Get Up To Date with CDT & G0330 for 2025:
Key Changes & Implementation

Diane Millman, Principal
Powers Pyles Sutter & Verville PC

Dr. Jim Nickman
AAPD Insurance Consultant

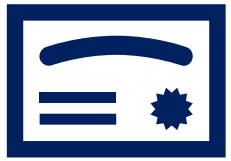
April 11, 2025

AAPD.org → Research → Webinars
https://www.aapd.org/research/policy-center/webinars/

research & policy center

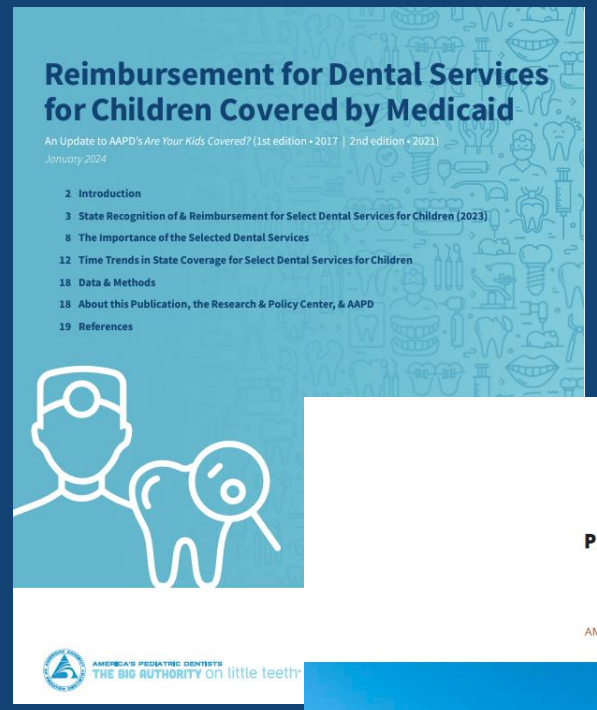
First things first…

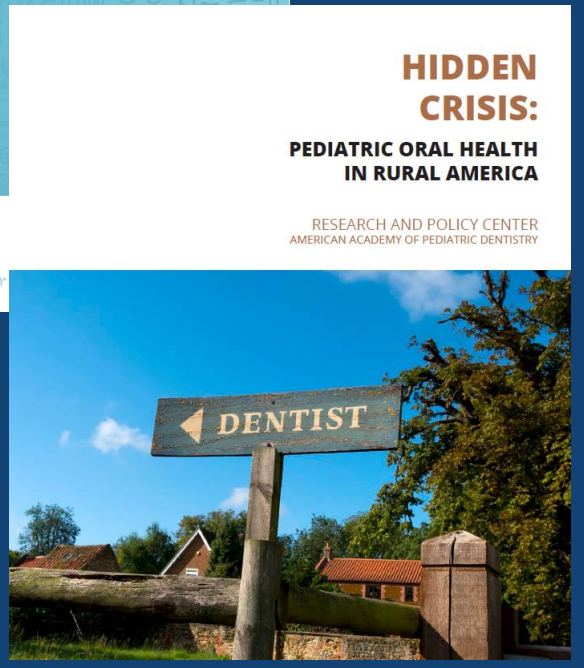
- **YES, the slides and recording will be available**
- **YES, continuing dental education is available**
  - Live attendee → Instructions to obtain CE certificate will be emailed to you in the coming weeks
  - Recording → Must access through AAPD Education Passport for CE
- **YES, we will have time for Q&A**
  - Use the Q&A box, not the Chat panel



AAPD Research & Policy Center

The RPC aims to conduct impactful oral health services research and advance sound policies that improve the oral health and overall health of children.





We do this by:

- administering primary research
- monitoring existing reputable data sources
- synthesizing evidence for guideline development
- collaborating with other leaders in oral health and health policy
- generating discussion on contemporary issues in pediatric dentistry

https://www.aapd.org/research/policy-center/

There's a lot going on…

- Community water fluoridation
- HHS cuts
  - CDC DOH
  - NIOSH
  - HRSA
- NIH indirects reduction proposal
- Looming cuts in budgetary process
  - Medicaid
  - SNAP

Let's stay in touch!

Sign up for the *RPC Rundown*

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Coding and Payment for Dental Rehabilitation (G0330)

April 2025

Diane Millman, Principal
Powers Pyles Sutter & Verville PC
Diane.Millman@PowersLaw.com

Explaining the Problem

There is a critical lack of access to Operating Rooms (ORs) for dental procedures that must be performed under anesthesia.

1. **Lack of access disproportionately impacts states and congressional districts:**
   - Rural Populations
   - Children
   - Disabled individuals and those with special health care needs
   - Dual Eligibles (Medicare / Medicaid)

2. **Lack of access to ORs has historically been caused in significant part by two key concerns:**
   - Insufficient payment for the hospital facility services involved; and
   - Exclusion of dental procedures from the ASC covered procedures list

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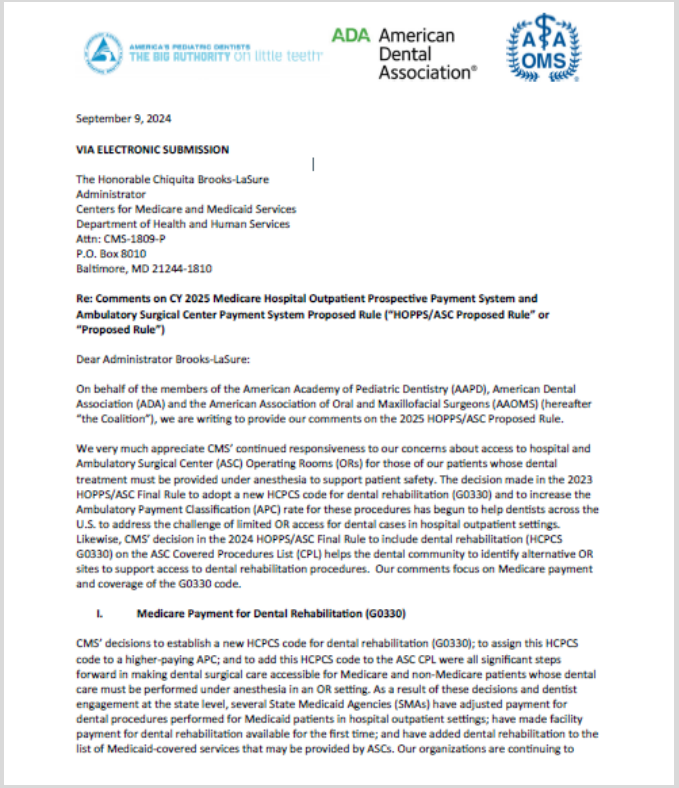
United Front: Dental Coalition Advocacy Before the Centers for Medicare & Medicaid Services (CMS)



AMERICA'S PEDIATRIC DENTISTS THE BIG AUTHORITY on little teeth

ADA American Dental Association®

AAOMS

September 9, 2024

VIA ELECTRONIC SUBMISSION

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1809-P
P.O. Box 8010
Baltimore, MD 21244-1810

Re: Comments on CY 2025 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule ("HOPPS/ASC Proposed Rule" or "Proposed Rule")

Dear Administrator Brooks-LaSure:

On behalf of the members of the American Academy of Pediatric Dentistry (AAPD), American Dental Association (ADA) and the American Association of Oral and Maxillofacial Surgeons (AAOMS) (hereafter "the Coalition"), we are writing to provide our comments on the 2025 HOPPS/ASC Proposed Rule.

We very much appreciate CMS' continued responsiveness to our concerns about access to hospital and Ambulatory Surgical Center (ASC) Operating Rooms (ORs) for those of our patients whose dental treatment must be provided under anesthesia to support patient safety. The decision made in the 2023 HOPPS/ASC Final Rule to adopt a new HCPCS code for dental rehabilitation (G0330) and to increase the Ambulatory Payment Classification (APC) rate for these procedures has begun to help dentists across the U.S. to address the challenge of limited OR access for dental cases in hospital outpatient settings. Likewise, CMS' decision in the 2024 HOPPS/ASC Final Rule to include dental rehabilitation (HCPCS G0330) on the ASC Covered Procedures List (CPL) helps the dental community to identify alternative OR sites to support access to dental rehabilitation procedures. Our comments focus on Medicare payment and coverage of the G0330 code.

I. Medicare Payment for Dental Rehabilitation (G0330)

CMS' decisions to establish a new HCPCS code for dental rehabilitation (G0330); to assign this HCPCS code to a higher-paying APC; and to add this HCPCS code to the ASC CPL were all significant steps forward in making dental surgical care accessible for Medicare and non-Medicare patients whose dental care must be performed under anesthesia in an OR setting. As a result of these decisions and dentist engagement at the state level, several State Medicaid Agencies (SMAs) have adjusted payment for dental procedures performed for Medicaid patients in hospital outpatient settings; have made facility payment for dental rehabilitation available for the first time; and have added dental rehabilitation to the list of Medicaid-covered services that may be provided by ASCs. Our organizations are continuing to collect and disseminate data on Medicaid payment changes and the impact of these changes on OR access for Medicaid patients in need of dental rehabilitation-- many of whom are children.

