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Every day, CMS ensures that **158.5 million*** people in the U.S. have health coverage that works.

Medicaid & CHIP

Over **90.9 million** enrollees

- Medicaid: More than 83.9 million individuals
- CHIP: More than 7.0 million

Medicare

Over **65.1 million** enrollees:

- Fee-For-Service: Nearly 35.0 million
- Medicare Advantage plans: More than 30.1 million

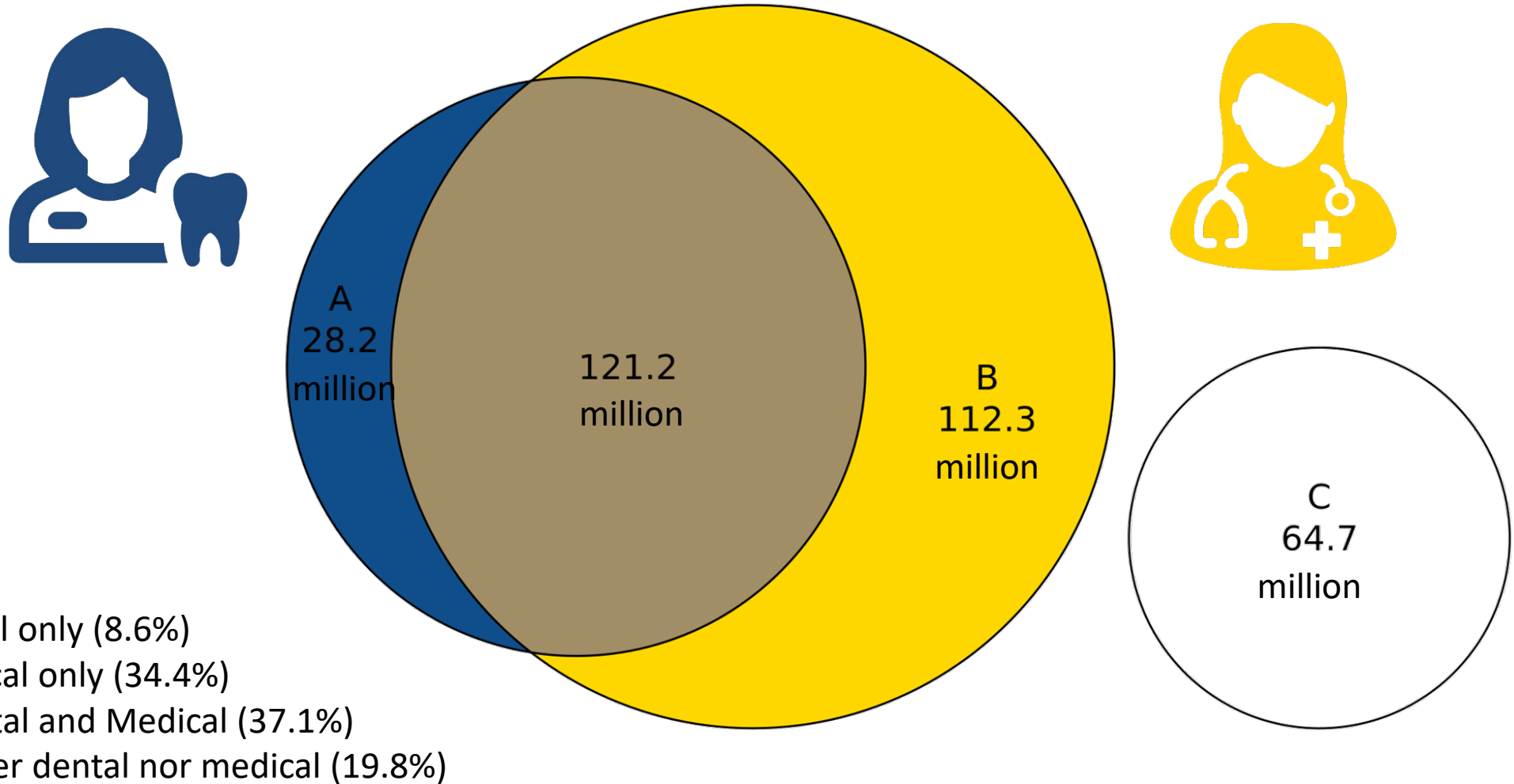
Marketplace

Over **14.5 million** applicants:

