

June 30, 2022

Meena Seshamani, MD, PhD
Deputy Administrator and Director
Center for Medicare
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Mr. Daniel Tsai
Deputy Administrator and Director
Center for Medicaid and CHIP Services
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Sent via Electronic Mail

Re: Meeting Request; Dental Operating Room Access for Covered Dental Procedures

Dear Dr. Seshamani and Mr. Tsai:

On behalf of our organizations' dentist members, we would like to request a timely teleconference meeting to address the dental community's significant concerns regarding pediatric and adult patient access to dental rehabilitation surgery in hospital outpatient and ambulatory surgical center (ASC) locations. Limitations in access have been exacerbated by the COVID-19 pandemic, primarily affecting high-risk Medicaid and commercially insured patients who, due to their particular medical conditions and other circumstances, require an operating room (OR) setting for the performance of extensive dental procedures.

Earlier this year, members of the Consortium for Citizens with Disabilities Health Care Task Force and the American Academy of Pediatrics echoed the concerns raised by our organizations and requested that CMS address this pressing problem (attached). In May, 25 members of Congress sent a letter to Administrator Brooks-LaSure (attached) emphasizing the urgency of the dental access problem and its consequences on health equity. The letter asked CMS to address the problem this year and to move forward with a solution.

Meeting Request – Dental Operating Room Access
Page 2 of 3

The lack of OR access for needed and covered dental procedures often results in wait times of 6-12 months for these patients, many of whom are children whose daily activities and school performance are often significantly affected in the interim. We attribute most of this access challenge to the lack of a sustainable billing mechanism for hospitals and ASCs to report dental surgical services in both Medicare and Medicaid. We believe that the hardship experienced by our patients could be considerably alleviated by the issuance of a new HCPCS code for dental surgical procedures performed under general anesthesia and payment for the new code at a rate that reflects the costs involved, based on Medicare data.

We have been attempting to resolve the problem with Medicare's Hospital and Ambulatory Policy Group (HAPG) since November of 2020, but thus far, while we have had some great conversations, no action has been taken. Because the primary patient groups affected are covered by Medicaid, but jurisdiction over HCPCS coding and Medicare payment are within the jurisdiction of the CMS Center for Medicare, we believe that the involvement of both Centers is necessary to chart a course forward.

The problem is twofold: First, dental rehabilitation surgical services for complex dental patient cases that require OR access do not have specific CPT codes. Today, CPT coding options are limited to an unlisted/miscellaneous code (CPT 41899), and hospital outpatient departments are paid for this code at a rate of \$203.64, less than one tenth of the average cost (\$2,334.87). In part, as the result of the inadequacy of Medicare payment, hospitals are reluctant to schedule dental surgical cases. Second, because Medicare regulations do not allow miscellaneous codes to be included on the ASC List of Covered Surgical Procedures, these dental surgical services are not covered in ASCs, which otherwise could do much to address the patient hardship resulting from the lack of hospital OR access. While Medicare's coverage of dental surgical procedures is admittedly limited, these issues impact almost all of those Medicare patients whose dental surgery is performed ancillary to a covered surgical procedure. Our organizations are not otherwise requesting any expansion of Medicare dental services to address this situation.

Even more significantly, Medicaid programs often either adopt Medicare payment rates or utilize them as a benchmark, and both Medicaid and commercial payers generally utilize Medicare's ASC list to determine which procedures are eligible for coverage. The lack of appropriate payment and the absence of these procedures on the ASC list, therefore, has a significant ripple effect on OR access for Medicaid patients. Dental services for children are required to be covered under Medicaid, and therefore the great majority of patients impacted by the lack of



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Meeting Request – Dental Operating Room Access
Page 3 of 3

specific coding and adequate payment for dental surgical services performed under general anesthesia are Medicaid-covered children.

We believe the issuance of a new HCPCS code and establishment of a Medicare payment rate that adequately reflects the costs involved would go a long way toward alleviating the obstacles faced by our members and help support our ongoing engagement with state Medicaid programs.

We look forward to having the opportunity to discuss these important issues and proposed solutions. Please contact Julie Allen at 202-494-4115 or Julie.Allen@PowersLaw.com for additional information and to schedule a timely teleconference meeting.

Sincerely yours,

American Academy of Pediatric Dentistry
American Association of Oral and Maxillofacial Surgeons
American Dental Association

Cc: Dr. Natalia Chalmers, CMS Office of the Administrator
Ms. Carol Blackford, CMS HAPG
Dr. Ryan Howe, CMS HAPG
Mr. Andrew Snyder, CMS CMCS

Attachments