



February 22, 2023

Cheryl J. Roberts, J.D.
Director, Virginia Department of Medical Assistance Services
600 E. Broad Street
Richmond, VA 23219

Dear Director Roberts,

On behalf of the Virginia Dental Association (VDA) the Virginia Society of Oral & Maxillofacial Surgeons (VSOMS) and Virginia Academy of Pediatric Dentistry (VAPD), we are writing to alert you to the decision made by the Centers for Medicare and Medicaid Services (CMS) to address the pressing lack of operating room (OR) access for patients whose extensive dental needs must be performed under anesthesia, by modifying coding and increasing payment for hospital outpatient facility services associated with dental rehabilitation. **We would like to request a meeting to discuss options or likewise increasing OR access for these Medicaid beneficiaries whose dental needs must be performed in hospital or ambulatory surgical center ORs.**

Despite advances in preventive care and reduction in untreated tooth decay, significant oral health disparities exist, including racial and ethnic disparities and geographic disparities. Children, patients of all ages with special needs and disabilities and the frail elderly are especially likely to require extensive dental rehabilitation that must be performed under anesthesia and that therefore require OR facilities for these procedures. Many of these patients are covered under the Medicaid program.

Unfortunately, there is a critical lack of OR access for these patients, both nationally and in state. Our organizations have collectively witnessed a major decrease in OR access for dental procedures over the last decade. The American Academy of Pediatric Dentistry has conducted surveys of the pediatric dental community, finding that in the majority of states, OR access for pediatric dentists is a persistent problem, and in most states – particularly in rural states – it can be a severe problem, given fewer access sites and longer scheduling delays. COVID-19 made things far worse as hospitals had to halt elective procedures and then face immense backlogs of medical and dental cases. Too often, pediatric, general dentists and oral and maxillofacial surgeons are seeing dental cases fall to the very back of the line in terms of hospital prioritization as medical procedures are first addressed. In most states this access problem has worsened even as the worst of the COVID-19 pandemic seems to have subsided in many communities.

We believe the operating room access challenge is attributable in large part to an historical lack of an appropriate billing mechanism and a sustainable payment rate for hospitals and ambulatory surgical centers, which are the most appropriate sit for providing dental rehabilitation under general anesthesia. In the 2023 Hospital Outpatient Prospective Payment System Final Rule 1, the Centers for Medicare and Medicaid Services (CMS) addressed this issue by establishing a new Healthcare Common Procedure Coding System G code (G0330), replacing the prior “miscellaneous” CPT code that historically had been used to bill for the OR and related facility services associated with dental cases (CPT 41899). CMS further assigned the new G0330 code

to the Medicare Ambulatory Payment Classification (APC) 5871 (Dental Procedures) with a national average Medicare facility payment rate of \$1722.43 to appropriately cover dental procedures.

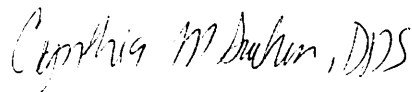
We strongly believe that, considering the significance of the Medicaid program for the affected patient populations, it is critically important that Virginia's Medicaid program likewise take action in 2023 to remove payment-related obstacles that negatively impact OR access for those needing dental rehabilitation and general anesthesia in facility settings.

During our meeting, we would like to strongly recommend and discuss the importance of the following efforts by Virginia Medicaid:

- **Understand if and to what extent all Medicaid Managed Care Plans ensure the hospitals and ASCs in their networks provide OR access to Medicaid beneficiaries whose dental needs require facility support for these dental procedures;**
- **Include dental rehabilitation (G0330) on the list of services eligible for Medicaid coverage in an ASC setting and establish an appropriate payment rate for these services 2;**
- **Regardless of the payment methodology used by the Medicaid program for hospital outpatient services, ensure that hospital outpatient payment for dental rehabilitation is in the range reflected by the new Medicare payment rate.**

We would very much appreciate the opportunity to discuss with you the options for addressing this critical problem and look forward to hearing from you regarding a meeting date.

Sincerely yours,



Dr. Cynthia Southern
President, VDA



Dr. Geoffrey Schreiber
President, VSOMS



Dr. Elizabeth Berry
President, VAPD

CC: Daniel Plain, DMAS, Division of Health Care Services, Director
Justin Gist, DMAS Dental Program Manager
Ryan Dunn, CEO, Virginia Dental Association
Shannon Jacobs, Executive Director, Virginia Academy of Pediatric Dentistry

1 87 Fed. Reg. 71748.

2 Please note that if CPT 41899 is included on the Medicaid Covered Procedure List, the list should be updated to include the successor code G0330.