MEDICARE DENTAL BENEFITS EXPANSION

Please oppose legislation to include a comprehensive expansion of dental benefits under Medicare Part B.

Key details: Multiple legislative proposals to expand dental coverage to seniors through the Medicare Part B program have been introduced in Congress in recent years. Legislation passed the House in 2019 as part of the Elijah E. Cummings Lower Drug Costs Now Act.

Background

- Today, Medicare dental coverage is limited to a few procedures involving certain medically compromised patients. For example, Medicare will cover an oral exam for a patient prior to undergoing a Medicare-covered kidney transplant – but not any dental treatment needed to ensure the success of the transplant.
- Some Medicare beneficiaries choose to add on dental benefits through Medicare Advantage (MA) plans while others elect to pay out-of-pocket. In fact, enrollment data show an increasing number of beneficiaries – including low-income seniors – are taking advantage of MA plans.

AAOMS position

- AAOMS agrees with Congress that some seniors lack access to affordable dental care. However, AAOMS disagrees a significant expansion of dental benefits under Medicare Part B is the best solution to this problem.
- AAOMS is concerned about the unforeseen and significant consequences facing providers should a significant expansion of coverage for dental services be included under the Medicare Part B program. For example:
  - The vast majority of dentists are unfamiliar with the significant administrative requirements associated with being a Medicare Part B provider. These range from the Medicare enrollment process and the use of the Advance Beneficiary Notice and accompanying modifiers to the application of limiting charges on non-participating providers.
  - There is no defined process for determining reimbursement for dental services. The Medicare Physician Fee Schedule process was designed for the medical – not dental – coding system. As a result, dental services may end up significantly undervalued. In addition, significant practice expense costs associated with procedures performed in a dentist office may not be realized and must be factored into any proposed payment model.
  - The additional significant costs associated with providing dental coverage under Part B could trigger budget neutrality cuts for currently covered medical procedures that will impact all Medicare providers.
- If reimbursement does not incentivize dentist participation and the provider administrative requirements are too onerous, dental providers will forgo participation in the program and low-income seniors will remain without access to quality dental care. These burdens already hamper access to care for Medicaid beneficiaries who often have difficulty finding a dental provider.
- AAOMS asks Congress to consider the following alternative approaches to expand access to dental care for seniors: 1) Mandate CMS expand the circumstances in which Medicare Part B will cover dental procedures related to a Medicare-covered medical procedure; 2) provide additional federal funding to allow states to provide consistent Medicaid dental coverage for low-income seniors; 3) incentivize more MA plans to offer dental benefits to their enrollees; and 4) explore a Medicare dental benefit outside Part B.