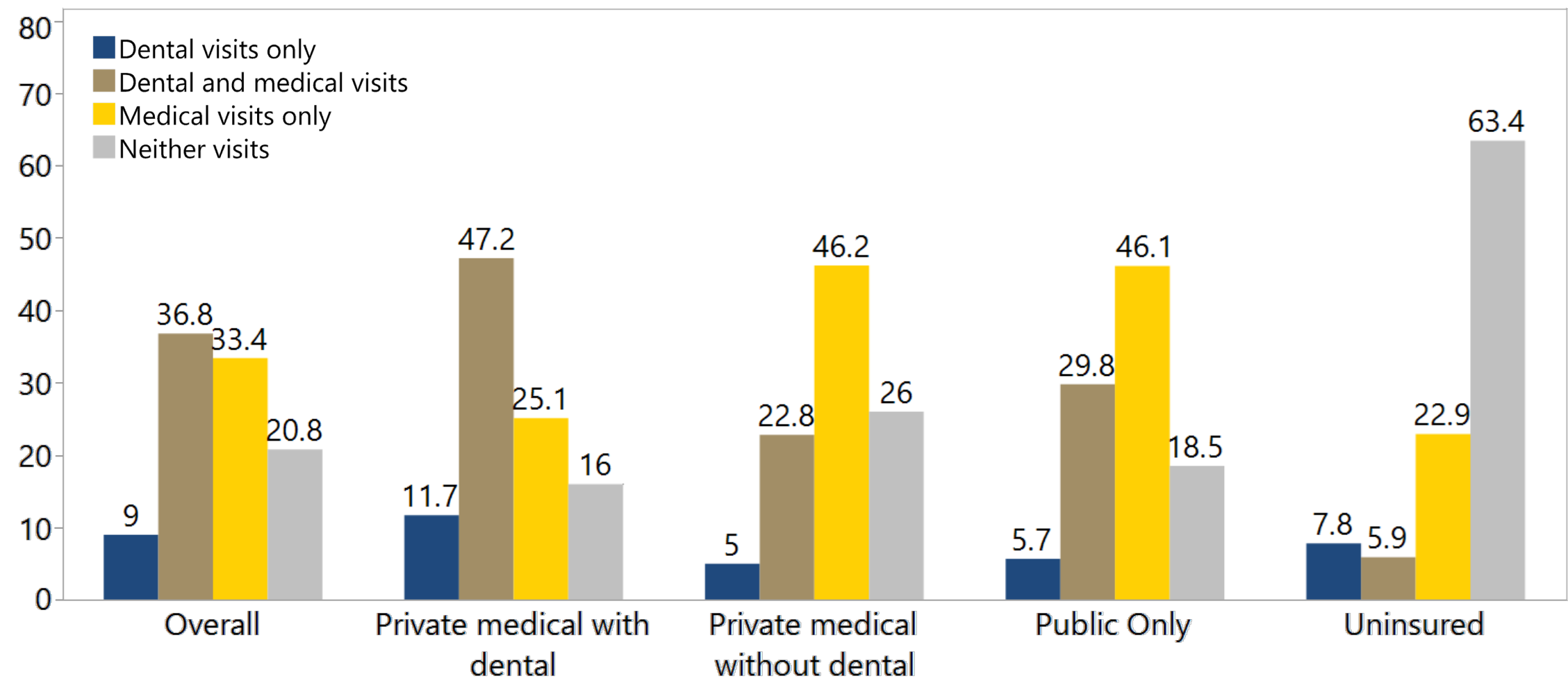
- State based & Federal Marketplaces

*Subtotal: 170.5 million. Adjust for Medicare/Medicaid dual eligibles (-12 million).

