Oral and maxillofacial surgeons:
The experts in face, mouth and jaw surgery®

American Association of Oral and Maxillofacial Surgeons

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Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier CMS-10883
7500 Security Boulevard
Room C4-26-05
Baltimore, MD 21244-1850

Submitted online via www.regulations.gov

Re: Document Identifier CMS-10883 American Dental Association (ADA) Dental Claim Form

Dear Sir/Madam:

The American Association of Oral and Maxillofacial Surgeons (AAOMS) represents more than 9,000 oral and maxillofacial surgeons (OMSs) in the United States. As AAOMS continues to actively engage in the evolving landscape of healthcare policy and administration, we are pleased to offer our insights and recommendations regarding CMS' progression towards accepting the American Dental Association (ADA) dental claim form.

Oral and maxillofacial surgeons are highly skilled healthcare professionals with expertise in diagnosing and treating a wide array of dental and medical conditions, injuries and deformities affecting the head, neck, face, jaws and the associated oral and facial tissues. Their scope of practice covers diverse procedures, including the removal of wisdom teeth, correction of jaw misalignment and the treatment of jaw and mouth tumors and cysts.

Given the extensive and varied expertise of OMSs in handling a wide spectrum of procedures, it is essential to consider the most effective means of reporting these services to Medicare. AAOMS supports CMS' intent to accept the ADA dental claim form for Medicare covered dental services, although cautions CMS against the exclusive use of the ADA dental claim form in the context of dental service claims.

This is based not only on the familiarity and proficiency that OMSs have developed with the CMS-1500 form, and its electronic equivalent, but also on the clinical reality that many scenarios meeting Medicare's coverage criteria may involve procedures that are both dental and medical in nature. Therefore, a reporting method that adequately reflects the dual characteristics of these services is crucial for accurate and appropriate billing and payment. As such, **AAOMS encourages CMS not to**

require the use of the ADA claim form exclusively for the submission of dental services/Current Dental Terminology (CDT)©[1] codes to Medicare.

Request for confirmation on continued use of the medical claim form by OMSs

Numerous practice management software systems used in oral and maxillofacial surgery are designed to facilitate the generation and submission of both dental and medical claims, reflecting the field's broad and multifaceted scope of practice. This functionality is important, given the frequent necessity in oral and maxillofacial surgery to address both dental and medical aspects of patient care.

Should CMS proceed with the implementation of the dental claim form, it could create potential uncertainty for dental providers, especially oral and maxillofacial surgeons in determining the most suitable claim form for submissions that involve both Current Procedural Terminology (CPT)©[2] codes and CDT© codes.

Therefore, in the interest of maintaining a streamlined, efficient and uniform process for OMSs nationwide, we seek explicit confirmation from CMS. **We wish to ensure that oral and maxillofacial surgeons will retain the ability to submit claims for both dental and medical services for Medicare beneficiaries using the CMS-1500, regardless of whether CMS implements acceptance of the ADA dental claim form.**

Integration of referring provider information on dental service claims

Some Medicare Administrative Contractors (MACs) advise including the treating medical physician's name and NPI as the referring provider on medical claims for Medicare-covered dental services. AAOMS acknowledges inclusion of this information may help facilitate the adjudication process for dental service claims and aid MACs in determining Medicare coverage eligibility.

However, we note that the ADA dental claim form does not have a designated field for referring provider information. Given the importance of demonstrating care coordination between dental and medical providers, especially in establishing "inextricable linkage," this could impact dental providers' ability to comply with Medicare program requirements or adhere to the guidance issued by the MACs. While we acknowledge that the 837D electronic standard may offer the functionality to integrate referring provider information, the application of this feature and its requirements can vary significantly across different dental carriers, software systems and third-party claims administrators.

Given this variability, and the lack of a dedicated field for such information in the claim form itself, **AAOMS encourages CMS to consider the development and provision of guidance for dental providers when billing Medicare-covered dental services, specifically, how dentists might include referring provider information on both paper and electronic dental service claims.**

For example, CMS may instruct providers to use Box 35 (Remarks) on the ADA form or provide alternative methods CMS may deem appropriate. We believe that clear and consistent instructions across both the CMS-1500 and ADA claim forms are imperative. Such guidance would not only assist in

[1] CDT© is a registered trademark of the American Dental Association.
[2] CPT© is a registered trademark of the American Medical Association.

maintaining high standards of coordinated care but also ensure adherence to claim submission requirements.

