

March 20, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-0053-P, Proposed Rule, Administrative Simplification: Adoption of Standards for Health Care Attachments Transactions and Electronic Signatures, and Modification to Referral Certification and Authorization Transaction Standard.

Dear Administrator Brooks-LaSure:

On behalf of our 159,000 members, the American Dental Association (ADA) is pleased to provide comments on the proposed rule, Administrative Simplification: Adoption of Standards for Health Care Attachments Transactions and Electronic Signatures, and Modification to Referral Certification and Authorization Transaction Standard. The ADA appreciates the Centers for Medicare and Medicaid Services (CMS)' work on this rule, and believes that decreasing administrative burdens and paperwork through the streamlining of the prior authorization and claims transaction processes would allow dentists and other health care providers to spend more time and resources taking care of patients.

Our comments largely focus on the crucial importance of adopting standards that are compatible with dentistry. Ultimately, the potential savings for the dental industry will not be actualized unless electronic dental record and practice management systems are required to adopt standards to facilitate electronic data interchange (EDI). Further, any changes to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)'s Administrative Simplification standards must include requiring the Code on Dental Procedures and Nomenclature, also known as Current Dental Terminology (CDT), for dental procedures.

Implementation Guides as HIPAA Standards; Proposed Adoption of HL7 Implementation Guides for Health Care Attachment Information

The ADA recently assessed the current state of the eligibility and benefits verification process, specifically as it relates to provider pain points, roles, and responsibilities of each entity in the process, and potential solutions for improvement. Part of this assessment was an evaluation of the feasibility of implementing a unified portal solution for providers to access benefits information.

Ultimately, the ADA determined that a unified portal solution for providers to access benefits information was not feasible for the following reasons:

- Cost for development and maintenance
- Payer participation
- Data quality enforcement
- Provider adoption
- Challenges in integrating with dental practice management systems

Mandating the adoption of HL7 standards for HIPAA transactions is an important step forward towards facilitating EDI for dental practices, but the ADA is concerned that the standards proposed for adoption by CMS have yet to be assessed for suitability to the dental industry.

We also assert that the exchange of Consolidated Clinical Document Architecture (C-CDA) based documents may have limited benefit for dentistry if USDCI version 1 remains the adopted standard as it does not meet the needs of dentistry. CDT is the only code set used in dentistry to document and report dental procedures. The CDT is a HIPAA-named standard and is mandated for use by dental providers and payers for dental claims. CDT is also the only code set used to document dental procedures that have been performed on patients in a dental record. We believe that CDT is the only appropriate vocabulary standard for dental procedures and should be present to accurately represent dental clinical procedures in all health information technology.

As currently specified, the USDCI does not clearly require the use of CDT codes for dental procedure data. Under USDCI version 1, CDT is listed as an optional vocabulary standard. Use of USDCI version 1 leads to confusion between the use of the CDT codes that are appropriate for dental procedures and SNOMED codes which are inadequate for dental procedures. USDCI versions 2 and 3 identify CDT as an applicable vocabulary standard but are nevertheless often interpreted by certain software vendors to be “optional” as they are preceded by limiting language reading: “optional for technology which records dental procedures.” It is our assertion that CDT is the only appropriate vocabulary standard for dental procedures and should be present to accurately represent dental clinical procedures in all health information technology.

We would encourage CMS to move forward to the USDCI version 2 or above which would move the industry toward ensuring that data elements and classes made available through the C-CDA based transactions are the most appropriate for information exchange.

Proposed Adoption of Electronic Health Care Attachments Transaction Standards

While we applaud the efforts of HL7 and its workgroups to address the critical needs for data exchange and interoperability, the named IGs have yet to be vetted by the dental community. Although it is our understanding that these IGs may support dental terminology and oral body structures, the ADA questions the suitability of these guides to the business needs of our industry.

CMS should consider whether any standard it adopts for attachment-related transactions is compatible with dental practice, which has aspects that make its data needs unique from medical practice. **The ADA has worked with HL7 to develop CDA® R2 attachment standards specifically tailored to orthodontics and periodontics that should be considered for adoption:**

- HL7 CDA® R2 Implementation Guide: Orthodontic Attachment, Release 1 - US Realm. The purpose of this implementation guide is to provide a HL7 CDA-based set of templates defining a standardized document that can be used to convey supporting clinical documentation from a dental provider to a payer (e.g., insurance company) to substantiate a claim for orthodontic care.

- HL7 CDA® R2 Implementation Guide: Exchange of C-CDA Based Documents; Periodontal Attachment, Release 1 - US Realm. The Periodontal attachment is used to convey information about periodontal related services. This includes the business use of claims attachments, prior authorization, and pre-determinations. It may also be used for other clinical data exchange functions as needed. The items defined for electronic supporting documentation were developed by the Standards Committee on Dental Informatics of the ADA.

We would encourage CMS to provide technical support and incentives for the dental industry in piloting and validating the standards named in the final rule as well as consider adoption of industry specific standards.

Modification to Referral Certification and Authorization Transaction Standard

The ADA thanks CMS for considering the difficulty that Version 5010 of the X12N 287 poses for dentists reporting tooth status in health care referral certification and authorization transactions. Unfortunately, many standards are created with medical practice in mind without considering the needs of dental practice. Because Version 6020 of the X12N 278 took dental procedures into consideration, it can better facilitate dental transactions and lighten the administrative burdens imposed by systems designed for medical transactions. **The ADA supports CMS' proposed adoption of Version 6020.**

Explanation of Benefits Calculations

As CMS helpfully notes, technology that can facilitate fully electronic transactions has not been widely adopted in the world of dentistry. In an ideal world, dental offices would request and receive information in real-time regarding a patient's eligibility under a dental plan and information on the availability of benefits, i.e., coverage and cost on specific procedures on specific dates of service down to the individual procedure/tooth level. This information would then be provided to the patient, thus avoiding unanticipated charges following treatment. The interface between the dental office and the payer would be consistent, with the manner and format for requesting information always the same, and the information in the response always the same. According to the 2020 CAQH report, the dental industry has more than \$760 million in cost savings opportunity overall for eligibility transactions.¹ Unfortunately, we are far from this ideal world.

The ADA commends CMS for its focus on adoption of standards that would streamline the prior authorization process, as well as other transactions involving attachments. The ADA has worked closely with HL7 to develop dual CDA and Fast Healthcare Interoperability Resources (FHIR) implementation guides. The ADA is also working with several HL7 workgroups on developing the dental content in various FHIR standards. **The ADA strongly supports incentives and significant investment in dental-specific electronic transaction pilots and technology to move the dental industry towards real-time exchange and burden reduction.**

Thank you again for the opportunity to comment on the proposed rule. The ADA looks forward to continuing to work with CMS. Should you have any questions, please do not hesitate to contact Ms. Roxanne Yaghoubi at yaghoubir@ada.org.

¹ [2020 CAQH Index](#). Retrieved February 16, 2023.

March 20, 2023
Page 4

Sincerely,

George R. Shepley, D.D.S.
President

Raymond A. Cohlma, D.D.S.
Executive Director

GRS:RAC:ry