

AAPD ADVOCATES FOR IMPROVED ACCESS TO DENTAL PROCEDURES IN ASCS AND HOSPITALS

September 11, 2023 Regulatory Comment Letter to CMS Summarized Below

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The American Academy of Pediatric Dentistry (AAPD), the American Dental Association (ADA), and the American Association of Oral and Maxillofacial Surgeons (AAOMS) penned a regulatory comment letter to CMS Administrator Brooks-LaSure, addressing the CY 2024 HOPPS/ASC Proposed Rule. This letter outlines our concerns and recommendations, highlighting the importance of access to hospital and ambulatory surgery center (ASC) Operating Rooms (ORs) for dental procedures, particularly those requiring monitored anesthesia.

The dental community appreciates CMS' past actions, such as the creation of a new HCPCS code (G0330) for dental rehabilitation and an increase in the Ambulatory Payment Classification (APC) rate for these procedures, which have helped address the issue of OR access for dental cases. Our primary focus is on the proposal to include dental rehabilitation (HCPCS G0330) on the ASC Covered Procedures List (CPL), which could extend ASC OR access to Medicare, Medicaid, and other patients. However, we express concerns about the inadequacy of proposed payment rates for dental rehabilitation, suggesting that these rates may discourage the use of the dental rehabilitation code to increase OR access for patients.

The associations put forward several recommendations to improve the situation:

1. Reclassify Dental Rehabilitation into Level 4 ENT Comprehensive APC

The dental community recommends reclassifying dental rehabilitation (G0330) into the Level 4 ENT comprehensive APC (APC 5164) and establishing Medicare payment for dental rehabilitation in ASCs using the payment weight and conversion factor applicable to Category 4 ENT Procedures (APC 5164). We also seek clarification or reconsideration of the proposal to require dental rehabilitation to be billed with a non-payable ancillary service for coverage.

2. Recommendations for Other Dental Procedures

The letter suggests that CMS should reconcile the Hospital Outpatient Prospective Payment System (HOPPS) and APC payment systems by including all dental services classified into APCs under HOPPS on the ASC CPL, except for imaging and evaluation and management dental services, which should be included on the ASC Ancillary Services List.

3. Clarification on Billing Procedures

The associations call for clarification on when dental rehabilitation (G0330) should be reported in addition to or instead of individual dental procedure codes, to eliminate confusion for hospitals and ASCs.

4. Non-Medicare Payment Clarification

We urge CMS to clarify that the exclusion of a procedure from the HOPPS or CPL does not imply that facility payment should be disallowed by other payers, emphasizing the need for continued access to dental services.

5. Reclassification of Dental Rehabilitation into APC 5164

The letter insists that CMS should reclassify dental rehabilitation (G0330) into APC 5164 based on available cost data and payment amounts for comparable procedures.

6. Special Billing Requirements for Dental Rehabilitation

The dental community requests clarification on why a covered ancillary service must be billed with dental rehabilitation for it to be covered or the reconsideration of this requirement.

7. Alignment between HOPPS and ASC Dental Procedures

We advocate for the inclusion of all dental procedures payable under HOPPS on the ASC CPL, with the exception of imaging and dental evaluation services, which should be placed on the ASC Ancillary Services List.

The letter concludes by acknowledging the ongoing collaboration with CMS to address coding and payment structures and expresses concern about how inadequate payment rates and coverage restrictions may limit the availability of claims data for future analysis.

These recommendations and concerns highlight the dental community's dedication to improving access to essential dental procedures for patients across various healthcare settings. The associations hope for positive changes to be made in the 2024 HOPPS/ASC Final Rule to enhance the quality of care and accessibility for patients requiring dental treatment under monitored anesthesia.

A copy of the full letter is available at <https://rb.gy/54h3s>.

After the final rule is released (expected in November 2023), the AAPD will provide detailed analysis and guidance to membership concerning the billing and coding implications for hospital and ASC cases.

For further information contact Chief Operating Officer and General Counsel C. Scott Litch at (773) 938-4759 or slitch@aapd.org.

This column presents a general informational overview of legal issues. It is intended as general guidance rather than legal advice. It is not a substitute for consultation with your own attorney concerning specific circumstances in your dental practice. Mr. Litch does not provide legal representation to individual AAPD members.

PAC CORNER



Check Out the AAPD PAC Annual Report

The American Academy of Pediatric Dentistry (AAPD) released its 2023 PAC Annual Report on July 29, 2023, to coincide with the annual PAC day of giving. This report showcases our commitment to shaping the future of pediatric dentistry through public policy initiatives, and supported with dedicated advocacy by our members. Join us as we celebrate our achievements, share inspiring success stories, and provide an exclusive glimpse into the exciting initiatives on the horizon. The 2023 PAC Annual Report is a testament to our mission: ensuring optimal oral health for all children. Explore the report today and be part of the journey to brighter, healthier smiles for our young patients.



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