



American Association of Oral and Maxillofacial Surgeons

Douglas W. Fain, DDS, MD, FACS
President

Scott Farrell, MBA, CPA
Executive Director

September 22, 2017

The Honorable Patrick Tiberi
Chair, Health Subcommittee
House Ways and Means Committee
1102 Longworth House Office Building
Washington, DC 20515

Re: The Medicare Red Tape Relief Project

Dear Chairman Tiberi:

The American Association of Oral and Maxillofacial Surgeons (AAOMS), the professional association that represents more than 9,000 oral and maxillofacial surgeons (OMSs) in the United States, appreciates the opportunity to offer comments in response to subcommittee's initiative, the "Medicare Red Tape Relief Project."

The AAOMS understands and appreciates the importance of eliminating inefficiencies and saving money within the Medicare program. As such, we would like to highlight two inefficiencies in the Medicare system that could easily be corrected and will result in significant savings in the Medicare program.

The first inefficiency relates to dentists' inability to directly refer their Medicare patients for physical therapy services for conditions in which they are providing care. OMSs are dental professionals who treat patients for conditions that require physical therapy, such as jaw fractures, temporomandibular joint dysfunction and disorders, as well as reconstructive procedures subsequent to pathological or congenital anomalies. Current Medicare statute prohibits dentists from directly referring patients for physical therapy. Instead, when a dentist believes physical therapy should be part of a patient's treatment, he or she is required to initially refer the patient to an allopathic or osteopathic physician with whom the dentist must work to establish a therapy plan. There is no clinical or medical reasoning for prohibiting a dentist from directly referring a patient for physical therapy; private payers have no such referral limitations. In fact, we have been told by CMS in the past that dentists were excluded due to a statutory error because optometrists are able to refer for physical therapy while dentists are not. The unnecessary step of obtaining a second consultation with an allopathic or osteopathic physician frequently confuses patients and places an avoidable financial burden on both the patient and the Medicare system. Ultimately, treatment is delayed and access to care is limited. We believe this example of inefficiency is exactly what your committee seeks to eliminate. Legislation, entitled the "Medicare Oral Health Rehabilitative Enhancement Act," was most recently introduced in the 112th Congress and would adequately address this problem. We ask that you consider adding language from that bill to any legislation resulting from this project that comes out of your committee.

A second inefficiency within the Medicare system is the exclusion of outpatient hospital services connected to dental services. Current Medicare policy permits payment for hospital services in

connection with dental procedures when the Medicare beneficiary requires hospitalization due to an underlying medical condition or the severity of the dental procedure. In some cases, dental conditions of medically compromised patients could be safely and expertly managed with appropriate monitoring during treatment in the hospital outpatient department. However, due to Medicare's policy exclusion, some hospitals refuse to accommodate these patients in the outpatient departments because outpatient hospital services connected to dental services are excluded from Medicare coverage. The result is that the doctor is forced to care for these patients in the inpatient hospital setting. This policy not only shifts services that could be safely performed in the outpatient setting to the more costly inpatient setting, but also places additional financial burden and inconvenience on the patient. Of course, there will always be situations where inpatient status is justified; therefore, the AAOMS asks that if legislation comes out of the subcommittee, it include language to amend CMS policy to allow for reimbursement of both inpatient and outpatient hospital services in connection with severe or risky dental procedures.

We appreciate the opportunity to provide comments on the "Medicare Red Tape Relief Project." We believe that the above solutions will assure more direct access to patient treatment and eliminate systemic barriers to Medicare efficiency.

If you have any questions about these issues or would like additional information, please contact Ms. Jeanne Tuerk of the AAOMS Governmental Affairs Department at 847/678-6200 or jtuerk@aaoms.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Douglas W. Fain". The signature is fluid and cursive, with a large initial "D" and "F".

Douglas W. Fain, DDS, MD, FACS
AAOMS President