



February 28, 2024

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: ASC CPL Pre-Proposed Rule Recommendation Request for CY 2025

Submitted via: [Medicare Electronic Application Request Information System](#)

Re: Information to support recommendations for addition to the ASC CPL via the Pre-Proposed Rule Recommendation Process for CY 2025

Dear Sir/Madam:

The American Association of Oral and Maxillofacial Surgeons (AAOMS) represents more than 9,000 oral and maxillofacial surgeons in the United States. We recognize CMS' overarching commitment to patient safety but wish to emphasize that evolving technology and treatment modalities have allowed for increasingly complex procedures to be performed safely and efficiently across a wide range of care settings, including ambulatory surgery centers. We appreciate the opportunity to provide information on select dental procedures/codes for CMS' evaluation and consideration of their potential inclusion in the Ambulatory Surgery Center Covered Procedures List (ASC CPL) for CY 2025.

OMSs routinely evaluate and safely treat patients with a wide range of complexities across various care settings. Therefore, we offer additional services to consider for coverage in the ASC setting that may be rendered to identify, diagnose and treat oral or dental infections linked to certain acute conditions and Medicare-covered therapies.

Among the services that may contribute to the elimination of an oral or dental infection are a variety of dental surgical procedures including, but not limited to, surgical interventions to facilitate tooth eruption, alveoplasty or ridge preparation, excision of both benign and malignant lesions of soft tissue and/or bone, removal of benign nonodontogenic cysts/tumors, surgical incision and drainage of extraoral soft tissue and removal of foreign bodies from both hard and soft tissue. Further, these procedures may be appropriate for payment under the ASC payment system, given their ability to be safely furnished in the ASC setting.

Therefore, we submit the following CDT^{®1} codes for CMS' consideration regarding potential addition to the ASC CPL:

- **Coronectomy as described by CDT[®] code D7251.**
- **Surgical procedures to facilitate tooth eruption as described by CDT[®] codes D7280 and D7283.**

¹ CDT[®] is a registered trademark of the American Dental Association.

- **Alveoloplasty or ridge preparation procedures as described by CDT[®] codes D7320 and D7321.**
- **Excision of benign soft tissue lesions as described by CDT[®] codes D7410, D7411 and D7412.**
- **Excision of malignant soft tissue lesions as described by CDT[®] codes D7413, D7414 and D7415.**
- **Excision of benign intra-osseous lesions as described by CDT[®] codes D7450 and D7451.**
- **Removal of benign nonodontogenic cysts and tumors as described by CDT[®] codes D7460 and D7461.**
- **Excision of bone tissue, including exostosis and reduction of osseous tuberosity as described by CDT[®] codes D7471 and D7485, respectively.**
- **Surgical incision and drainage of extraoral soft tissue (complicated) as described by CDT[®] code D7521.**
- **Surgical removal of foreign body from mucosa, skin, subcutaneous alveolar tissue or the musculoskeletal system as described by CDT[®] codes D7530 and D7540.**

It can be demonstrated² that these procedures:

- Do not generally result in extensive blood loss.
- Do not require major or prolonged invasion of body cavities.
- Do not directly involve major blood vessels.
- Are generally not emergent or life threatening.
- Do not commonly require systemic thrombolytic therapy.
- Are not designated as requiring inpatient care.
- Are not limited to a CPT unlisted surgical procedure code.
- Are not otherwise excluded by current regulation.

In consultation with our panel of experts, these services have been identified to commonly require pre-operative evaluation and management, pre-operative imaging, administration of anesthesia, full thickness mucoperiosteal flap elevation, osteotomy, debridement of surrounding tissue and suturing of wound closure.

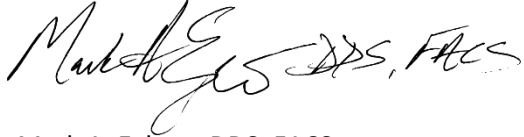
Permitting Medicare payment in the ASC setting for certain dental surgical services, specifically those that are inextricably linked and deemed medically necessary for the identification, diagnosis and treatment of oral or dental infections, may contribute to the consistent application of Medicare dental coverage and payment policies across various care settings.

Additionally, ASCs have the potential to mitigate many of the external pressures that currently act as barriers in access to care. The lack of and/or limited hospital-based OR access is exacerbated by ongoing medical staffing shortages and industry-wide inflation. Other challenges exist for patients unable to access hospital facilities because of geographic or transportation limitations. Indeed, industry research indicates the health care system as a whole benefits when procedures migrate to less costly care settings.

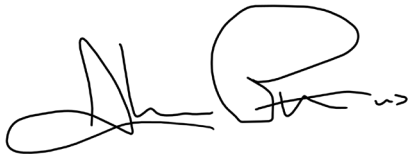
² Covered Surgical Procedures, 42 CFR § 416.166

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,

A handwritten signature in black ink, appearing to read "Mark A. Egbert, DDS, FACS". The signature is fluid and cursive.

Mark A. Egbert, DDS, FACS
AAOMS President

A handwritten signature in black ink, appearing to read "Adam S. Pitts, DDS, MD, FACS". The signature is fluid and cursive.

Adam S. Pitts, DDS, MD, FACS
Chair, AAOMS Committee on Healthcare Policy, Coding & Reimbursement