The 2025 HOPPS/ASC Proposed Rule would increase Medicare payment for dental rehabilitation in hospital outpatient departments from $3,067.62 to $3,222.61 and in ASC settings from $1,318.75 to $1,361.84. We believe that this proposal will continue to strengthen access to OR settings for Medicare beneficiaries who need OR access for the safe performance of Medicare-covered dental procedures and will encourage Medicaid programs and other non-Medicare payers to appropriately adjust payment rates for, and access to, safe OR settings for those patients whose dental needs must be performed under anesthesia.

> ***Recommendation:*** *The Coalition strongly supports CMS' proposal to increase Medicare payment for dental rehabilitation performed in hospital outpatient and ASC facilities and urges CMS to finalize increased rates in the 2025 HOPPS/ASC Final Rule.*

II. Medicare Billing Requirements for Dental Rehabilitation (G0330) Performed in ASC Settings

While the Coalition very much appreciates CMS' continued inclusion of dental rehabilitation (G0330) on the ASC CPL, we believe that a number of issues related to billing for dental rehabilitation in ASC settings should be addressed.

First, the 2025 HOPPS/ASC Proposed Rule reiterates the requirement that, to be covered by Medicare, dental rehabilitation (G0330) must be billed along with a covered but non-payable dental ancillary service. As indicated in our prior comments, there is no rational purpose served by this requirement given the fact that dental rehabilitation on its own merits meets the regulatory requirements to be included on the CPL regardless of whether or not dental rehabilitation includes a service that is on the ancillary services list.

> ***Recommendation:*** *The Coalition continues to urge CMS to eliminate the requirement that a service that is on the ancillary services list be reported alongside G0330 in order for dental rehabilitation (G0330) to be covered in an ASC setting.*

Second, it is our understanding that, under HOPPS, if any separately payable dental procedure (identifiable using a "D" code) is performed in a hospital outpatient setting, the hospital is required to report the "D" code(s) and may not report dental rehabilitation (G0330). Since many of the procedures commonly performed for dental rehabilitation are included on the list of "D" codes that are separately payable under HOPPS, the use of "D" codes for cases involving dental rehabilitation generally yields aggregate payment sufficient to cover a hospital's costs when these cases are performed in hospital outpatient settings.

However, the list of "D" codes included on the ASC CPL is far more limited, and, for this reason, the same hospital billing rule, if applied to ASCs, would yield payment that would not cover ASC costs for dental rehabilitation surgeries under anesthesia. Without adequate ASC facility payment, as a dental community, we are very concerned that ASCs will not be willing to accept dental surgical cases, in a timely manner, which greatly restricts patient access to ASCs for needed dental rehabilitation surgeries. The recommended codes for the ASC CPL are not sufficiently comprehensive to include the codes most often used by pediatric and general dentists for children's dental rehabilitative surgical needs, including those who are dually eligible for both Medicaid and Medicare. As a community, we worked with CMS to add the new dental rehabilitation code G0330 to the ASC CPL because this was meant to be a comprehensive code to support the significant treatment needs of patients that require an OR setting for dental surgical procedures requiring the administration of anesthesia. ASCs are qualified and capable of supporting access for these procedures, particularly when a patient is not able to access a local hospital. We urge CMS to address this coding and payment challenge so that ASCs will be willing and able to provide for needed dental surgeries that are administered by pediatric and general dentists.

III. Future Challenges

We look forward to continuing to work with CMS to address coding and payment structures to ensure facility payment for dental rehabilitative surgical procedures supports timely access to care for certain medically compromised and disabled patients who cannot otherwise receive these surgeries in a dental office. Access to care depends on ensuring the adequacy of dental surgical services included in appropriately priced APCs that reflect the facility resources involved in providing these services.

The dental community appreciates CMS' effort to establish the G0330 code to recognize the need for a comprehensive code that appropriately covers facility fees for dental rehabilitative surgical procedures. We ask that CMS ensure that adjustments are made to the proposed rule to permit the code to be billed, particularly by an ASC, so that patient access to ASC operating rooms is not unduly restricted.

We appreciate the opportunity to comment on the Proposed Rule. If you have any questions, please do not hesitate to contact Julie Allen at Julie.Allen@PowersLaw.com.

Sincerely yours,

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

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Building a Community of Support

- **American Academy of Pediatrics**
- **Consortium for Citizens with Disabilities Health Task Force – 22 Groups**
  - Autism Speaks
  - Brain Injury Association of America
  - National Down Syndrome of Congress
  - The Arc
  - United Spinal Association
- **Ambulatory Surgery Center Association**

CCD
CONSORTIUM FOR CONSTITUENTS WITH DISABILITIES

March 31, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Access to Dental Surgical Services for Children and Adults with Disabilities

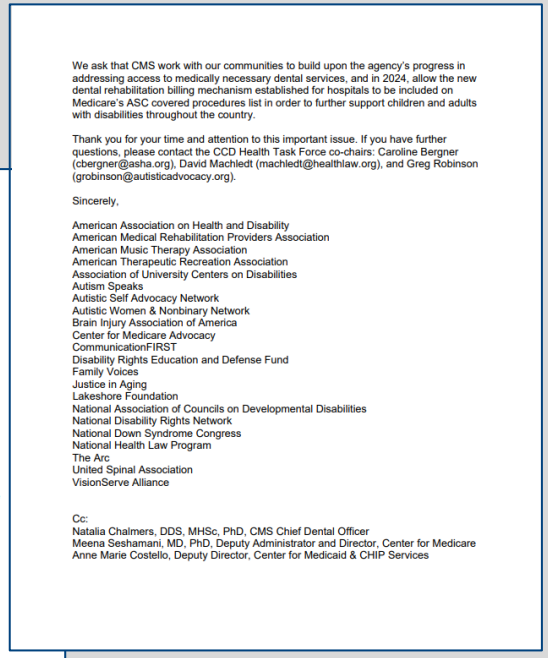
Dear Administrator Brooks-LaSure:

On behalf of the undersigned members of the Consortium for Constituents with Disabilities (CCD) Health Task Force, we write to thank the Centers for Medicare and Medicaid Services (CMS) for taking significant initial action to address timely operating room access for individuals with disabilities in need of dental surgical services. We were pleased to see CMS' responsiveness to this issue being raised last year, and we would like to work with the agency again this year to ensure that agency actions can be built upon to support all individuals with disabilities, regardless of where they reside. CCD is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration, and inclusion of children and adults with disabilities in all aspects of society free from racism, ableism, sexism, and xenophobia, as well as LGBTQ+ based discrimination.

As we have previously noted, children and adults with disabilities often face significant health disparities with respect to oral health care access. Often times, the optimal care setting to address the complex oral health care needs for certain children and adults with disabilities is in a hospital or an ambulatory surgical center (ASC). We want to acknowledge CMS's work to ensure that beginning January 1, 2023, hospitals have a viable way to bill for and receive more fair reimbursement for dental surgical services. We are hopeful this important agency action will support individuals with disabilities who can access the hospital for their needed dental care.

We remain concerned, however, that despite CMS's efforts to develop a new dental billing mechanism, Medicare still does not cover dental surgeries that are performed in ASCs, and as a result of this coverage limitation, neither do many state Medicaid programs. For individuals with disabilities who require access to an operating room to address their complex dental needs and who do not live within close geographic proximity to a hospital, an ASC is a needed resource for these surgeries to be provided.

820 First Street, NE Suite 740 • Washington, DC 20002 • PH 202-567-3516 • FAX 202-408-9520 • Info@c-c-d.org • www.c-c-d.org



We ask that CMS work with our communities to build upon the agency's progress in addressing access to medically necessary dental services, and in 2024, allow the new dental rehabilitation billing mechanism established for hospitals to be included on Medicare's ASC covered procedures list in order to further support children and adults with disabilities throughout the country.

Thank you for your time and attention to this important issue. If you have further questions, please contact the CCD Health Task Force co-chairs: Caroline Bergner (cbergner@asha.org), David Machledt (machledt@healthlaw.org), and Greg Robinson (grobinson@autisticadvocacy.org).

