

September 21, 2021

Ms. Carol Blackford  
Centers for Medicare and Medicaid Services  
Hospital and Ambulatory Policy Group  
7500 Security Boulevard  
Baltimore, MD 21244

**Sent via Electronic Mail**

**Re: Coding Descriptor for New HCPCS Level II Code: Dental Rehabilitation Surgery**

Dear Ms. Blackford:

On behalf of the American Academy of Pediatric Dentistry, American Dental Association and the American Association of Oral and Maxillofacial Surgeons (AAOMS), thank you for taking the time to revisit our earlier discussions with you and members of the HAPG and CMCS teams. We very much appreciate your willingness to meet with us again to discuss how we can work together to address the dental community's continued concerns with beneficiary access to covered, facility-based dental surgeries.

Access to facilities for dental procedures continues to escalate as a problem for the frail elderly and special needs patients, particularly those facing immense health disparities. As hospitals deal with scheduling challenges due to COVID-19, dental surgery access has become an even greater concern: Operating room time is now needed for postponed surgical procedures and payment for dental procedures is uncertain and, when available, generally inadequate. **We reiterate our request to work with CMS to identify a workable coding and payment option this year that can support the provision of covered dental procedures in hospital and ambulatory surgical center (ASC) settings.**

As we discussed, the provision of dental surgery in hospital and ASC settings today is subject to significant coding and payment-related limitations. The AMA historically has not supported a CPT code to report the facility services provided in conjunction with dental surgery that requires general anesthesia, since this is not a physician-provided service. Likewise, using CDT codes for this purpose raises substantial operational issues, and the use of CDT nomenclature would result in significant confusion for non-Medicare payers, who generally require services reported using CDT codes to be covered under dental plans that do not cover hospital or ASC services. For these reasons, we continue to believe that the development of a HCPCS Level II Code is needed to facilitate appropriate reporting and payment for dental procedures that should be provided in a facility setting under general anesthesia given the complexity of the patients and want to ensure patient safety. Based on our understanding of the HCPCS Level II nomenclature, we believe that

a HCPCS Level II Category G Code would be the most appropriate coding category, since G codes are not only commonly utilized under the Hospital Outpatient Prospective Payment System (HOPPS) but also are recognized by Medicaid and other non-Medicare payers, as well.

We agree that a new HCPCS Level II code should in no way suggest an expansion of Medicare coverage of dental procedures, which is limited by statute. Accordingly, we would recommend a simplified coding descriptor for CMS' consideration:

***“Covered dental procedure requiring general anesthesia; facility services only.”***

We would also recommend that, for HOPPS payment purposes, CMS place the new code into the same APC as the CDT coded dental procedures (APC 5871). We believe that this is the most appropriate classification for the new code because the geometric mean charge for CPT code 41899, which is currently used to report the provision of facility services in conjunction with dental procedures, is consistent with the geometric mean charge for the dental procedures in APC 5871, and the procedures in APC 5871 are clinically comparable.

Finally, we recommend that the new HCPCS Level II code be included on the ASC List of Covered Surgical Procedures. Including the new code on the list would make ASCs accessible for the provision of dental surgical procedures that require general anesthesia, which would have the potential to significantly increase patient access.

#### *Conclusion*

We welcome the opportunity to review our proposed coding descriptor with you and the HAPG team and consider next steps to advance this effort. We appreciate your recognition of our concerns and your support for finding a workable solution to increase operating room access for those who require facility settings for the performance of dental procedures. Please contact Julie Allen at 202-494-4115 or [Julie.allen@powerslaw.com](mailto:Julie.allen@powerslaw.com) to follow up, and we thank you and the broader Medicare and Medicaid teams for your time and consideration.

Sincerely yours,

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

Cc: Dr. Natalia Chalmers  
Dr. Ryan Howe, HAPG  
Dr. Edith Hambrick, HAPG  
Dr. Karen Nakano, HAPG  
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