

January 13, 2023

Ms. Carol Blackford
Centers for Medicare and Medicaid Services
Hospital and Ambulatory Policy Group
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Request for Clarification – APC Payment Rate for G0330

Dear Ms. Blackford:

On behalf of the members of the American Academy of Pediatric Dentistry (AAPD), the American Dental Association (ADA) and the American Association of Oral and Maxillofacial Surgeons (AAOMS), we are writing to thank you for including in the HOPPS Final Rule a new HCPCS code (HCPCS G0330) for hospitals to use in reporting covered dental surgical procedures and for classifying this new code into the same APC used for other dental procedures (APC 5871). As you know, our groups held frequent meetings with the Centers for Medicare and Medicaid (CMS) regarding the critical lack of operating room (OR) access for dental procedures for patients who require general anesthesia, and we applaud CMS and your team in particular, for taking the first step in the Final Rule toward addressing this crisis.

We wanted to call to your attention a possible discrepancy in the APC rate for dental reconstruction and request clarification. Specifically, CMS indicated that the 2021 claims data for dental reconstruction and other dental procedures classified into APC 5871 is \$1,958.92, while the APC rate indicated in Attachment B accompanying the Final Rule says the rate is \$1,722.43. It appears that when CMS determined the \$1,722.43 rate for the Dental Procedures in APC 5871, it may have neglected to include the costs associated with CPT 41899, which continued to be assigned to the Miscellaneous Procedures APC (APC 5161), as illustrated by the following excerpt from HOPPS Final Rule Attachment B:

Costs for Hospital Outpatient Services, by HCPCS code for CY 2023											
HCPCS	SI	APC	Payment Rate	Single Frequency	Total Frequency	Minimum Cost	Maximum Cost	Median Cost	Geometric Mean Cost	CV	Deleted Code Used in APC Costs
41899	T	5161	\$207.83	2135	3865	\$102.44	\$36,133.53	\$2,695.05	\$2,296.10	73.832	
D0150	S	5871	\$1,722.43	19	75	\$659.69	\$6,005.42	\$986.60	\$1,502.24	91.078	
D0270	S	5871	\$1,722.43	7	8	\$659.69	\$810.14	\$659.69	\$720.41	11.105	
D0272	S	5871	\$1,722.43	6	11	\$889.87	\$2,334.56	\$914.50	\$1,063.56	50.781	
D0274	S	5871	\$1,722.43	29	63	\$659.69	\$2,366.64	\$1,072.93	\$1,025.96	28.297	
D4355	S	5871	\$1,722.43	6	12	\$1,106.70	\$6,015.08	\$2,964.26	\$2,780.59	56.944	
D7140	S	5871	\$1,722.43	55	445	\$659.69	\$10,018.01	\$2,267.51	\$2,308.44	61.877	
D7210	S	5871	\$1,722.43	18	273	\$659.69	\$5,213.21	\$2,533.86	\$2,388.40	47.338	
D7220	S	5871	\$1,722.43	1	8	\$2,709.54	\$2,709.54	\$2,709.54	\$2,709.54		
D7230	S	5871	\$1,722.43	3	10	\$1,597.47	\$8,709.71	\$2,759.24	\$3,373.46	87.599	
D7240	S	5871	\$1,722.43	11	46	\$1,322.82	\$3,355.89	\$2,848.22	\$2,589.38	23.908	
D7250	S	5871	\$1,722.43	2	13	\$369.70	\$3,044.79	\$1,707.25	\$1,060.97	110.797	
D9944	S	5871	\$1,722.43	1	1	\$2,076.83	\$2,076.83	\$2,076.83	\$2,076.83		

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We would very much appreciate your team's review of the APC rate assigned to APC 5871 to ensure that the claims filed for CPT 41899 were properly taken into account in determining the APC rate for covered dental rehabilitation and other covered dental procedures assigned to APC 5871 for 2023. In the event that the APC rate for covered dental rehabilitation and other covered dental procedures assigned to APC 5871 differs from the rate set forth in Attachment B, we would like to ensure notification is provided so that facilities understand the rate.

Again, we very much appreciate CMS' assignment of a new HCPCS Code for dental rehabilitation requiring general anesthesia and its assignment of the new code to APC 5871. We look forward to receiving clarification of the 2023 APC rate for these critical procedures.

Sincerely yours,

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