

Medicare Part D Prescription Changes Effective January 1, 2019



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The Centers for Medicare & Medicaid Services (CMS) will begin full enforcement of the [Medicare Part D prescriber enrollment requirement](#) beginning January 1, 2019.

Generally, Medicare does not cover dental services. However, if you take no action to register with the Medicare program, your prescriptions written for Medicare-eligible patients—entitled to be reimbursed under the Medicare Part D prescription benefit—will be denied. Medicare will also deny claims submitted by third parties (e.g., an oral pathologist you request to examine a biopsy sample, imaging centers, and clinical labs you refer an eligible patient to). **If you treat patients over 65 years of age in your dental practice, it is more likely than not you need to make one of the three choices listed below to effectively register with Medicare.**

There are three options to consider by [January 1, 2019](#) in order to comply with Medicare Part D prescription plan changes and register (on record as known to the Medicare program) with Medicare:

1. “Opt in” by enrolling as a Medicare provider using [form CMS-855I](#) (generally only recommended if you provide Medicare-eligible dental services);
2. Enroll as an ordering/referring provider using [form CMS-855O](#); or
3. “[Opt out](#)” (effective for two years).

If you provide [Medicare-covered dental services](#) (most routine dental treatment is not covered under Medicare Part B), enroll as a full Medicare provider, using form CMS-855I. If you and your patients do not wish to receive reimbursement from Medicare for Medicare-eligible dental services, you will need to opt out formally by affidavit and create a private contract with the patient—more on this later. Once you formally opt out (a form of registering with the program), you and your patients agree not to submit claims to Medicare for your services for two years.

If you do not participate in a Medicare Advantage Plan, and your only nexus to Medicare-eligible patients is prescribing drugs for which they are eligible for reimbursement under their Part D prescription plan, you may enroll with form CMS-855O or opt out. If you opt out, your patients will still receive drug reimbursement under Medicare Part D.

If you participate in a Medicare Advantage Plan, CMS requires all participating providers in Medicare Advantage plans to "opt in" or submit form 8550, rather than opting out. Form 8550 is likely the most desirable alternative to register for most dentists. Dentists contracted with a Medicare Advantage Plan cannot opt out and continue to receive reimbursement from these plans for the enhanced dental services they cover. CMS states:

Dentists, including oral surgeons, will not be able to participate in a Medicare Advantage plan if they choose to opt-out of Medicare If a dentist opts-out of Medicare, can he/she still participate in Medicare Advantage Plans? Medicare payment cannot be made directly or indirectly for services furnished by an opt-out physician (including a dentist who opts out of Medicare), except for certain emergency and urgent care services. Therefore, no payment will be made under Medicare or under a Medicare Advantage Plan for the services furnished by an opt-out physician (or dentist).¹

Enrolling in the Program

You can enroll in Medicare by using paper forms or [PECOS](#) (Provider Enrollment, Chain, and Ownership System). Opting in under form CMS-8551 is tedious and time-consuming. Medicare Compliance Consultants can be a valuable resource. They can assist in making the best choice of registration for your practice, and to support completion and filing of the necessary paperwork. Form CMS-8550 is less onerous and may be completed without professional help, but assistance is still recommended.

Opting Out of Medicare

To opt out of Medicare (opting out is a form of registering with Medicare), you must notify the Medicare Administrative Contractor ([MAC](#)), serving your state and/or jurisdiction. You do this by filing an [Affidavit](#) indicating you are opting out, and that you plan to contract—privately, in writing ([Private Contract Requirements](#)), with each patient for whom you provide Medicare-eligible services to in your practice. Private contracts are not necessary with Medicare-eligible patients you only prescribe prescription drugs for—opting out puts you in compliance with the Medicare Part D enrollment requirements.

Opting-out affidavits must be filed within 10 days of entering the first private contract, and are valid for two years. Affidavits, signed on or after June 16, 2015, automatically renew every two years. Dentists who file affidavits with an effective date on or after June 16, 2015, who do not want their opt-out to automatically renew at the end of a two year opt-out period, need to cancel the renewal by notifying all MACs with which they filed their affidavit(s) in writing at least 30 days prior to the start of the next opt-out period. Opting-out affidavits signed before June 16, 2015, will expire two years after the effective date of the opt-out. Dentists, who filed affidavits effective before June 16, 2015 and want to extend their opt-out, must submit a renewal affidavit within 30 days after the current opt-out period expires.

If you have already opted out of Medicare and change your mind, you have 90 days to withdraw your opt-out affidavit. To opt back in, complete the appropriate opt-in application (either CMS-855O or CMS-855I) and attach a note stating you withdraw your original opt-out request.

Sleep Apnea Devices

Dentists who fabricate sleep apnea devices for their patients over 65 years of age must separately register with CMS to bill Medicare or a Medicare Advantage plan for supplying DME appliances to Medicare-eligible patients. To enroll as a DMEPOS (Durable Medical Equipment, Prosthetics/Orthotics & Supplies) supplier you must complete [form CMS-855S](#). **However, enrollment under form 855S does not satisfy the requirement for Medicare Part D Drug enrollment. You must still either opt in or opt out (recall that you cannot opt out if you participate in a Medicare Advantage Plan).**

The time is now to begin the process of registering with Medicare. **If you fail to take any action, your patients will be denied coverage for Part D covered prescriptions you write.** The Medicare provider customer service number is 1.866.837.0241.

Additional Resources:

Medicare Information Index

<https://www.cms.gov/Medicare/Medicare.html>

Contact List for Additional Questions

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Part-D-Prescriber-Enrollment-MAC-List.html>

¹ Part D Prescriber Enrollment FAQs 2016, updated 3/16/2016.

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/CMS-4159_FAQs.pdf

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