

Dental Care

Applies to South Dakota:

Blue Medicare Advantage PPO, Blue Medicare Advantage Enhanced PPO, Blue Medicare Advantage Valor PPO, Blue Medicare Advantage PPO | Avera



Wellmark Advantage Health Plan, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

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.

Wellmark Advantage Health Plan

<https://www.WellmarkAdvantageHealthPlan.com>

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.

Wellmark Advantage Health Plan PPO Enhanced Benefits

Wellmark Advantage Health Plans (WAHP) are Medicare Advantage plans, which 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 WAHP to offer enriched plans by using Original Medicare as the base program and adding desired benefit options. WAHP has contracted with Delta Dental of South Dakota, a leading provider of dental services, to administer and support these benefits.

Coverage for Preventive Dental care is provided to members under WAHP. 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 WAHP.

Conditions for Payment

This table specifies payment conditions for dental care		
Blue Medicare Advantage PPO, Blue Medicare Advantage PPO Avera, Blue Medicare Advantage Valor PPO		Blue Medicare Advantage Enhanced PPO
Eligible provider	Dentist	
Payable location	No restrictions	
Preventive	Oral exam – twice per year Cleaning – twice per year X-rays – one set bitewings per calendar year	Oral exam – twice per year Fluoride treatments – twice per year X-rays – one set of bitewings per calendar year; Intraoral (full mouth series) or panoramic once per 5 year period.
Comprehensive	Surgical and Non – Surgical periodontal Procedures – most are once per 36 month period; Periodontal services are covered and are included in the cleaning frequency of twice per year Fillings (amalgam or resin) once per tooth – each 24 months Oral Surgery including extractions, crowns, root canals, bridges and dentures are covered services	Surgical and Non – Surgical periodontal Procedures – most are once per 36 month period; Periodontal services are covered and are included in the cleaning frequency of twice per year Fillings (amalgam or resin) once per tooth – each 24 months Oral Surgery including extractions, crowns, root canals, bridges and dentures are covered services
CDT codes	Covered Dental Codes-Reference list of covered dental codes	
Diagnosis restrictions	No restrictions-other than qualifying for Medicare	
Age restrictions		

Reimbursement

The provider will be paid based on the Delta Dental of South Dakota Fee Schedule. Contracted providers agree to accept our allowed amount as payment in full when they perform covered dental services. This represents payment in full and contracted providers are not allowed to balance bill the member the difference between the allowed amount and the charge.

Member cost sharing

Cost sharing applies to WAHP and are available In- and Out-of-Network. Reference the plans Evidence of Coverage (EOC) or Summary of Benefits (SOB) for specific cost share amounts.

Delta Dental providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat dollar copayment, percentage, or deductible.

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 benefits and cost share, providers should contact Delta Dental of South Dakota at 1-800-881-9928.

Billing Instructions for Providers

1. Dental services are administered by Delta Dental of South Dakota
2. Submit claims through Delta Dental Office Toolkit ®
3. Electronic claim submission should use Payer ID:SDCMS

If not able to submit claims electronically, please use the most recent American Dental Association claim form and mail to Delta Dental of South Dakota, PO Box 9214, Farmington Hills, MI 48333

4. For claims questions, contact Delta Dental at 1800-881-9928

Revision History

Policy number: H-5900-003; H-5900-004; H-5900-005; H-5900-007

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