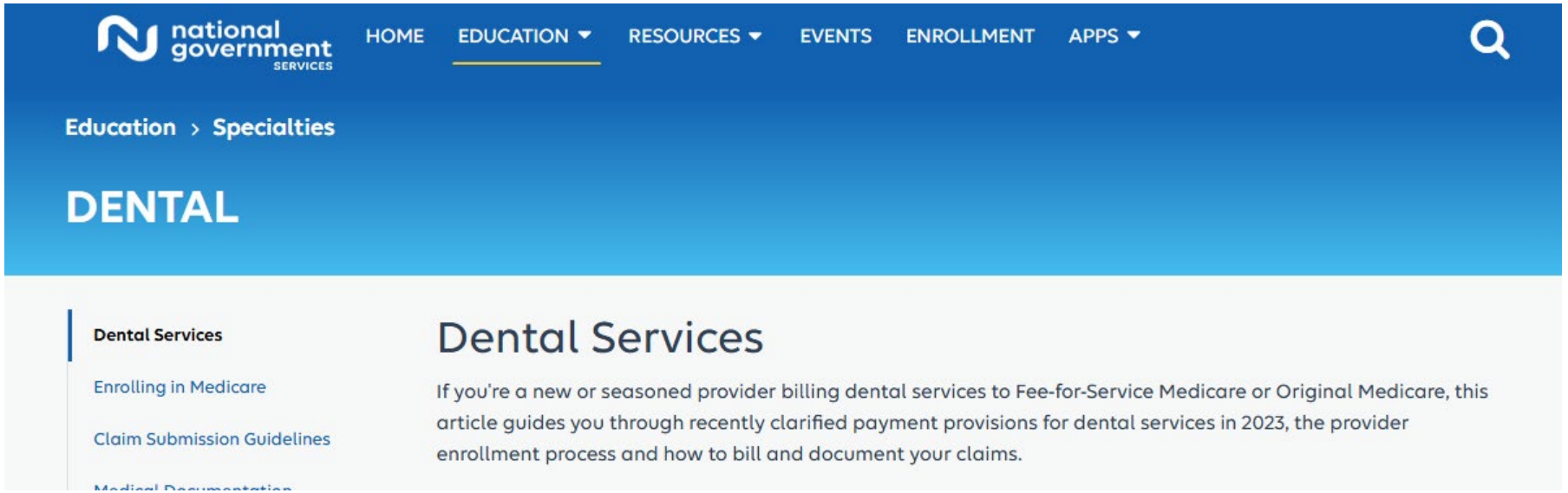
Claim Submission Resources

- Claim resources
  - CMS-1500 claim form
  - Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims
  - NGSConnex
  - Medicare Part B 101 Manual - CMS-1500 Claim Form
- ADA Dental Claim Form
  - Standard Companion Guide Health Care Claim: Dental (837D)

