

Utilizing Modifiers for Medicare Part B Dental Services

10/23/2024

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Objective

Review the modifiers that are currently allowed to be appended to inextricably linked dental services. In addition, we will review the correct placement and billing guidelines for these modifiers when submitting electronically via the 837P/837D or paper form CMS-1500.

Today's Presenter

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Agenda

- [Inextricably Linked Services](#)
- [Claim Submission Guidelines](#)
- [KX Modifier](#)
- [GY Modifier](#)
- [Related Content](#)

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)

Inextricably Linked Examples

- Payment may be made for dental services furnished in the inpatient or outpatient setting. Such services include, but are not limited to
 - Dental or oral examination performed as part of a comprehensive workup in either the inpatient or outpatient setting prior to Medicare-covered organ transplant, cardiac valve replacement, or valvuloplasty procedures; and medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to, or contemporaneously with, the organ transplant, cardiac valve replacement, or valvuloplasty procedure
 - The reconstruction of a dental ridge performed because 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
 - The extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease

Claim Submission Guidelines

Claim Submission Options

- There are three ways to submit a claim to include modifiers
 - Electronically
 - 837P
 - Processed in Multi-Carrier System (MCS)
 - All modifiers accepted
 - 837D
 - Only claims with dates of service starting 1/1/2024
 - Processed in Medicare Adjudication Portal (MAP)
 - Only KX and GY modifiers accepted
 - To submit 837D claims providers are required to sign up for testing
 - [Attention Clearinghouses and Vendors](#)
 - Paper
 - CMS-1500 Form
 - Processed in MCS
 - All modifiers accepted

Claim Submission Guidelines

- Electronically - 837P
 - Loop 2400, SV101
 - *All modifiers*
- Electronically - 837D
 - Loop 2400, SV03
 - *Only KX and GY modifiers*
- Paper Submission - CMS 1500
 - Item 24D
 - *All modifiers*

The image shows a sample of a CMS-1500 medical claim form. A large, diagonal watermark reading 'SAMPLE' is overlaid across the form. A blue arrow points to the procedure code field (Item 24D) in the lower section of the form. The form includes various fields for patient information, insurance details, provider information, and charges. The top of the form has checkboxes for different insurance types like Medicare, Medicaid, etc. The bottom section contains fields for federal tax ID, patient account number, and total charges.

KX Modifier

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

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 the expected denial
 - Appended for purposes of billing the supplemental insurance company **and/or**
 - Beneficiary requested submission
- Informational modifier only
- ABN optional

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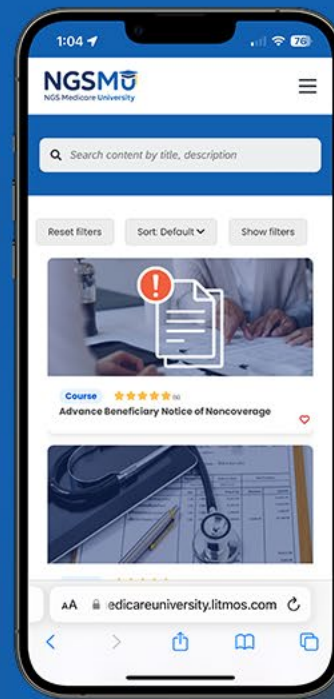
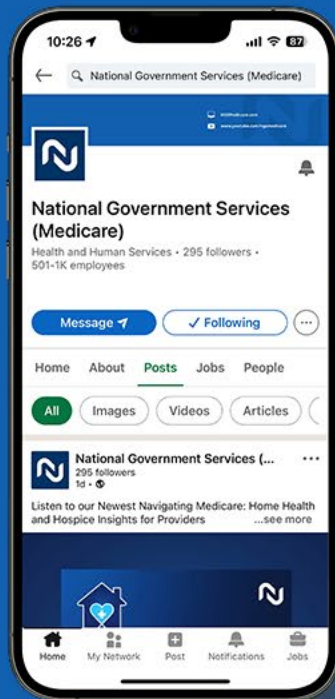
Related Content

- [NGS' Dental Services web pages](#)
- [CMS' Medicare Dental Coverage web pages](#)
- [Calendar Year \(CY\) 2023 Medicare Physician Fee Schedule Final Rule](#)
- [Calendar Year \(CY\) 2024 Medicare Physician Fee Schedule Final Rule](#)
- [CMS-1500 Claim Form Completion Instructions](#)
- [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#)
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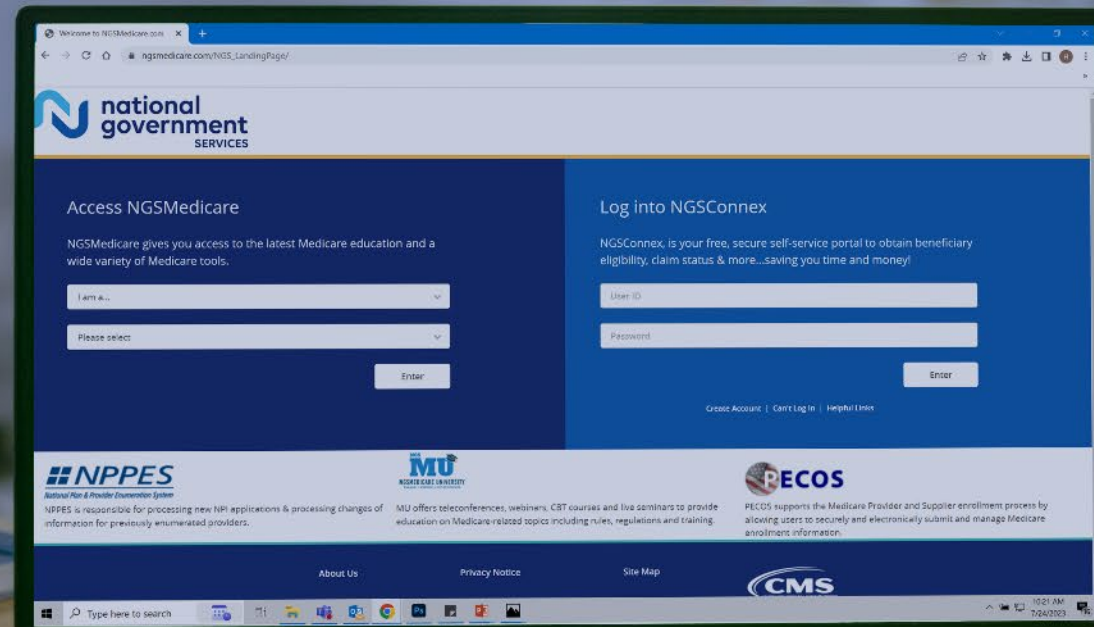


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