Consideration of modifier usage on dental service claims

CMS has emphasized the use of Healthcare Common Procedure Coding System (HCPCS) modifiers as crucial for indicating Medicare coverage eligibility for dental services. However, a significant distinction arises with the ADA dental claim form, which, unlike the CMS-1500 form, does not support modifier use. This difference is essential for dental providers preparing to submit claims to Medicare using the ADA dental claim form, particularly in scenarios where claims are submitted to obtain a denial to facilitate third-party payer adjudication.

The variance in modifier support between the medical and dental claim forms poses a unique challenge for dental providers. CMS' requirement for HCPCS modifiers to indicate dental services not covered by Medicare cannot be met by the current version of the ADA dental claim form, complicating claim management for dental providers.

This situation underscores the need for CMS to consider the structural differences of the ADA form when developing and issuing guidance to dental providers. **It is imperative for CMS to collaborate with professional associations, dental providers and relevant stakeholders to find practical solutions and provide clear, detailed guidance on the submission of dental service claims that require or would benefit from inclusion of HCPCS modifier(s).**

This could include accommodating the unique aspects of the dental claim form and providing strategies to ensure dental providers are able to communicate service details accurately and effectively to their local Medicare carriers.

Consideration of ICD-10-CM code capacity on the dental claim form

While ICD-10-CM codes are not universally mandated for dental carriers in claims adjudication, their utilization is significant in certain contexts. Specifically, diagnosis codes are pivotal in capturing the nuances of a patient encounter and substantiating medical necessity.

The expansion of Medicare dental benefits, with a focus on dental services integral to the success of certain covered medical procedures, amplifies the importance of diagnosis code reporting. ICD-10-CM codes serve as key indicators for the MACs to assess medical necessity and, consequently, coverage for dental services. Several of the MACs have issued recommendations on diagnosis codes to streamline dental claims processing, including the reporting of appropriate codes to describe the dental condition being treated, linked medical condition and relevant Z-codes for additional clinical context. This indicates the complexity of dental encounters, especially in cases linked to Medicare-covered medical treatments.

We note the ADA claim form allows for the reporting of only four ICD-10-CM codes, in contrast to the 12 ICD-10-CM codes accommodated on the CMS-1500 form. AAOMS believes this should be a consideration for CMS in developing guidance for dental providers who will eventually use the ADA claim form for billing Medicare-covered dental services. **We encourage CMS to engage in collaboration with professional associations and dental providers with expertise in dual reporting to both medical and dental carriers to address the reporting of diagnosis codes.**

Such collaboration can play a pivotal role in developing and issuing guidance that addresses the unique aspects of reporting linked dental services effectively.

Provider specialty classification for oral and maxillofacial surgeons

Oral and maxillofacial surgeons have the flexibility to enroll in the Medicare program under either CMS provider category "19 – Oral Surgery (Dentist only)" or "85 – Maxillofacial Surgery," provided the individual practitioner satisfies CMS' criteria. This enrollment flexibility is a direct result of AAOMS' collaboration with CMS nearly two decades ago. At that time, AAOMS advocated — and CMS ultimately agreed —that specialty category "19," while generally encompassing all dental specialties and corresponding to dental Taxonomy Code 1223S0112X, did not adequately capture the range of services provided by OMSs. In contrast, specialty category "85," which may be crosswalked to Taxonomy Code 204E00000X under the Allopathic and Osteopathic Physicians, aligns more closely with the scope and complexity of OMS practice.

In their letter dated April 13, 2007, CMS announced a change to Medicare enrollment materials, enabling board-certified OMSs to enroll in the Maxillofacial Surgery specialty category "85". This change, which has since been implemented, allows OMSs of various degrees – whether Doctor of Medicine, Doctor of Dental Surgery, or Doctor of Dental Medicine – to be recognized under this specialty due to the similarity in their procedural scope. Additionally, CMS not only planned but also implemented new instructions for Medicare contractors, which directed the incorporation of three additional criteria for enrolling physicians in specialty category "85": board certification through the American Board of Oral and Maxillofacial Surgeons, malpractice coverage through the OMS National Insurance Company, or possession of a current state specialty license in oral and maxillofacial surgery.

Given this context, **we wish to draw CMS's attention to the importance of not restricting payment for covered dental services solely to those dental providers enrolled under CMS category "19." Such a limitation could inadvertently overlook the specialized care, including the provision of Medicare-covered dental services, furnished by OMSs enrolled under category "85."**

Thank you for your consideration of these comments. Please contact Patricia Serpico, AAOMS Director of Health Policy, Quality & Reimbursement, with any questions at 800-822-6637, ext. 4394 or pserpico@aaoms.org.

Sincerely,

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