Resources

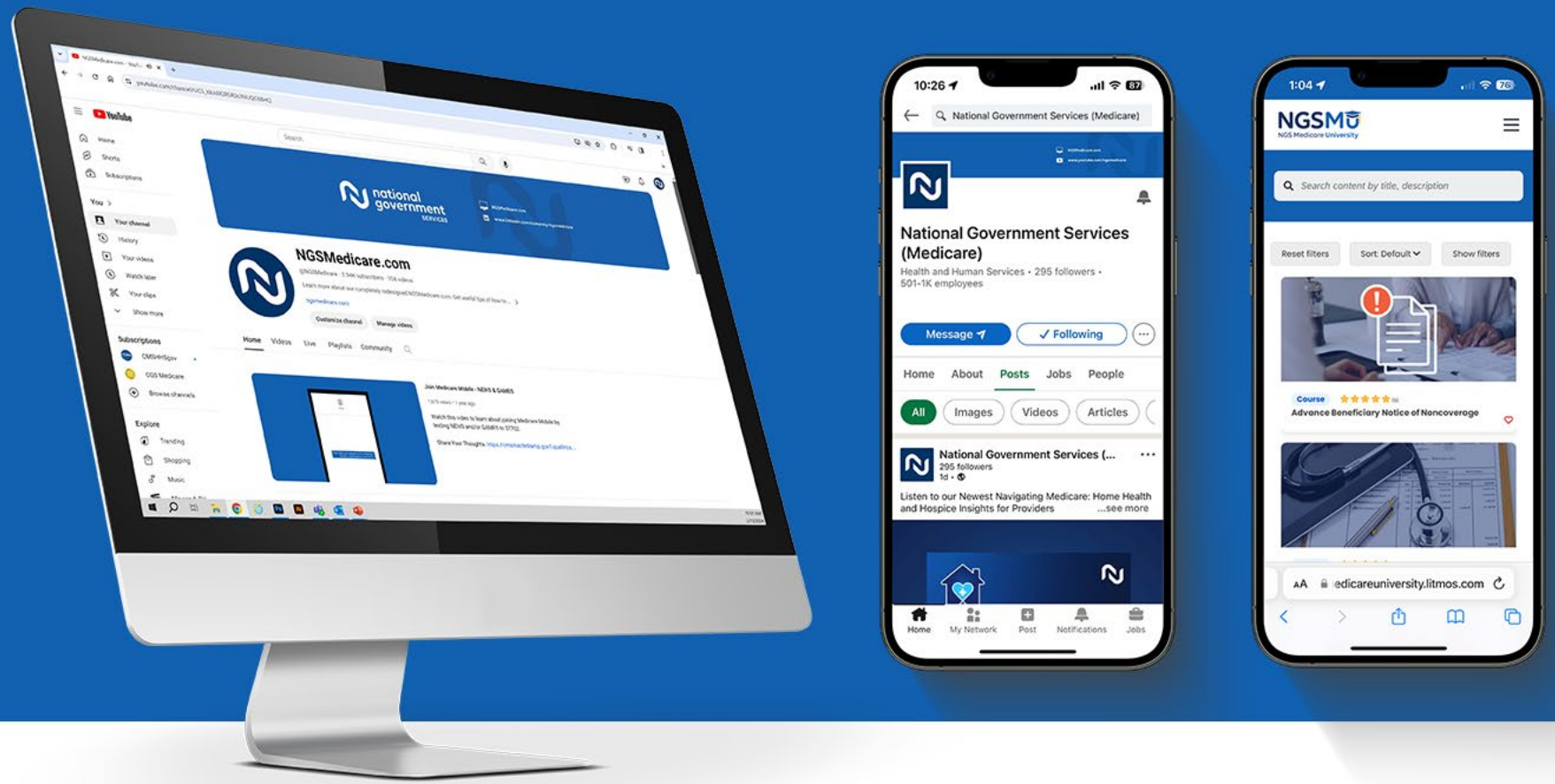
Resources

- National Government Services Dental Services
- Subscribe for Email Updates



Related Content

- Dental Services
- Medicare Dental Coverage
- CMS-1500 Claim Form Completion Instructions
- Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims
- ADA Dental Claim Form Completion Instructions
- MLN® Booklet: *Medicare Billing: CMS-1500 & 837P*



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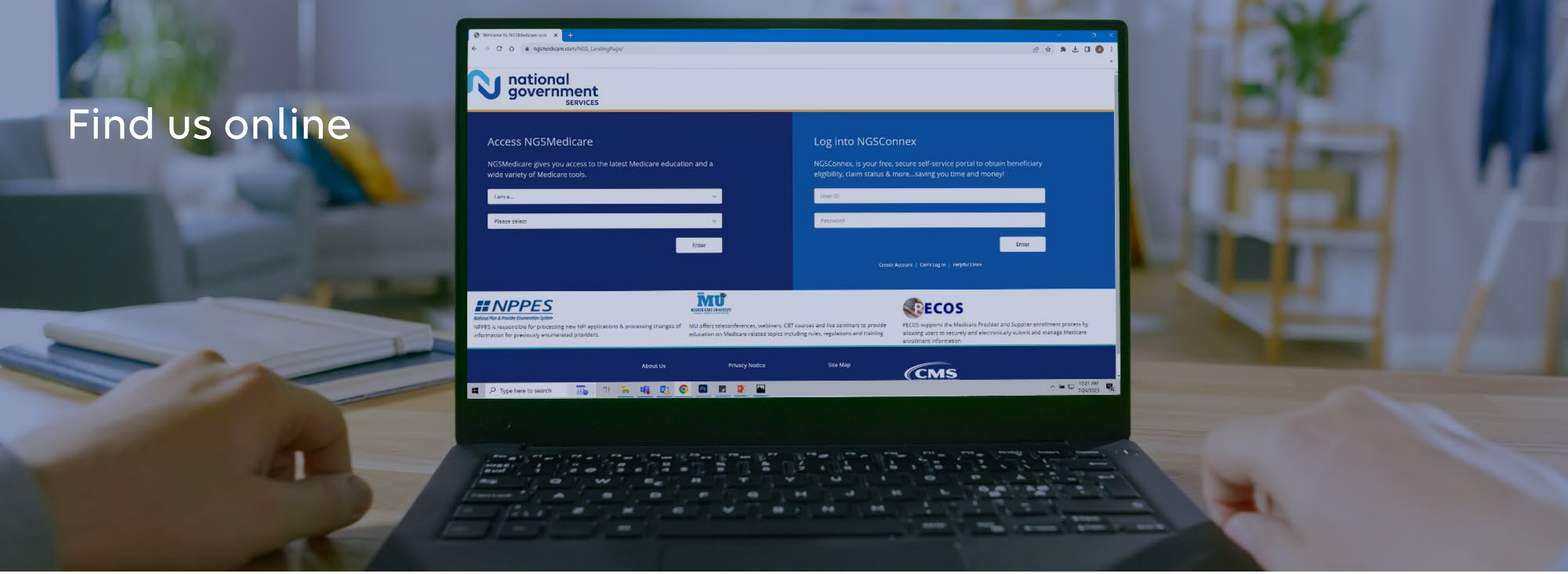

www.NGSMedicare.com
Online resources, event calendar, LCD/NCD, and tools

[IVR System](#)
The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries

[NGSConnex](#)
Web portal for claim information

[Sign up for Email Updates](#)
Subscribe for Email updates at the top of any NGSMedicare.com webpage to stay informed of news

Questions?

Thank you!