

Medicare Opt Out General Guidelines

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The following templates are intended to assist you in submitting documentation to Medicare for the purpose of opting out of the Medicare program. They contain wording based on Medicare published guidelines but are intended as an example only. The affidavit and the private contract must be individualized for your office.

If you are a durable medical equipment (DME) provider for sleep apnea appliances and you wish to continue providing these services, **do not opt out**. DME is paid under Medicare Part B and opting out will nullify that contract.

IMPORTANT Opting out of Medicare may affect your reimbursement from Medicare Advantage dental plans. If you are currently receiving reimbursement for dental services from a Medicare Advantage plan, it is recommended that you contact that plan regarding any possible adverse effects of opting out of Medicare.

Important points about Medicare opt out:

- After completing the necessary forms, mail the affidavit and a copy of the private contract to your local Medicare contractor. Information on locating your state's Medicare Administrative Contractor (MAC) can be found online at www.cms.gov/medicare/medicare-contracting/medicare-administrative-contractors/macjurisdictions.html
- Keep a copy of the affidavit for your records. It can take up to 12 weeks for processing, but it is recommended that you contact provider enrollment 6 to 8 weeks after submission. You can also verify your opt out on the PECOS website or through the listing maintained by each local Medicare contractor (available on each contractor's website).
- The opt out is effective for two years. For providers who are either non-participating, or have never enrolled, this begins on the date you sign the affidavit. Affidavits signed prior to June 15, 2015 must be renewed at the end of the two year period. Affidavits signed on or after June 15, 2015 renew automatically. Providers who are under the automatic renewal and wish to change their enrollment status are required to notify Medicare in writing at least 30 days prior to the end of the current opt out period.
- If you are currently a participating Part B provider, contact your local Medicare provider, as there are additional conditions which may apply.
- Every Medicare covered patient must sign a private contract. If you currently file Medicare claims, you may not file any claims to Medicare. The only exception is for emergency treatment of a Medicare covered condition (e.g., a Medicare beneficiary treated for a fractured jaw).
- If a denial is required from Medicare, the patient is allowed to file this claim. They can obtain a form for this by contacting member services.

The information provided is to assist in obtaining the needed forms. Additional enrollment/opt out information is available at:

cms.hhs.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1311.pdf