VIEWPOINT

HEALTH CARE POLICY AND LAW

# The New Medicare Dental Benefit—Small but Mighty

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**Since its inception** in 1965, Medicare has not covered dental services. But in January 2023, Medicare began to cover a limited number of dental services "inextricably linked to specific covered medical services"[1]—encompassing both pretreatment clearance and treatment of dental disease for patients with certain medical diagnoses. Specifically, Medicare beneficiaries undergoing evaluation for organ transplant, cardiac surgery, or cardiac valvuloplasty became eligible for coverage of medically necessary dental services. In 2024, this benefit expanded to patients with head and neck cancer, patients receiving high-dose antiresorptive therapy (ie, intravenous bisphosphonates) or chimeric antigen receptor T-cell therapy for the treatment of cancer, and patients receiving dental screenings before chemotherapy. In 2025 the benefit will extend to patients with end-stage kidney disease starting dialysis.

Although poor oral health has been associated with worsening outcomes for many conditions, including diabetes, heart disease, depression, and pneumonia, the aforementioned higher-acuity diagnoses were selected due to the strength of evidence supporting improved treatment outcomes and the presence of clinical guidelines advocating for dental evaluation as part of treatment.[1,2] For example, the National Comprehensive Cancer Network's guidelines for head and neck cancers recommend eliminating dental infection (with fillings or tooth extractions) 2 weeks before starting radiation treatment.[3]

Numerous efforts to expand Medicare's dental coverage have failed, despite the well-recognized link between dental health and overall health.[4] Most recently, the proposed Medicare dental benefit in the 2021 Build Back Better bill, itself based on several iterations of congressional proposals, met a similar fate. These proposals would have covered dental care for all Medicare beneficiaries and were estimated by the Congressional Budget Office to cost $24 billion annually—less than the estimated cost to Medicare for the controversial Alzheimer drug aducanumab (Aduhelm; Biogen). The bill faced strong opposition from budget hawks and organized dentistry, who resisted participation in a system the American Dental Association argued would undercompensate dentists.[4]

The Social Security Act explicitly prevents Medicare Parts A and B from covering "expenses incurred for services in connection with the care ... of teeth or structures directly supporting teeth"[1] (the lone exception being Medicare Part A coverage for hospital admission if required by the severity of dental treatment). The newest policy remains limited by this statutory exemption. To justify extending even a limited dental benefit to eligible populations, the Centers for Medicare & Medicaid Services (CMS) has essentially argued that the covered dental services were so critical to beneficiaries' medical treatment that they were no longer dental services.

Fewer than half of Medicare beneficiaries visit a dentist annually, and those who do pay high out-of-pocket costs. Reaching the age of Medicare eligibility is associated with a 5–percentage point increase in the prevalence of losing all teeth.[5] An alternative route to dental access could plausibly be through privatized Medicare Advantage plans, which near universally offer a dental benefit. However, rates of dental utilization among both traditional Medicare and Medicare Advantage beneficiaries are equivalently low, suggesting inadequate networks, unaffordable out-of-pocket costs, or selection of healthier beneficiaries by plans.[6]

Several factors are necessary for the new benefit to succeed. First, payment mechanisms must be refined to ensure affordability for patients. Much of dental care's unaffordability is because, in many cases, dental insurance has low actuarial value for enrollees (the share of spending that insurance pays), functioning instead as a discount plan that offers a progressively smaller discount on more expensive services. Given that more patients report financial barriers to dental care than for any other form of health care, even Medicare's standard 20% coinsurance may render dental care unaffordable for many, though further increasing federal subsidies may not be feasible.

Despite its narrow scope, the recent Medicare dental expansion could eventually benefit the broader Medicare population through the infrastructure it generates. For the first time, CMS will specify dental billing codes—which are separate from *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision,* diagnostic codes and *Current Procedural Terminology* procedure codes used in medical practice—and determine reimbursement mechanisms for dentists. Codifying dental reimbursement will allow CMS to solicit feedback from dentists and benchmark reimbursement rates on a smaller scale, while paving the way for coverage of other dental services and eligible diagnoses when legislatively feasible. Moreover, though Medicare Advantage plans could constrain access to dentists by limiting in-network dental providers or other care management tools, the new dental benefit extends to all Medicare Advantage beneficiaries.

Financial considerations will also influence whether dentists participate in Medicare (as opposed to opting out). CMS has begun the outreach process, but it is unlikely to accomplish wide-scale enrollment without assistance from other stakeholders. In March 2024, the American Dental Association adopted a policy that Medicare reimbursement should provide 80% of dentists with their usual fee, nearing Medicare's current average rate of 70% for physician services.[7] Given the association's long-standing opposition to proposed Medicare dental benefits, this nonetheless represents progress, and final payment determinations have not yet been made.

Next, health care professionals caring for newly eligible patients—notably primary care physicians, hospitalists, oncologists, cardiologists,



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and all clinicians on transplant teams—need to be aware of this benefit. Counseling patients on the new benefit could decrease the number of patients who delay their care due to unmet dental needs and reduce hardship caused by dental complications during treatment. Patients facing these severe, qualifying diagnoses may be overwhelmed and understandably overlook recent changes in Medicare policy that could save them thousands of dollars. Coordination from nondental clinicians meeting patients during initial diagnosis or procedural work-up could educate patients on the benefit and facilitate referral as part of clinical workflows. Moreover, specialists caring for these patients are more likely to practice in well-resourced health systems with affiliated dental practices or oral surgery departments with experience caring for medically complex patients and billing Medicare.

For now, the new Medicare dental benefit remains narrow. Given that the eligibility criteria implies a small pool of potential beneficiaries, actual receipt of dental care will likely not increase substantially. Not only is this pool relatively small—based on CMS-reported prevalence of covered conditions we estimate about 1 000 000, or 2.5% of fee-for-service Medicare beneficiaries, per year[8-10]—but also the new benefit will likely not cover restorations, such as crowns or dentures, after the elimination of infection.

CMS has developed a formal process for stakeholders to comment on other conditions for which dental care may be medically necessary and has noted the possibility of expanding the benefit to beneficiaries with hematologic and autoimmune disease. Advocacy efforts are underway to expand the benefit to much more prevalent conditions with strong theorized links to oral health, such as vascular disease and diabetes. Yet the high burden of proof to justify an inextricably linked dental service stands in the way of expanded coverage.

On paper, CMS has accomplished by fiat what has failed legislatively for more than 60 years. Research is needed to evaluate the rollout of this new policy and its effect on patient access to care, as well as on the dental and medical outcomes the benefit is intended to improve.

While the breadth of Medicare's new benefit is modest, the initial steps to embed dental care in the Medicare program could pave the way for millions of individuals in the US to access dental care, no matter their disease burden. For now, what Medicare can deliver for beneficiaries in need of dental care will depend, in part, on the awareness of dentists and other clinicians about this new benefit and their coordination to meet patients' needs.

## ARTICLE INFORMATION

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