Sincerely,

American Association on Health and Disability
American Medical Rehabilitation Providers Association
American Music Therapy Association
American Therapeutic Recreation Association
Association of University Centers on Disabilities
Autism Speaks
Autistic Self Advocacy Network
Autistic Women & Nonbinary Network
Brain Injury Association of America
Center for Medicare Advocacy
CommunicationFIRST
Disability Rights Education and Defense Fund
Family Voices
Justice in Aging
Lakeshore Foundation
National Association of Councils on Developmental Disabilities
National Disability Rights Network
National Down Syndrome Congress
National Health Law Program
The Arc
United Spinal Association
VisionServe Alliance

Cc:
Natalia Chalmers, DDS, MHSc, PhD, CMS Chief Dental Officer
Meena Seshamani, MD, PhD, Deputy Administrator and Director, Center for Medicare
Anne Marie Costello, Deputy Director, Center for Medicaid & CHIP Services

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Bipartisan Congressional Support to Address Dental OR Access

FOR IMMEDIATE RELEASE
April 19, 2023
CONTACT:
Sue Walitsky 202-224-4524 (Cardin)
Spencer Hurwitz 202-224-3344 (Blackburn)

Cardin and Blackburn Lead Effort to Ease Access to Surgical Oral Health Care for Medicare Patients, Especially Children and Adults with Special Needs

In Maryland, there is a waiting list, comprised mainly of children with disabilities, to get oral health care under general anesthesia.

WASHINGTON – **U.S. Senators Ben Cardin (D-Md.) and Marsha Blackburn (R-Tenn.)** are urging the Centers for Medicare and Medicaid (CMS) to increase access to dental surgical facilities for Medicare recipients, especially those with disabilities. The senators were joined by **Senators Debbie Stabenow, Bill Cassidy, Steve Daines, Lisa Murkowski, Mike Braun and J.D. Vance (R-Ohio)** in writing to **CMS Administrator Chaquita Brooks-LaSure**. In their letter, the senators urge the agency to include a recently established code for dental surgical services on the list of ambulatory surgical center (ASC) covered procedures during the calendar year 2024 Medicare Hospital Outpatient Prospective Payment System (OPPS) and ASC Payment System rulemaking. The American Academy of Pediatric Dentistry and the Ambulatory Surgical Center Association have endorsed these changes.

If left untreated, early childhood tooth decay and bone loss can result in emergency department visits and life-threatening infection and hospital admission. In adult populations with special needs and disabilities, dental infection can greatly compromise other medical conditions resulting in emergency care.

Given the time involved for extensive restorative dental surgical procedures, the often-complex equipment and anesthesia required, and the challenge of the services that need to be provided, the most optimal care setting to address these significant health care needs is often in a hospital or another surgical setting.

Dental patient wait times for operating room access can be as long as six-months or more. Change is needed to ensure that children and adults with special needs, disabilities and chronic health conditions are not forced to unnecessarily wait to receive treatment in a safe setting that can fully meet their needs.

The lack of a viable billing mechanism in Medicare directly impacts the Medicaid program serving children with disabilities and special needs. Most state Medicaid programs look to Medicare billing codes and payment policy as a benchmark for determining Medicaid billing codes and payment rates for surgical services.

The full letter follows and can be **downloaded at this link.**

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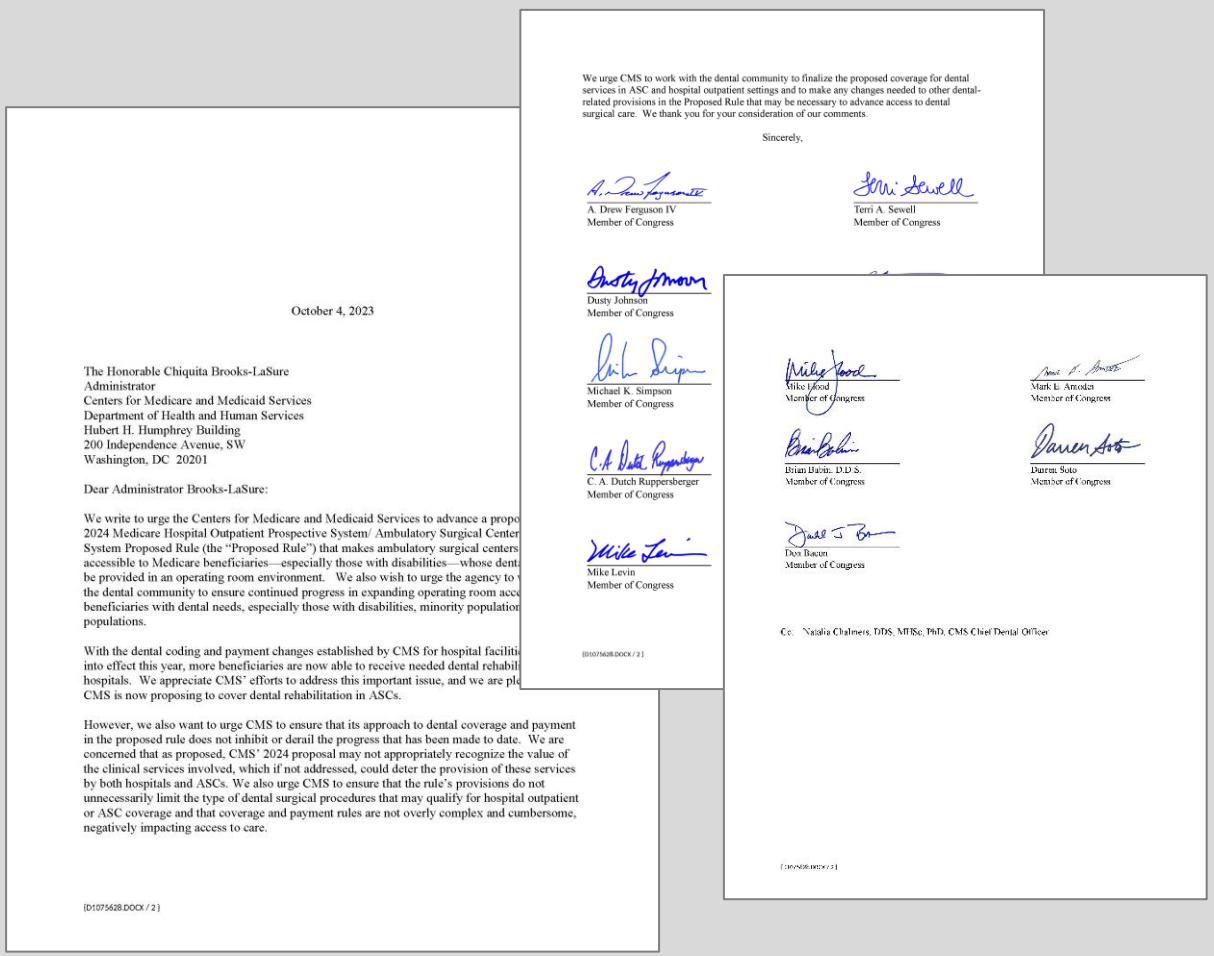
Bipartisan Congressional Support to Address Dental OR Access



October 4, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Brooks-LaSure:

We write to urge the Centers for Medicare and Medicaid Services to advance a propo
2024 Medicare Hospital Outpatient Prospective System/ Ambulatory Surgical Center
System Proposed Rule (the "Proposed Rule") that makes ambulatory surgical centers
accessible to Medicare beneficiaries—especially those with disabilities—whose dent
be provided in an operating room environment. We also wish to urge the agency to
the dental community to ensure continued progress in expanding operating room acce
beneficiaries with dental needs, especially those with disabilities, minority population
populations.

With the dental coding and payment changes established by CMS for hospital faciliti
into effect this year, more beneficiaries are now able to receive needed dental rehabil
hospitals. We appreciate CMS' efforts to address this important issue, and we are pl
CMS is now proposing to cover dental rehabilitation in ASCs.

However, we also want to urge CMS to ensure that its approach to dental coverage and payment in the proposed rule does not inhibit or derail the progress that has been made to date. We are concerned that as proposed, CMS' 2024 proposal may not appropriately recognize the value of the clinical services involved, which if not addressed, could deter the provision of these services by both hospitals and ASCs. We also urge CMS to ensure that the rule's provisions do not unnecessarily limit the type of dental surgical procedures that may qualify for hospital outpatient or ASC coverage and that coverage and payment rules are not overly complex and cumbersome, negatively impacting access to care.

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We urge CMS to work with the dental community to finalize the proposed coverage for dental services in ASC and hospital outpatient settings and to make any changes needed to other dental-related provisions in the Proposed Rule that may be necessary to advance access to dental surgical care. We thank you for your consideration of our comments.

