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 write regarding an urgent need for the Centers for Medicare and Medicaid Services (CMS) to address serious concerns regarding access to dental rehabilitative services for children and adults with special health care needs and disabilities, minority populations, and frail elderly patients. Concerns with accessing these critical dental rehabilitative services have only been exacerbated by the COVID-19 public health emergency and related hospital backlogs. As we examine this situation, we understand there is concern over a current lack of sustainable Medicare and Medicaid billing options and reimbursement for dental surgical services. We urge CMS to address this challenge this year as it prepares its Calendar Year 2023 outpatient prospective payment system (OPPS) rule for stakeholder comment.

Despite advances in preventive care and reduction in untreated tooth decay, significant oral health disparities exist, with implications for education, employment, and quality of life. Thousands of children under five years of age, minority populations, and those with special needs disproportionately suffer from significant pain and infection from dental decay (dental caries). If not treated through dental surgical intervention, this disease can result in emergency department visits, hospital admissions, and life-threatening complications. Given the time involved for restorative dental surgical procedures, the often-complex equipment and anesthesia required, and the complexity of the services required for high-risk patients, dentists need to provide these services in a hospital or ambulatory surgery center (ASC) operating room to ensure safe, quality care.

We understand that access to complex dental services for those facing these disparities could be improved if CMS were to establish an appropriate Healthcare Common Procedure Coding System (HCPCS) billing code under Medicare for dental rehabilitation surgery. This need affects both Medicare and Medicaid patients, as many states rely on Medicare codes to support coverage and payment for Medicaid dental services. Such an effort by CMS would allow hospitals and ambulatory surgery centers to work with dentists to provide these covered services to beneficiaries when they are urgently needed. Addressing this problem promptly will help to avoid additional
emergency situations for children and vulnerable adult patients and the risk of significant increased costs on our health care system.

We thank you for consideration of this urgent request to address beneficiary access to needed dental surgeries. This is an issue of health equity, affecting our most vulnerable children and adults. We respectfully ask that CMS work to address this problem this year and promptly move forward with a solution for Medicare and Medicaid beneficiaries.

Sincerely,

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Terri A. Sewell
Member of Congress

Drew A. Ferguson, D.M.D.
Member of Congress

Cc: Meena Seshamani, MD, PhD, Deputy Administrator and Director, Center for Medicare
Daniel Tsai, Deputy Administrator and Director, Center for Medicaid & CHIP Services
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