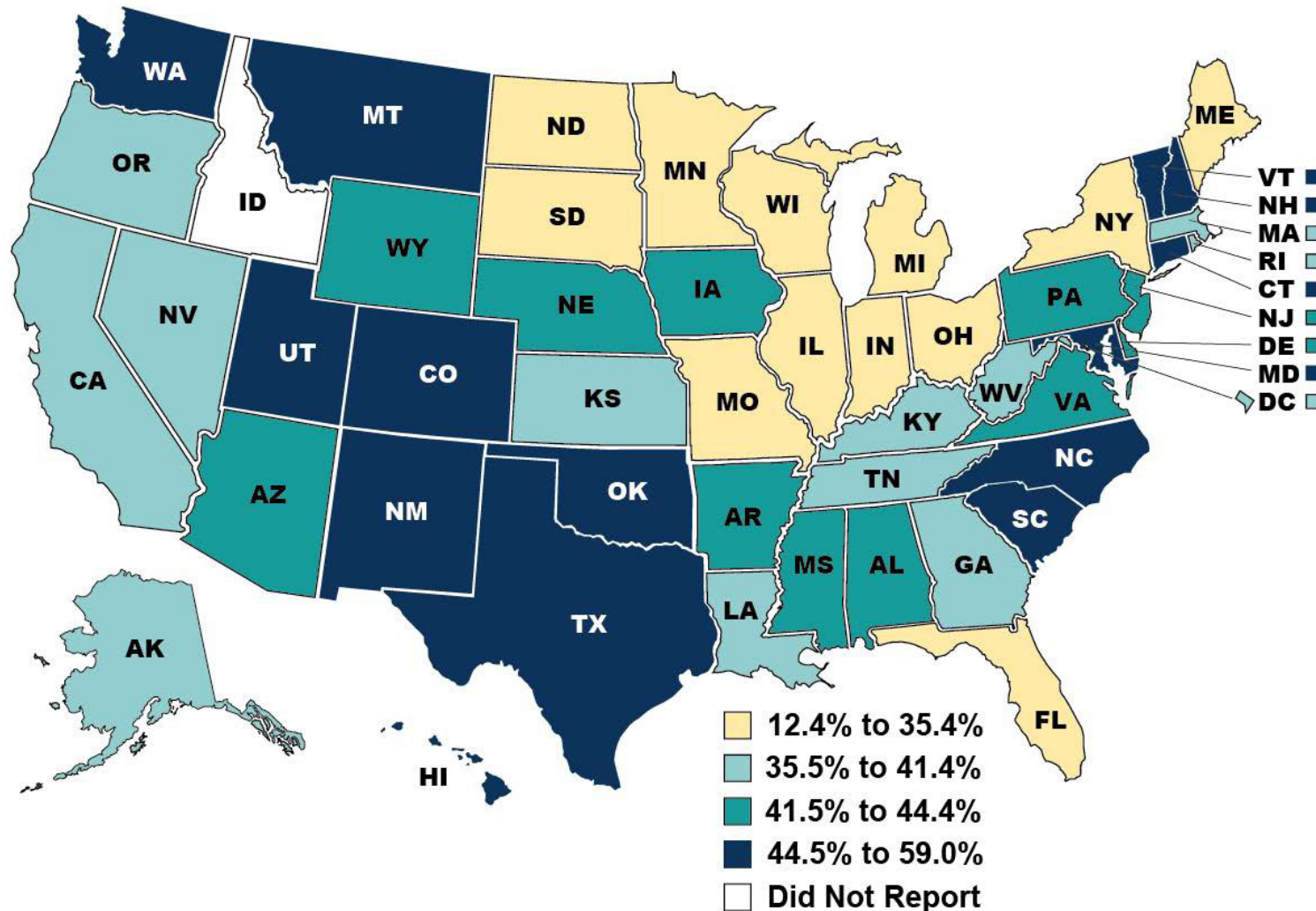
Population with Any Dental and Medical Visits



Overall Proportion of the Population with Any Dental or Medical Visits by Insurance Coverage



Percentage of Medicaid Beneficiaries Ages 1 to 20 Who Received Preventive Dental Services, FFY 2020



Population: Beneficiaries ages 1 to 20 enrolled in Medicaid or Medicaid expansion CHIP programs for at least 90 continuous days and eligible for EPSDT services

Notes:

This measure shows the percentage of children ages 1 to 20 who are enrolled in Medicaid or Medicaid expansion CHIP programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the measurement period (October 2019 to September 2020).