Sincerely,

A. Drew Ferguson IV
Member of Congress

Terri A. Sewell
Member of Congress

Dusty Johnson
Member of Congress

Michael K. Simpson
Member of Congress

C. A. Dutch Ruppersberger
Member of Congress

Mike Levin
Member of Congress

Mike Flood
Member of Congress

Mark E. Amodei
Member of Congress

Brian Babin, D.D.S.
Member of Congress

Darren Soto
Member of Congress

Dan Bacon
Member of Congress

Cc: Natalia Chalmers, DDS, MHSc, PhD, CMS Chief Dental Officer

[D1075628.DOCX / 2]

United States Senate
WASHINGTON, DC 20510

April 12, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Administrator Brooks-LaSure:

We want to acknowledge efforts by the Centers for Medicare and Medicaid Services (CM
address national concerns regarding access to dental rehabilitative services for childre
adults with special health care needs and disabilities, minority populations, and frail e
patients. Last year, CMS worked with stakeholders and, through the calendar year (CY)
Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Su
Center (ASC) Payment System rule, established a new billing code to recognize the c
services involved in dental rehabilitation surgery and the value of those services. Throu
agency's effort, many hospitals should now be able to provide these critically important se
in their operating rooms for beneficiary. To build on that progress, we encourage C
support access to needed dental surgical procedures by expanding operating room sites an
CMS to allow the new Medicare dental code and its valuation to also be included within the
covered procedures list for all clinically appropriate procedures.

We understand that some beneficiaries with complex dental conditions have been
unfathomable wait times as long as a year before receiving dental surgical treatment in ho
operating rooms, with this problem disproportionately impacting rural and unders
communities where there are fewer facilities for patients to access. For young chi
individuals with special needs and the elderly, dental pain and disease often result in emer
care in the absence of dental surgical intervention, increasing overall health care costs.

Access to ASCs for dental surgical procedures would expand the availability of sites to su
dentists and their patients who need time sensitive surgical services. We understan
regulatory limitations currently prevent this from happening, and for beneficiaries in rural and underserved geographic locations, this support is needed now. Allowing for these procedures to be provided in ASCs would help to promote the health and well-being of Medicare beneficiaries and some Medicaid beneficiaries, as states frequently model their coverage and billing for procedures conducted in ASCs and hospitals after Medicare.

Last year, when establishing a new Medicare dental code for dental surgical services, CMS stated that it would consider inclusion of the new code on the list of ASC covered procedures during future rulemaking. We ask that CMS move forward this year to address this issue and include this proposal in the CY 2024 OPPS and ASC Payment System rule for stakeholder comment. Thank you for consideration of this request.

Sincerely,

Benjamin L. Cardin
United States Senator

Marsha Blackburn
United States Senator

Debbie Stabenow
United States Senator

Bill Cassidy, M.D.
United States Senator

Steve Daines
United States Senator

Lisa Murkowski
United States Senator

Mike Braun
United States Senator

JD Vance
United States Senator

Cc: Meena Seshamani, MD, PhD, Deputy Administrator and Director, Center for Medicare
Daniel Tsai, Deputy Administrator and Director, Center for Medicaid & CHIP Services
Natalia Chalmers, DDS, MHSc, PhD, CMS Chief Dental Officer

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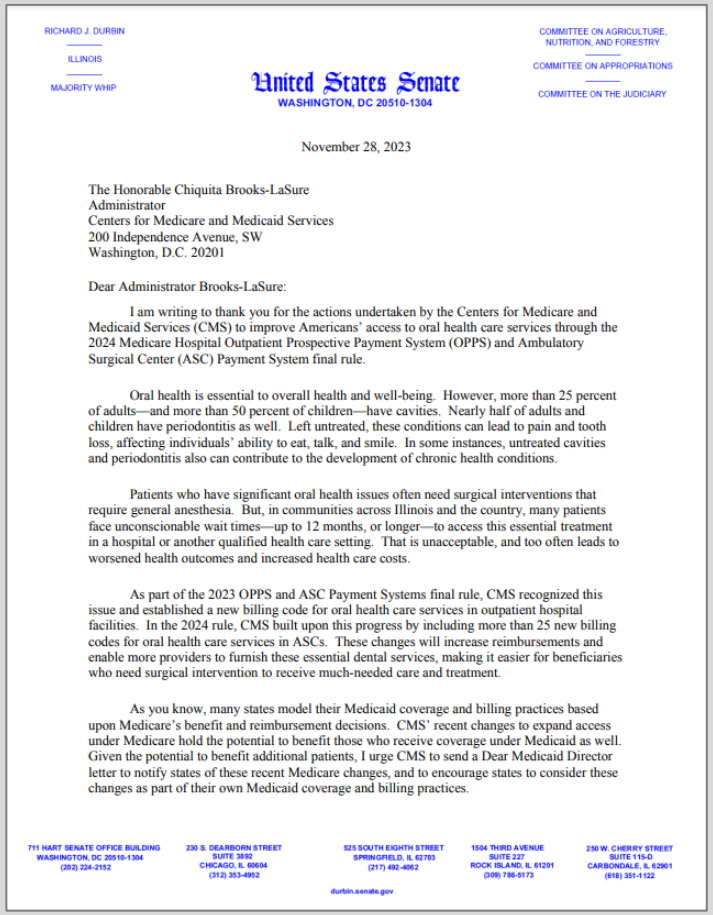
Request for CMS to Support State Medicaid Outreach



RICHARD J. DURBIN
ILLINOIS
MAJORITY WHIP

United States Senate
WASHINGTON, DC 20510-1304

COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY
COMMITTEE ON APPROPRIATIONS
COMMITTEE ON THE JUDICIARY

November 28, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Administrator Brooks-LaSure:

I am writing to thank you for the actions undertaken by the Centers for Medicare and Medicaid Services (CMS) to improve Americans' access to oral health care services through the 2024 Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System final rule.

Oral health is essential to overall health and well-being. However, more than 25 percent of adults—and more than 50 percent of children—have cavities. Nearly half of adults and children have periodontitis as well. Left untreated, these conditions can lead to pain and tooth loss, affecting individuals' ability to eat, talk, and smile. In some instances, untreated cavities and periodontitis also can contribute to the development of chronic health conditions.

Patients who have significant oral health issues often need surgical interventions that require general anesthesia. But, in communities across Illinois and the country, many patients face unconscionable wait times—up to 12 months, or longer—to access this essential treatment in a hospital or another qualified health care setting. That is unacceptable, and too often leads to worsened health outcomes and increased health care costs.

As part of the 2023 OPPS and ASC Payment Systems final rule, CMS recognized this issue and established a new billing code for oral health care services in outpatient hospital facilities. In the 2024 rule, CMS built upon this progress by including more than 25 new billing codes for oral health care services in ASCs. These changes will increase reimbursements and enable more providers to furnish these essential dental services, making it easier for beneficiaries who need surgical intervention to receive much-needed care and treatment.

As you know, many states model their Medicaid coverage and billing practices based upon Medicare's benefit and reimbursement decisions. CMS' recent changes to expand access under Medicare hold the potential to benefit those who receive coverage under Medicaid as well. Given the potential to benefit additional patients, I urge CMS to send a Dear Medicaid Director letter to notify states of these recent Medicare changes, and to encourage states to consider these changes as part of their own Medicaid coverage and billing practices.

711 HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510-1304
(202) 224-2152

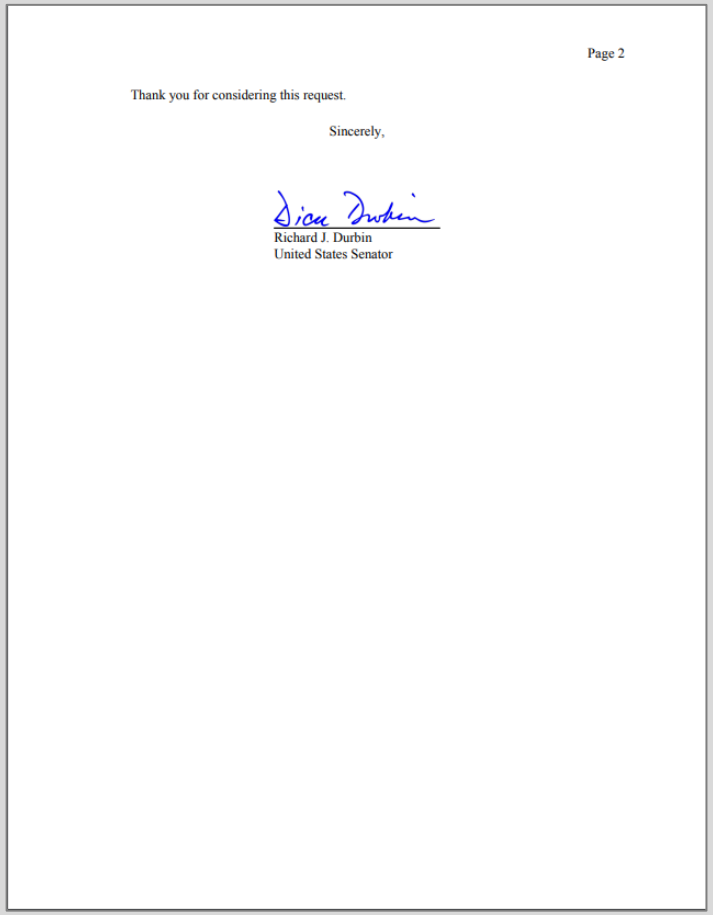
230 S. DEARBORN STREET
SUITE 3892
CHICAGO, IL 60604
(312) 353-4952

525 SOUTH EIGHTH STREET
SPRINGFIELD, IL 62703
(217) 492-4062

1504 THIRD AVENUE
SUITE 227
ROCK ISLAND, IL 61201
(309) 786-5173

250 W. CHERRY STREET
SUITE 115-D
CARBONDALE, IL 62901
(618) 351-1122

durbin.senate.gov



Thank you for considering this request.

