

September 6, 2022

The Honorable Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services Department of Health and Human Services
Attention: CMS-1770-P Mail Stop C4-26-05
7500 Security Boulevard Baltimore, MD 21244-1850

Submitted via: www.regulations.gov

aae.org

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Chicago, IL 60601
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Re: CMS-1770-P; Medicare and Medicaid Programs: Calendar Year 2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies, Medicare Shared Savings Program Requirements, etc.

Dear Administrator Brooks-LaSure:

With over 8,000 members, the American Association of Endodontists (AAE) is the world's largest association dedicated to serving the needs of endodontists and to promoting the highest standards of patient care. Our organization appreciates the opportunity to provide input on the Agency's proposed changes to the existing Act and Regulations to permit Medicare payment for dental services as part of the Centers for Medicare and Medicaid Services (CMS) CY 2023 Revisions to Payment Policies under the Physician Payment Schedule and Other Changes to Part B Payment Policies.

Please take under consideration the following comments on existing and future oral health payment models.

1. Proposed Update to Current Payment Policies for Dental Services

AAE members have long recognized the strong connection between oral health and overall health. Our members are committed to addressing unequal distributions of dental service, particularly for the elderly and at-risk populations who most suffer from the deleterious effects of poor oral health. With that in mind a large percent of our members are small business owners in private practice settings. Paramount among their concerns is the potential that the proposed policies may have to drive down reimbursement rates and thus directly affect the solvency of their small businesses. As such there will no doubt be general reticence to publicize practice fee structures or share them with CMS.

Medicare currently pays for dental services in a limited number of circumstances, and we are appreciative of the Agency's proposal to clarify aspects of existing payment policy. This will help ensure each Medicare Administrative Contractor (MAC) uses the same criteria to determine when oral health services align with the terms of the CMS policy manual. We are however, concerned with the Agency's proposal to continue to allow MACs to set carrier pricing for covered oral health services. We know from experience that if reimbursement does not appropriately mirror actual financial costs, a dental clinic cannot sustainably supply essential services in a community. We note the Centers for Medicare & Medicaid Services (CMS) already collects and publicly reports 56 Physician Fee Schedule (PFS) carrier specific pricing files. We respectfully request the Agency utilize their own dataset for consistent pricing for carrier-priced CPT codes, rather than continue to rely on the MACs to set fees. This action will significantly reduce appeals of any first determinations for inappropriately low reimbursements. Lowered fees that do not approach fair market value for services will inevitably result in compromises to the quality of care that can be provided.

Another concern is that accounting and compliance issues will significantly increase administrative burdens in traditional private practice settings. Small private practices simply cannot shoulder a significant increase in time or money associated with administrative duties, which can be prohibitive for a private practitioner if those costs outweigh the compensation paid by Medicare. By developing a standardized fee schedule for those dental services recognized as payable, and by including dental societies in the development of necessary claim edits to ensure only medical necessary services are approved and paid, the ability to have claims easily accepted and processed will significantly increase. Barring that, there is little benefit of this proposed policy change to dental practices.

2. Future Payment Models

a) Exams and other treatments prior to organ transplant/cardiac valve surgery

In this proposed rule, the Agency acknowledges that there are circumstances where the clinical success of medical or surgical services required for an organ transplantation, cardiac valve replacement, or valvuloplasty procedure may require the performance of certain dental services. As such, a proposal to amend regulation at § 411.15(i) to include examples of payable services under Medicare Parts A and B, as: (1) the dental or oral examination as part of a comprehensive workup prior to an organ transplant, cardiac valve replacement, or valvuloplasty procedure; and (2) the necessary dental treatments and diagnostics to eliminate the oral or dental infections found during a dental or oral examination as part of a comprehensive workup prior to an organ transplant, cardiac valve replacement, or valvuloplasty procedure, regardless of whether the services are furnished within the inpatient or outpatient setting has been made.

AAE concurs that there are strong correlations between recovery after surgery and good oral health. The above proposal has the potential to reduce costs and improve patient outcomes. We appreciate the Agency's request for comment on other clinical scenarios where dental services may be integral to improved outcomes of other covered medical services. Before that occurs, we believe however, that it is vital that the Agency investigate the impact of adding Current Dental Terminology (CDT) codes into

the Medicare Fee Schedule with all dental stakeholders. A thorough examination of this issue would need to consider the complexity of the dental service, the practice expense, medical liability insurance expense and regional costs before additional dental services are added to the Medicare Fee Schedule. Finalizing any oral health policy changes prior to that first step will, we fear, only serve to further disincentivize dental providers and further limit access to essential services.

b) Other models for dental and oral health care services

Included in this proposed rule was a request from the Agency for comment on additional ways to integrate the payment for dental and oral health care services within existing and future payment models using the Innovation Center's waiver authority in existing or future service delivery models, including models focused on equity, care coordination, total cost of care and specific disease conditions.

AAE acknowledges contracts between private healthcare payers and providers are gradually becoming more focused on alternative payments and value-based arrangements and are hopeful the dental community can begin working with the Agency to plan for future oral health programs that are innovative and engage both the provider and patient as active partners to ensure reduced healthcare costs. Based on our experiences with private payers, we would encourage the Agency to use the following best practices as a basis for any alternative payment program.

- Programs that engage and incentivize, rather than penalize, participation.
- The use of simple patient engagement tools.
- Alternatives beyond claims-based reporting.
- The use of comparison groups to accurately analyze service use and costs.
- An investment in training and routine feedback to dentists on how to participate successfully.

Conclusion

AAE appreciate the opportunity to offer these comments, and we look forward to working with CMS to ensure CY 2023 and future years reimbursements for dental services are fair and adequate. Should you have any questions about our comments, please contact Catherine French, AAE Associate Executive Director for Advocacy and Professional Relations at cfrench@aae.org or at 312.872.0474.

Sincerely,



Stefan Zweig, DDS, FADC

President, American Association of Endodontists

