



October 2, 2020

Seema Verma
Administrator, Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; New Categories for Hospital Outpatient Department Prior Authorization Process; Clinical Laboratory Fee Schedule: Laboratory Date of Service Policy; Overall Hospital Quality Star Rating Methodology; and Physician-owned Hospitals (CMS-1736-P)

Dear Administrator Verma:

On behalf of the 163,000 members of the American Dental Association (ADA) and the 10,800 members of the American Academy of Pediatric Dentistry (AAPD), we are writing to you in regard to CMS-1736-P, the Calendar Year 2021 Medicare Hospital Outpatient Prospective Payment System (HOPPS) and Ambulatory Surgical Center (ASC) Payment System Proposed Rule. As organizations dedicated to advancing the oral health of the public, we appreciate the Centers for Medicare and Medicaid Services' (CMS) efforts to strengthen Medicare and reduce provider burdens.

These comments share our thoughts on a payment issue that significantly impacts patient access to dental procedures that require the use of hospital or ASC operating rooms (ORs). Medicare payment policy under the ASC Payment System and HOPPS impacts OR access to patients requiring dental procedures in two ways. First, our review of this issue reveals that ASCs and hospitals typically only have one CPT code to report dental procedures, the unlisted CPT code: 41899. Medicare regulations preclude the inclusion of unlisted CPT codes on the ASC list.¹ This limitation not only impacts Medicare beneficiary access to ASCs for dental procedures, but also impacts access for many pediatric patients in need of major dental rehabilitation, since some states reimburse ASCs only for CPT codes on Medicare's ASC list. Second, under HOPPS, the Medicare payment associated with dental surgery procedures (HCPCS Code: 41899 associated with APC Code: 5161)

¹ The Code of Federal Regulations §416.166 - Covered surgical procedures, states that "covered surgical procedures do not include those surgical procedures that...can only be reported using a CPT unlisted surgical procedure code."

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is only \$206.14, an amount which is utterly insufficient to cover the facility costs involved.

These problems with reimbursement have resulted in many dentists, especially pediatric dentists, experiencing major difficulty in obtaining OR time to perform surgical procedures under general anesthesia. This problem has now been exacerbated by the COVID-19 pandemic, with further limited access to ORs to address patient dental needs.

We all agree that oral health is an integral component of systemic health and that dentistry is an essential health care service because of its role in evaluating, diagnosing, preventing and treating oral diseases, which affect overall health. In order to prevent limitations on essential dental care from taking place, especially during a pandemic, the ADA and the AAPD request the opportunity to engage with you to discuss these issues in more detail in the coming months.

Please contact Mr. David Linn at the ADA at (202) 789-5170 or linnd@ada.org, or Mr. C. Scott Litch at the AAPD at (312) 337-2169 or slitch@aapd.org to facilitate further discussion.

Sincerely,

Chad P. Gehani, D.D.S.
President, ADA

Jessica A. Lee, D.D.S, M.P.H., PhD
President, AAPD

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