Sincerely,

Richard J. Durbin
United States Senator

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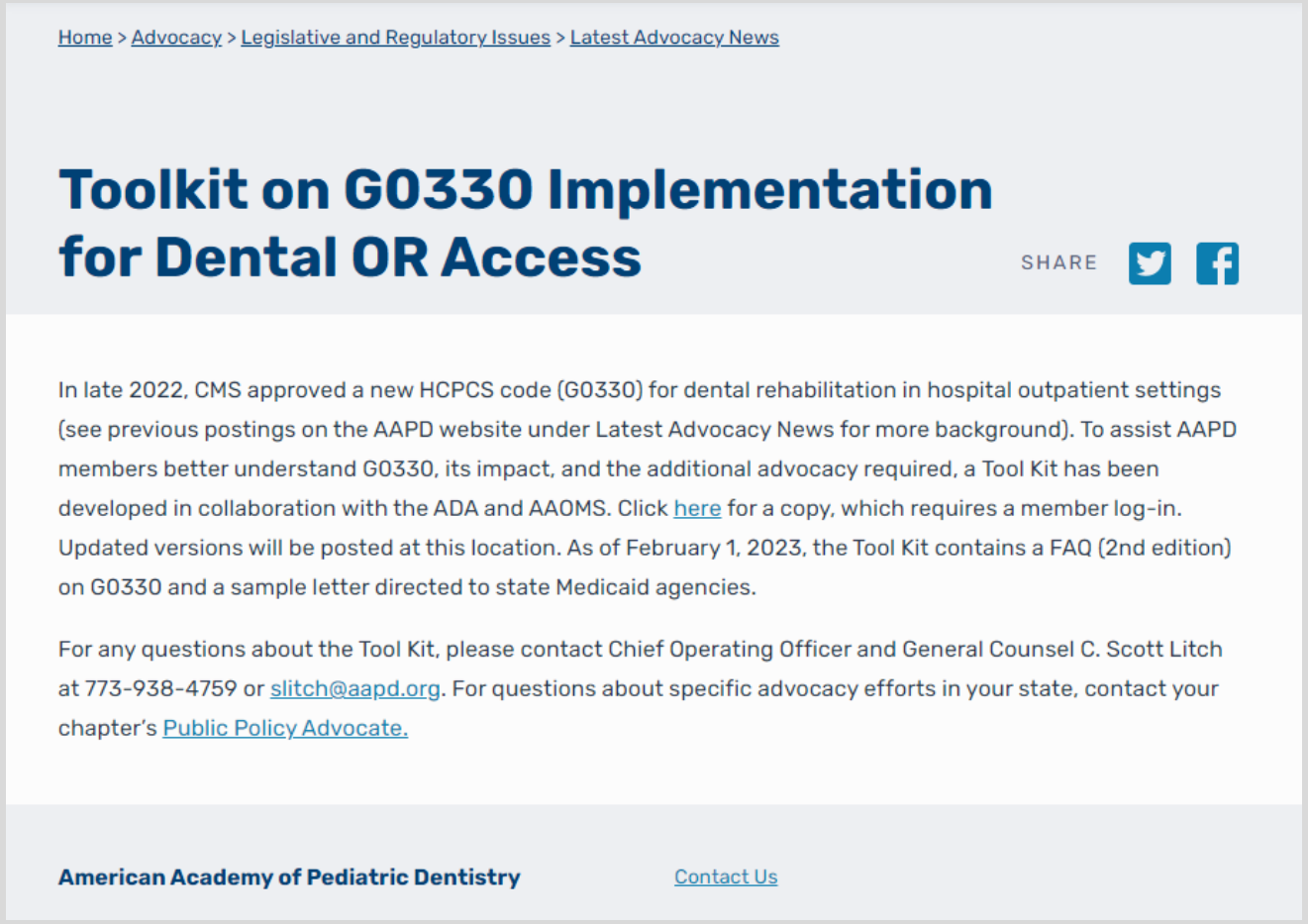
Informing Dentists of Changes to Support State Advocacy Efforts



Home > Advocacy > Legislative and Regulatory Issues > Latest Advocacy News

Toolkit on G0330 Implementation for Dental OR Access

SHARE

In late 2022, CMS approved a new HCPCS code (G0330) for dental rehabilitation in hospital outpatient settings (see previous postings on the AAPD website under Latest Advocacy News for more background). To assist AAPD members better understand G0330, its impact, and the additional advocacy required, a Tool Kit has been developed in collaboration with the ADA and AAOMS. Click here for a copy, which requires a member log-in. Updated versions will be posted at this location. As of February 1, 2023, the Tool Kit contains a FAQ (2nd edition) on G0330 and a sample letter directed to state Medicaid agencies.

For any questions about the Tool Kit, please contact Chief Operating Officer and General Counsel C. Scott Litch at 773-938-4759 or slitch@aapd.org. For questions about specific advocacy efforts in your state, contact your chapter's Public Policy Advocate.

American Academy of Pediatric Dentistry Contact Us

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Timeline of CMS Changes

2023 (Final)

CMS adopts a new HCPCS code for dental rehabilitation (G0330) and increases the rate for dental facility procedures

2024 (Final)

CMS includes dental rehabilitation (G0330) on the ASC Covered Procedures List (CPL)

2025 (Final)

CMS increases reimbursement for facility fees from $3,067.62 to $3,243.07 and in ASC settings from $1,318.75 to $1,394.45. CMS adds 16 dental codes (CDT) to the ASC covered procedures list.

2025 National Average Rates for Dental Rehabilitation (HCPCS G0330)
Hospital Outpatient Facility Rate: **$3,243.07**
ASC Facility Rate: **$1,394.45**

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When should G0330 be billed?

- **PROFESSIONAL SERVICES**: G0330 SHOULD NOT be reported for professional services. These professional services should be billed to the patient or patient's insurer using the appropriate CDT code(s).

- **HOSPITALS**: Under **Medicare** rules, hospitals should bill for G0330 only if no other Medicare-covered dental procedure is performed. Medicaid and private payers are not bound by this rule.

- **ASCs**: Under **Medicare rules**, it remains unclear whether an ASC may bill for G0330 if other dental procedures that are on the ASC Covered Procedures list are performed. Medicaid and private payers have the discretion to impose their own requirements and need not follow Medicare.

What Dental Procedures are Covered by Medicare

- Medicare will cover hospital and ASC facility services for specific dental indications only when Medicare coverage requirements are met, and Medicare's dental coverage remains limited to specific services that are considered integral to other Medicare-covered services, as provided under Medicare regulations

Special Billing Rules for ASCs under Medicare

- To be paid by Medicare, an ASC's claim for dental rehabilitation (G0330) must also include a dental procedure that is on the "ASC Ancillary Services List."

- Medicare requires that ASCs' dental claims include special payment indicators:
  - ❖ D1— "Ancillary dental service/item; no separate payment made."
  - ❖ D2— "Non-office-based dental procedure added in CY 2024 or later." The "D2" payment indicator is used for procedures that are on Medicare's ASC Covered Procedures List.

Medicaid and Other Non-Medicare Payers

- **Medicare coding, coverage and payment rules are not binding on Medicaid programs or other Non-Medicare Payers, although some of these rules may be adopted in full or part by State Medicaid agencies (SMAs) as well as private insurers.**

- The use of HCPCS Code G0330 is not limited to Medicare and may be adopted by state Medicaid programs and payers, based on their own coverage and coding criteria.

A Few Words About Dental ASCs…

- There are approximately 492 Medicare-certified Ambulatory Surgery Centers (ASCs) in the United States that provide dental procedures, representing about 8% of all Medicare-certified ASCs.

- Most (52%) of ASCs are physician-owned and most (54%) have only one to two operating rooms.

Dental ASCs: New Possibilities?

- In recent years, substantial changes in CON laws have been seen across several states, impacting the development and expansion of ASCs.
- Some examples:
  - North Carolina will eliminate the CON requirement for ASCs in counties with populations exceeding 125,000 by November 2025.
  - South Carolina has repealed its CON laws for ASCs, although licensure requirements remain.
  - Tennessee will lift its CON requirement for ASCs by December 2027.
  - Georgia has introduced exemptions for single-specialty ASCs owned by individual physicians or practices, provided they meet specific criteria.

Some Dental Offices May Be Able to "Double" as an ASC

Legal Organization: An ASC need not be distinct legal entity—

- May be organized as part of a dentist's professional corporation, LLC, or PLLC.
- BUT also may be organized as a Joint Venture by legally separate dental practices.

