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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-1786-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