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Resolving Echoes from Dentistry's Past

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By Christopher J. Smiley, DDS
Editor-in-Chief

Resolving Echoes from Dentistry's Past

The new CMS rule addressing Medicare dental coverage is significant, answering long-held objectives of our profession.

Recently I came across a 1939 editorial from the *Journal of the American Dental Association* that presented an evolving concept of the time — that prevention, attacking disease nearer its source, provides a path for progress in combating the ravages of dental caries.

The editorial recognized that the abundance of need, coupled with the limited number of providers, many of whom were ill-equipped, precluded the probability of the profession efficiently resolving these issues through restorative care alone. Still, it was noted that “there were those in the profession who expressed misgivings about pursuing a program of disease prevention that carried with it the possibility of lessening the demands for their services.”

The editor further identified a need for research to convince skeptics of the benefits of the preventive approach. Asserting that “we have long felt that both medicine and dentistry should indicate a cooperative attitude toward the governmental trend to provide medical and dental services,” such evidence would be necessary to “integrate dental treatment into a comprehensive national program of health.”

More than 80 years later, it's frustrating to hear the unresolved echoes of that time and how some in our profession take similar positions to resist change, in favor of economic self-interest.

In November, the Centers for Medicare & Medicaid Services issued final rules regarding Medicare dental coverage for care that supports positive clinical outcomes for certain medical conditions. (See Page 10.) This is unrelated to last year's proposal to Congress to expand dental benefits within Medicare Part B. At that time, some in the profession expressed misgivings about CMS's use of the term medically necessary services, fearing that would lessen demand for other treatment options inferred to be unnecessary.

In the recently announced rule, CMS avoids stating “medical necessity” by providing coverage for dental services “inextricably linked to, and substantially related and integral to the clinical success of, certain other

covered medical services.” Effectively, CMS states that to be covered, any dental service must have evidence that it is integral in enhancing the outcome of the covered medical service. More than just an echo of the JADA editor's call 83 years ago to develop evidence to win over skeptics of the benefits of oral health care, CMS has given a pathway for expanding coverage in the future. CMS will review new areas each February, providing an opportunity every year to present evidence for specific dental services that improve care outcomes for medical services covered by Medicare.

It is confounding that coverage extended in the final rule omits payment of dental services before immunosuppressant therapy and care in conjunction with conditions such as diabetes. Members of the oral health community recognize that managing dental infection is essential for cancer patients facing pancytopenia and mitigating the oral side effects of chemotherapy. Nothing adversely impacts outcomes more than delaying or precluding clearance for cancer therapy due to a lack of financing for dental care. A recently published Cochrane review shows evidence that periodontal therapy significantly improves glycemic control for people with diabetes, raising hope for expanding Medicare coverage to these services following next February's review.

The new CMS rule addressing Medicare dental coverage is significant beyond funding access to dental care. The mechanism for expanding future coverage of dental services based on demonstrating they will enhance medical outcomes creates recognition by CMS of the evidence basis of oral health care, and it advances dentistry's integration into health programs — answering long-held objectives of our profession that have been echoing since 1939. ●