Separate Operation

- Physical or temporal separation from other healthcare facilities or office-based practice required by Medicare certification (and some states') ASC licensure laws.
- Separation in terms of TIME (e.g. Practice space used for regular operations Monday-Friday; used as ASC on Saturday).
- Separation in terms of SPACE (using semi-permanent walls and doors).

Life Safety Code requires that ASC be separated from dental practice by one-hour fire wall.

Medical and Administrative Records must be separated.

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Organizational and Operational Options for Expanding OR Access in ASCs

1

Establishing a single specialty dental ASC by a single practice or through joint venture arrangements among otherwise unaffiliated dentists;

2

Leasing an existing ASC on an intermittent or part-time basis; and

3

Obtaining block schedule OR time in an existing ASC.

AAPD's Next Advocacy Steps

1. Early and ongoing engagement with CMS & review and respond to upcoming CY 2026 Proposed Hospital Outpatient / ASC Rule (HOPPS)
2. Informing members of Congress of progress being made on dental OR access
3. Supporting state engagement by dental advocates to encourage Medicaid adoption of dental codes and appropriate payment for facilities
4. Supporting private payer adoption of dental codes and appropriate payment for facilities

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Thank you!

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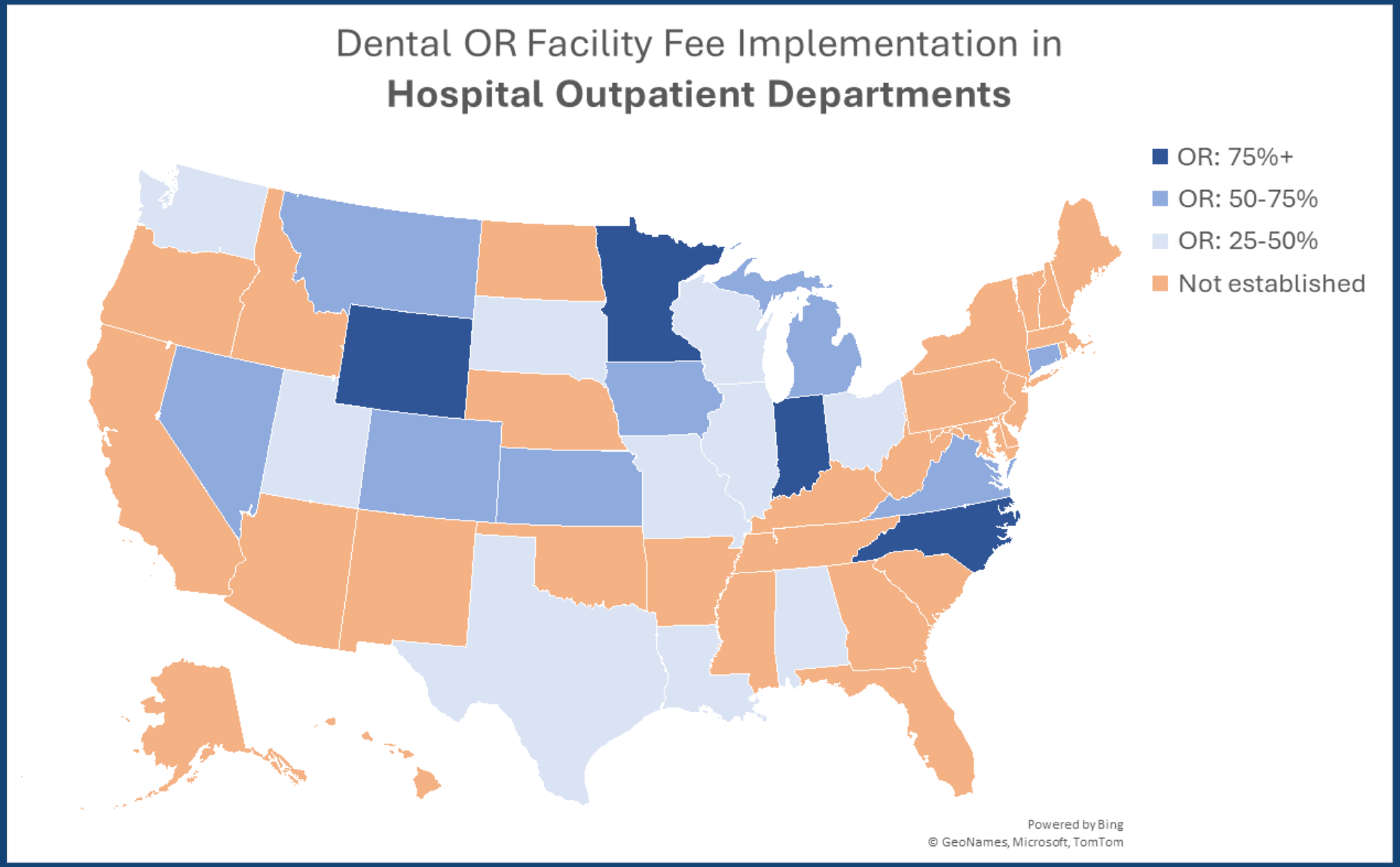
Monitoring State Implementation

STATE CLASSIFICATION		Hospital	ASC
OR access billing established	A billing code (e.g., G0330, 41899) is recognized by the state to support the facility costs associated with dental rehabilitation surgeries	*22*	*31*
OR: 75%+	Rate is at least 75% of Medicare rate	4	26
OR: 50-75%	Rate is at least 50% and up to 75% of Medicare rate	8	0
OR: 25-50%	Rate is at least 25% and up to 50% of Medicare rate	10	5
No OR access billing established	No OR access billing code is recognized by the state	29	20
TOTAL		***51***	***51***
RATE CUTOFF POINTS		**HOP**	**ASC**
Medicare rate (2025)		**$3,242.07**	**$1,394.45**
75% of Medicare rate		$2,431.55	$1,045.84
50% of Medicare rate		$1,621.04	$697.23
25% of Medicare rate		$810.52	$348.61

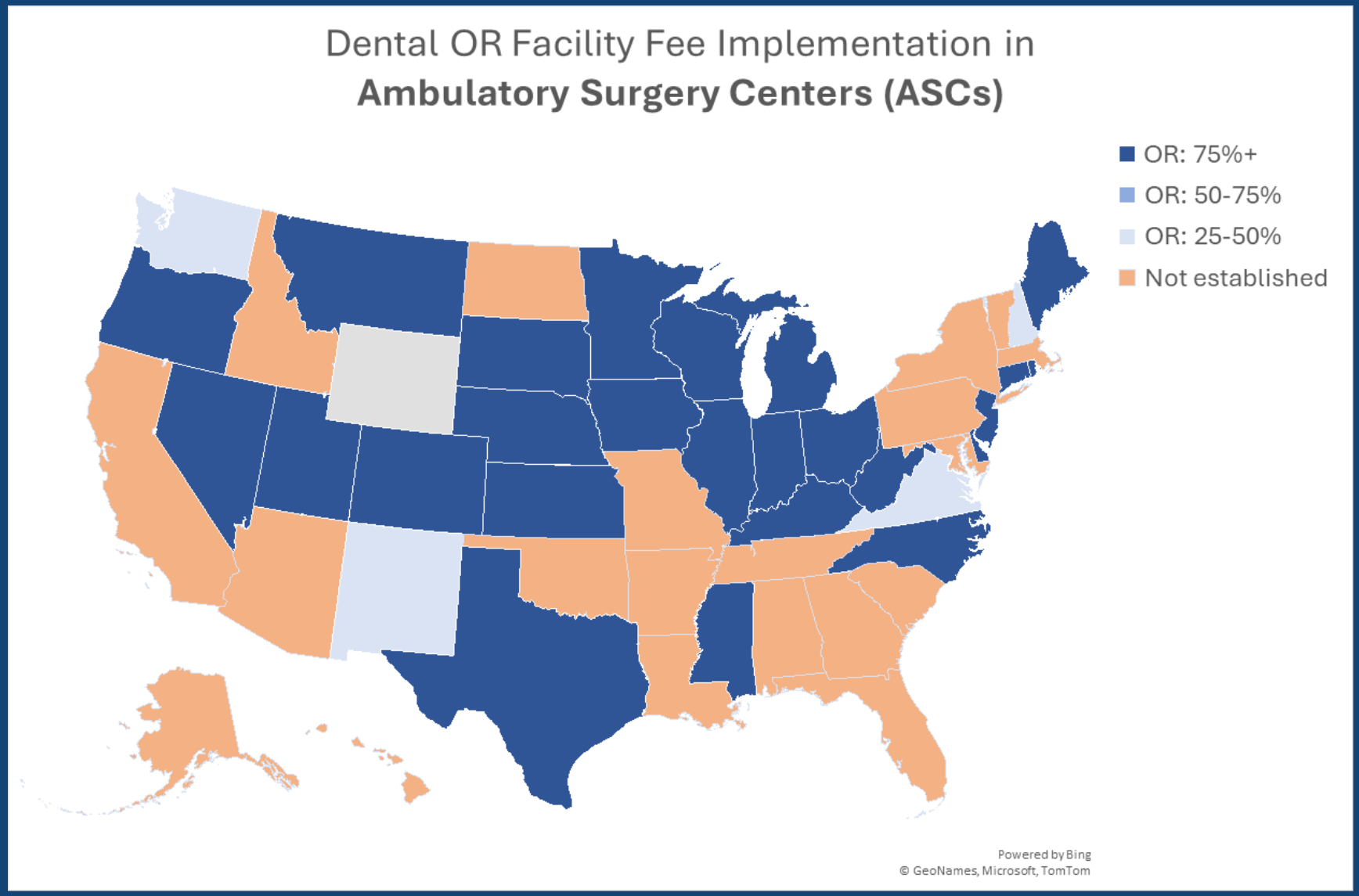
https://www.aapd.org/research/policy-center/rpc-publications/dental-rehabilitation-in-operating-rooms/