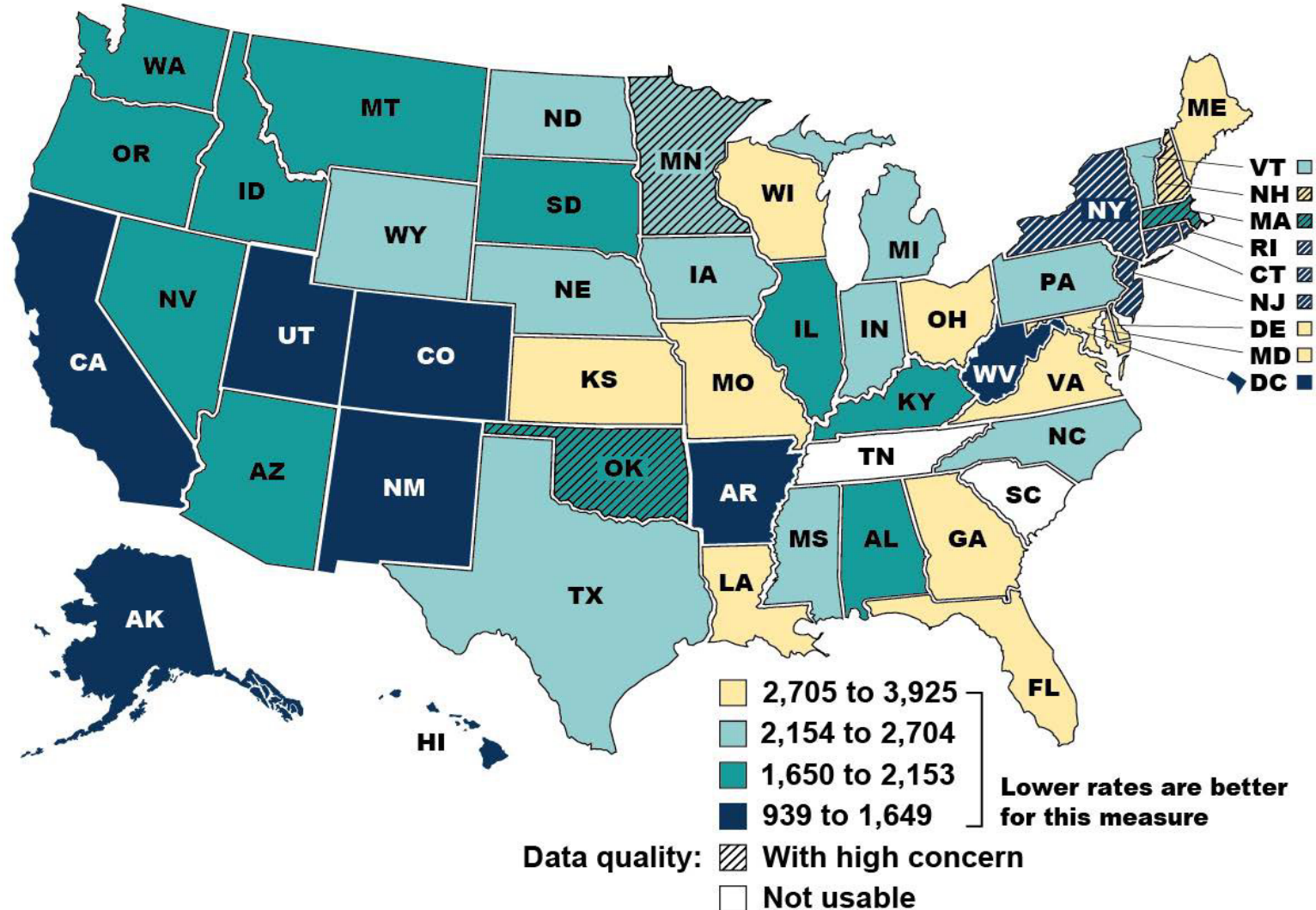
Source:

Mathematica analysis of Form CMS- 416 reports (annual EPSDT report), Lines 1b and 12b, for the FFY 2020 reporting cycle as of July 2, 2021. Starting with FFY 2020, some states calculated and submitted their Form CMS-416 reports, while others chose to have CMS produce their Form CMS- 416 reports using Transformed Medicaid Statistical Information System (T-MSIS) data. The FFY 2020 reporting cycle includes services provided between October 2019 and September 2020.