April 2025– Hospital Outpatient



https://www.aapd.org/research/policy-center/rpc-publications/dental-rehabilitation-in-operating-rooms/

April 2025 – ASCs



https://www.aapd.org/research/policy-center/rpc-publications/dental-rehabilitation-in-operating-rooms/

State Detail *(Excerpt)*

State	HOP Code	HOP Rate	HOP Effective	ASC Code	ASC Rate	ASC Effective	Notes
Michigan	41899	$2,300.00	10/01/22	41899	$1,495.00	10/01/22	Pre-existing (before 2023) policy change
Minnesota	G0330	$3,243.07	03/01/23	G0330	$3,243.07	03/01/23	Rate increased 03/01/24, 03/01/24.
Mississippi	--	--	--	G0330	$1,055.00	01/01/24	ASCs used 41899 until 01/01/24.
Missouri	41899	$1,000.00	07/01/23	--	--	--	Outpatient Simplified Fee Schedule. Sample rate.
Montana	G0330	$2,208.38	04/01/24	G0330	$1,394.45	04/01/24	Slight rate increases 1/1/25. ASC rate = Medicare.
Nebraska	--	--	--	41899	$1,662.00	01/01/24	Rate increase for ASCs 07/01/24
Nevada	G0330	$1,700.00	01/01/25	G0330	$1,700.00	01/01/25	Effective 1/1/25, announced 3/10/25.
New Hampshire	--	--	--	41899	$541.96	01/01/19	Pre-existing (before 2023) policy change
New Jersey	--	--	--	G0330	$1,055.11	09/01/23	ASC rate increase effective 08/01/24.
New Mexico	--	--	--	41899	$574.68	07/01/20	

https://www.aapd.org/research/policy-center/rpc-publications/dental-rehabilitation-in-operating-rooms/

Toolkit

AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth

ADA American Dental Association

AAOMS

TOOLKIT

Hospital and ASC Coding and Payment for Dental Cases

4th Edition, updated February 2025

Developed by the American Academy of Pediatric Dentistry, American Dental Association, and American Association of Oral and Maxillofacial Surgeons

TABLE OF CONTENTS

AAPD Coding CDT 2025 Update

Dr. Jim Nickman
AAPD Insurance Consultant

AMERICA'S PEDIATRIC DENTISTS
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40 Years

research & policy center

DISCLOSURE

Neither I nor my immediate family have any financial interests that would create a conflict of interest or restrict my independent judgment with regard to the content of this course.

Goals

- Review member benefits
- CDT Code Change Process
- CDT-CDT-2025 Changes
- Hassle Insurance Assistance Form

What DOES AAPD DO TO HELP MEMBERS?

1. Assist members with insurance claim issues
2. Provide insurance industry with guidance on pediatric dental related issues and perspective
3. Represent the AAPD at the ADA Code Maintenance Committee Meetings
4. Provide code workshops to state chapters

Goals

- Review member benefits
- CDT Code Change Process
- CDT-2025 Changes
- Hot Button Insurance Assistance Form

CDT Codes

- Used to document what services are performed
- Code for what you do, not what you get paid for
- Benefits are determined by contract provisions
  - Read before you sign
  - Understand benefit limitations

CDT Changes

Annually maintained by the ADA Code Maintenance Committee (CMC)

Twenty-four members

- 5 ADA Members (one will serve as Chair)
- 12 Reps from each dental specialty organization
- 1 Rep from AGD
- 5 Reps from third-party payers
  - DDPA (Delta Dental Plans of America)
  - AHIP (America's Health Insurance Plans)
  - CMS (Centers for Medicare and Medicaid)
  - BCBS (Blue Cross Blue Shield Association)
  - NADP (National Association of Dental Plans)
- 1 Rep from ADEA (American Dental Education Association)

CDT Change Actions

- **Addition**
  - **Document a new procedure or material**
- **Revision**
  - **Modify existing code to add clarity**
- **Deletion**
  - **removal of obsolete procedures**

Code Change Request

Request a Change to the Code

Request a CDT Code Addition, Revision, Deletion

Change requests may be submitted at any time, and the date received determines the CDT Code version that may incorporate the requested action. The annual closing date for submissions is November 1st. Any requests received after the closing date will be addressed in the next annual maintenance cycle.

Required Forms: CDT Code Action Request & Copyright Assignment

Components of a Dental Procedure Code

https://www.ada.org/publications/cdt/request-to-change-to-the-code

CDT Change Requests

- **Anyone can submit a request for a code change**
- **Submission deadline is November 1 for next cycle**
- **Recommend that members contact the AAPD CGA-CDBP**
  - **Assist in code change process**
  - **Submit as AAPD request or Co-submit**
- **Submitters can attend CMC meeting to provide testimony**

CDT Change Trends

* **Removal of diagnostic criteria from codes**
* **Frequent update of dental codes to accurately document procedures in an EDR / EHR environment**
* **Separation into unique steps (e.g., Fabrication / Insert)**

2025 Coding Updates

CDT 2025 Changes (01/01/2025)

Diagnostic Changes

* **2 Revisions**
* **No additions, deletions or editorial changes**

Diagnostic Changes

Clinical Oral Evaluations

D0160 detailed and extensive oral evaluation – problem focused, by report

A detailed and extensive problem focused evaluation entails extensive diagnosis and cognitive modalities based on the findings of a comprehensive oral evaluations. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented. Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknow origin, conditions requiring multi-disciplinary consultation, sleep related breathing disorders, etc.

Diagnostic Changes

Diagnostic Imaging

D08013 D ~~dental~~ intraoral surface scan – direct

A surface scan of any aspect of the intraoral anatomy.

Preventive Changes

* **1 Revision**
* **No additions, deletions or editorial changes**

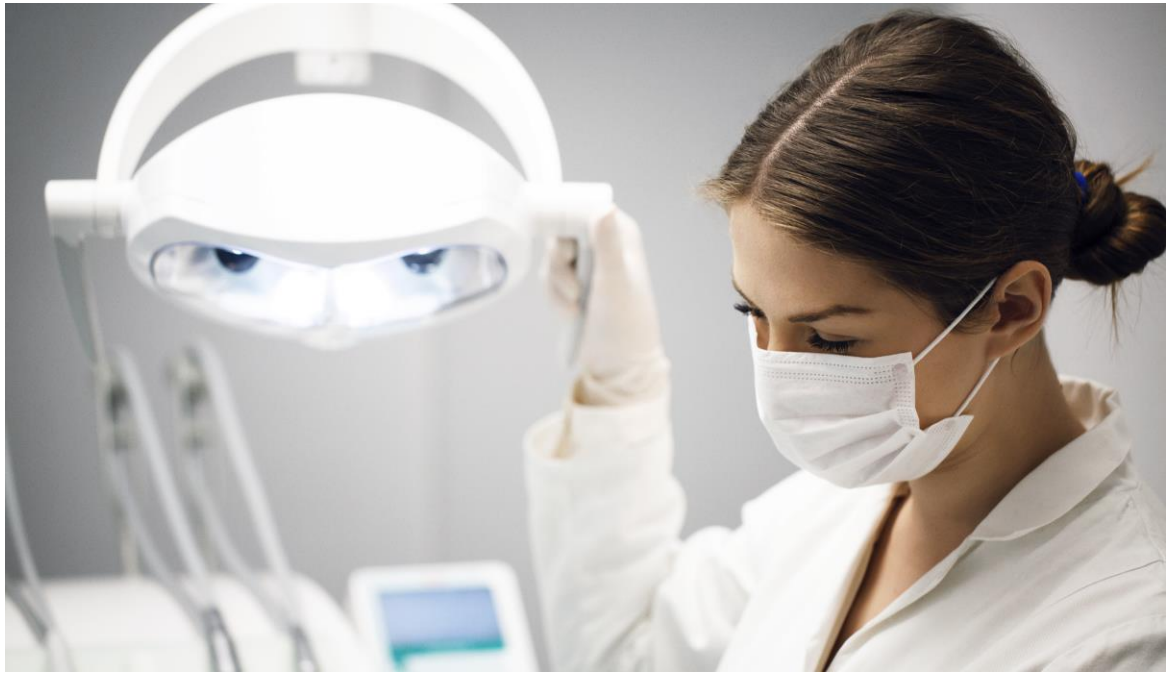
Preventive Changes

Other Preventive Services

D1330 oral hygiene instructions

~~This may include instructions for home care/ Examples include tooth brushing technique, flossing, use of special oral hygiene aids.~~

Restorative Changes



* 1 Addition
* 1 Revision
* 1 Deletion
* No editorial changes

Restorative Changes

One addition

Other Restorative Services

D2956 removal of an indirect restoration on a natural tooth

Not to be used for a temporary or provisional restoration.