Additional information available at:

<https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2021-child-chart-pack.pdf>

Emergency Department Visits for Non-Traumatic Dental Conditions per 100,000 Adult Beneficiaries, by State, 2019



Population: Medicaid and CHIP beneficiaries ages 21 to 64 with full Medicaid or CHIP benefits and not dually eligible for Medicare

Notes:

Non-traumatic dental conditions (NTDCs) are dental conditions such as cavities or dental abscesses that might have been prevented with regular dental care. Emergency Department (ED) visits for NTDCs may indicate a lack of access to more appropriate sources of medical and dental care. CMS assessed state-level data quality in the 2019 TAF file using the following metrics: total enrollment, inpatient (IP) and other services (OT) claims volume; completeness of diagnosis code (IP file); completeness of procedure code (OT and IP files); and expected type of bill code (IP file). States with an unusable data quality assessment (TN, SC) are shown in white.

Results for remaining states were rounded to whole numbers, and then states were assigned to quartiles. States with a high concern data quality assessment are shown with a hatched overlay. For additional information regarding state variability in data quality, please refer to the Medicaid DQ Atlas, available at: <https://www.medicaid.gov/dq-atlas/welcome>.

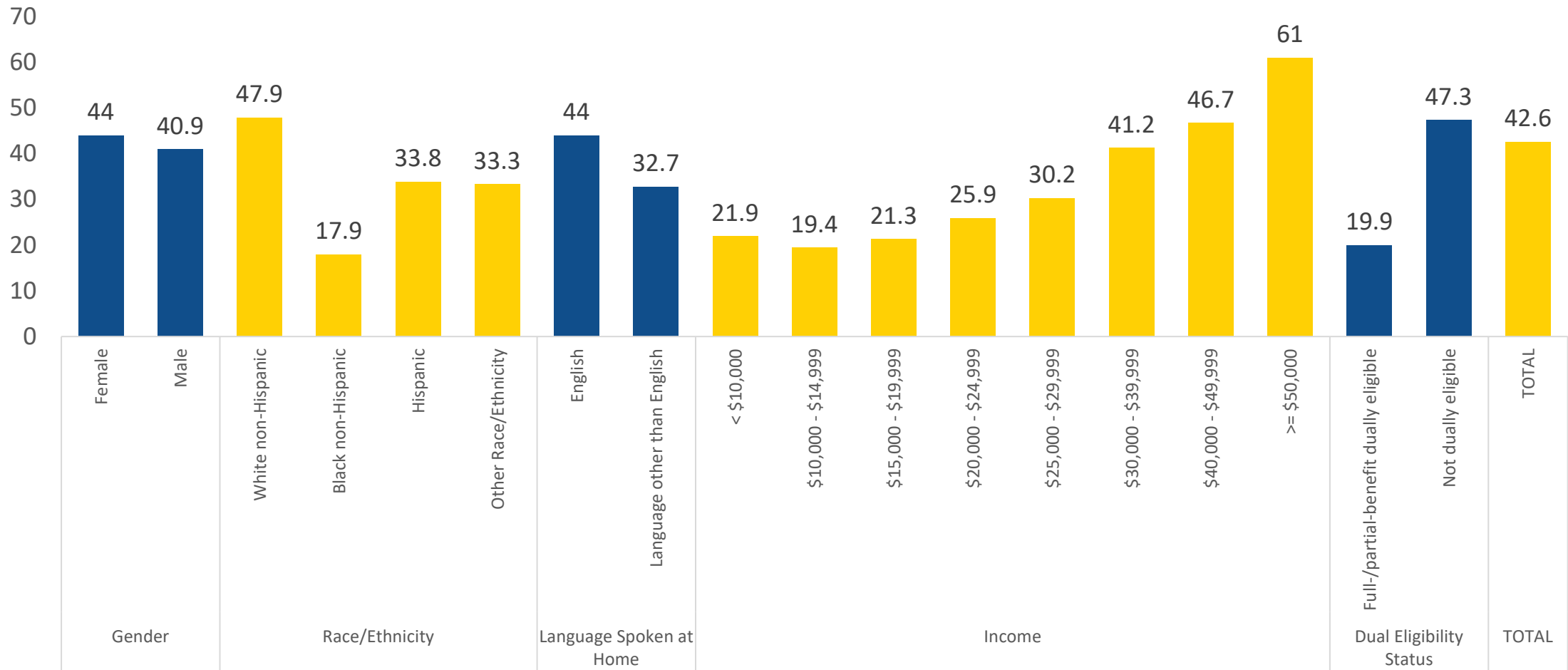
Source:

CMS analysis of calendar year 2019 T-MSIS Analytic Files, v 5.0.

Additional information available at:

<https://www.medicaid.gov/medicaid/benefits/downloads/adult-non-trauma-dental-ed-visits.pdf> and <https://www.medicaid.gov/medicaid/benefits/dental-care/index.html>

Percentage of Medicare Beneficiaries Living Only in the Community Who Had at Least One Dental Exam in 2019



CY 2023 Physician Fee Schedule (PFS) Final Rule – Dental and Oral Health Services

January 2023

Center for Medicare



Statutory Dental Exclusion

Under section 1862(a)(12) of the Social Security Act:

“no payment may be made under part A or part B for any expenses incurred for items or services” ... “where such expenses are for services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth, except that payment may be made under part A in the case of inpatient hospital services in connection with the provision of such dental services if the individual, because of his underlying medical condition and clinical status or because of the severity of the dental procedure, requires hospitalization in connection with the provision of such services”

CY 2023 PFS Dental Policy Rationale

“Recognizing that there may be instances where medical services necessary to diagnose and treat the individual’s underlying medical condition and clinical status may require the performance of certain dental services, we believe that there are instances where dental services are so integral to other medically necessary services that they are not in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth within the meaning of section 1862(a)(12) of the Act. Rather, such dental services are inextricably linked to the clinical success of an otherwise covered medical service, and therefore, are instead substantially related and integral to that primary medical service.”

Medicare Manual Provisions on Dental and Oral Health Services

Current (prior to CY 2023) Medicare FFS dental services payable as physician or hospital services that may be provided by oral health professionals:

- The professional work involved in the inpatient restructuring of the jaw in connection with accidental injury.
- An oral examination, but not treatment, performed prior to kidney transplants or cardiac valve replacement.
- The reconstruction of a ridge when it is performed as a result of and at the same time as the surgical removal of a tumor
- The wiring of teeth when done in connection with the reduction of a jaw fracture.
- The extraction of teeth to prepare the jaw for radiation treatment of neoplastic disease

CY 2023 PFS Dental Requests for Information

In the CY 2023 PFS proposed rule CMS also requested comments on:

1. Other types of clinical scenarios where dental services may be inextricably linked to, and substantially related and integral to, the clinical success of clinically related services, or furnished in connection with other covered medical services. Such as: initiation of immunosuppressant therapy, joint replacement surgeries, other clinical scenarios involving dental services that we have not yet considered.
2. Dental services integral to covered medical services which can result in improved patient outcomes, but that are not inextricably linked the clinical success of an otherwise covered medical service. Such as: medical care or treatment of a diabetic patient, and other types of surgical procedures or scenarios involving acute or chronic conditions.
3. Other potentially impacted policies – payment for care coordination services, coordination of benefits and other policies not mentioned.
4. Potential future payment models for dental and oral health care services.

CY 2023 PFS Final Rule: We are not finalizing, at this time, payment for dental services prior to the initiation of immunosuppressant therapy, joint replacement surgeries, or other surgical procedures. We agree with the feedback received that additional time is necessary to consider these comments and are committed to continuing to explore the potential inextricable relationship between dental services and these covered medical services through the process we are finalizing beginning for CY 2023.