Restorative Changes

One Revision

Other Restorative Services

D2940 placement of interim direct restoration ~~protective restoration~~

- Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, manage caries, create a seal for endodontic isolation, or prevent further deterioration until definitive treatment can be rendered. Not to be used for endodontic access closure, or as a base or liner under restoration.

Restorative Changes

One Deletion

Other Restorative Services

~~**D2941 interim therapeutic restoration – primary dentition**~~

* ~~Placement of an adhesive restorative material following caries debridement by hand or other method for the management of early childhood caries. Not considered a definitive restoration.~~

Restorative Changes

* What falls into the Interim Direct Restoration Category
* Protective Restorations
  * Fractured teeth
* Interim Therapeutic Restorations
  * Primary and permanent teeth
* Some palliative measures
* Endodontic Isolation Measures

Prosthodontic, removable changes

No additions, deletions or Revisions

3 editorial changes

Prosthodontic, removable changes

Repairs to Complete Dentures

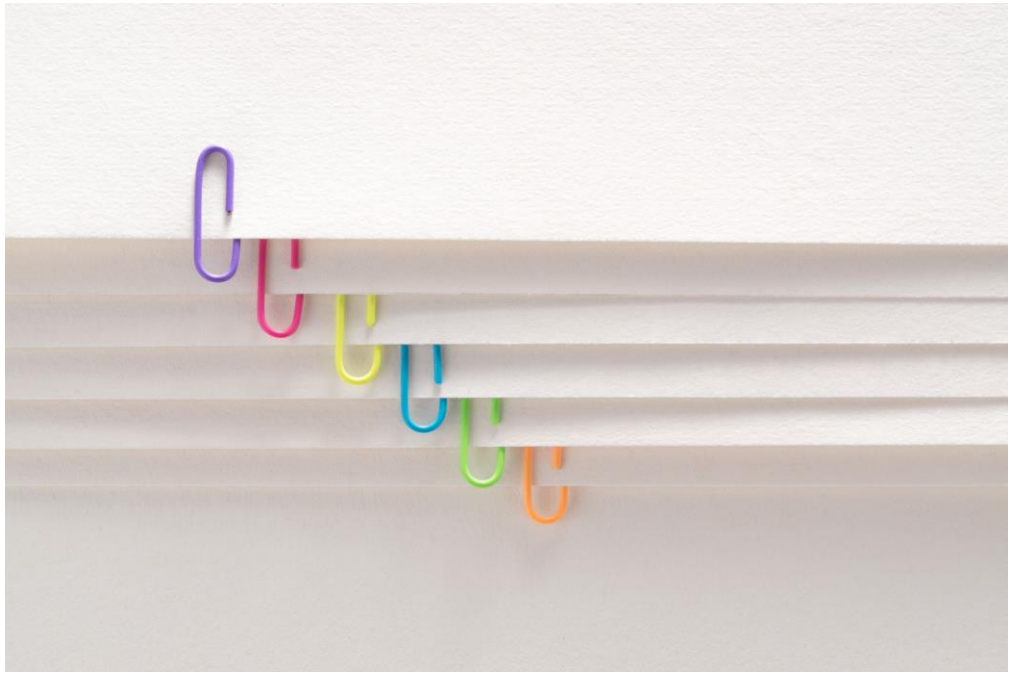
D5520 replace missing or broken teeth – complete denture ~~(each tooth)~~ - per tooth

Repairs to Partial Dentures

D5640 replace missing or broken teeth – partial denture - per tooth

D5650 add tooth to existing partial denture – per tooth

Implant Services Changes



* **2 Additions**
* **4 Revisions**
* **1 Deletion**
* **1 editorial**

Implant Services changes

Two additions

Other Implant Services

D6180 implant maintenance procedures when a full arch hybrid prosthesis is not removed, including cleansing of prosthesis and abutments.

This procedure includes active debriding of the implant(s) and prosthesis. The patient is also instructed in thorough daily cleansing of the implant(s).

D6193 replacement of an implant screw

Implant Services changes

Four revisions

Surgical Services

D6011 surgical access to an implant body (second stage implant surgery)

This procedure, also known as second stage implant surgery, involves removal of tissue that covers the implant body so that a fixture of any type can be placed, ~~or an existing fixture be replaced with another. Examples of fixtures include but are not limited to healing caps, abutments shaped to help contour the gingival margins or the final restorative prosthesis.~~

Implant Services changes

Other Implant Services

D6080 implant maintenance procedures when a full arch fixed hybrid prosthesis is ~~prostheses are~~ removed and reinserted, including cleansing of prosthesis ~~prostheses~~ and abutments.

This procedure includes active debriding of the implant(s) and examination of all aspects of the implant system~~(s),~~ including the occlusion and stability of the superstructure. The patient is also instructed in thorough daily cleansing of the implant(s). ~~This is not a per implant code and is indicated for implant supported fixed prostheses.~~

Implant Services changes

Other Implant Services (continued)

D6081 scaling and debridement of a single implant in the presence of ~~inflammation or~~ mucositis, including inflammation, bleeding upon probing and increased pocket depths~~of a single implant, including~~; includes cleaning of the implant surfaces, without flap entry and closure

This procedure is not performed in conjunction with D1110, D4910 or D4346.

D6090 repair of implant/abutment supported prosthesis~~, by report to restore form and function~~

(No descriptor)

Implant Services changes

One deletion

Other Implant Services

~~**D6095 repair implant abutment, by report**~~

~~This procedure involves the repair or replacement of any part of the implant abutment~~

Implant Services changes

One editorial change

Implant Supported Prosthetics

Supporting Structures

D6051 placement of interim implant abutment ~~placement~~

A healing cap is not an interim abutment.

Oral Surgery Changes

* **2 Additions**
* **No Revisions**
* **No Deletions**
* **No editorial changes**

Oral Surgery changes

Two additions

Extractions (Includes Local Anesthesia, Suturing If Needed, and Routine Postoperative Care)

D7252 partial extraction for immediate implant placement

Sectioning the root of a tooth vertically, then extracting the palatal portion of the root. The buccal section of the root is retained in order to stabilize the buccal plate prior to immediate implant placement. Also known as the Socket Shield Technique.

Oral Surgery changes

Other Surgical Procedures

D7259 nerve dissection

Involves separation or isolation of a nerve from surrounding tissues. Performed to gain access to and protect nerves during surgical procedures.

Orthodontic Changes

* **2 Additions**
* **No Revisions**
* **No Deletions**
* **No editorial changes**

Orthodontic changes

Two additions

Comprehensive Orthodontic Treatment

D8091comprehensive orthodontic treatment with orthognathic surgery

Treatment of craniofacial syndromes or orthopedic discrepancies that require multiple phases of orthodontic treatment including monitoring growth and development between active phases of treatment.

Orthodontic changes

Other Orthodontic Services

D8671 periodic orthodontic treatment visit associated with orthognathic surgery

Treatment of craniofacial syndromes or orthopedic discrepancies that require multiple phases of orthodontic treatment including monitoring growth and development between active phases of treatment.

Adjunctive General Services Changes

2 Additions

No Revisions

No Deletions

No editorial changes

Adjunctive General Services Changes

Two additions

Miscellaneous Services

D9913 administration of neuromodulators

D9914 administration of dermal fillers

Sleep Apnea Services Changes

* **1 Additions**
* **No Revisions**
* **No Deletions**
* **No editorial changes**

Adjunctive General Services Changes

One addition

D9959 unspecified sleep apnea services procedure, by report

CDT 2026 Preview (March 2025)

100+ proposals reviewed

31 additions
14 Revisions
6 Deletions
9 Editorial

Pediatric specific

Eliminate PRR code
Revised Anesthesia Code Sets

Thank you

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Questions?

Reminder: Attendees will receive an email in 1-2 weeks with instructions on claiming your CE certificate.

And yes, this was recorded (we hope!) and slides will be available.

AAPD.org → Research → Webinars

Thank you!

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