



Overview

Oral health affects individuals, families, and communities and is central to overall health and well-being. The Centers for Medicare & Medicaid Services (CMS) is committed to addressing **barriers to oral health care** in pursuit of our mission to improve quality, equity, and outcomes across the healthcare system. Guided by the agency's **Strategic Plan**, the CMS Oral Health Cross-Cutting Initiative (CCI) works across the agency to enhance alignment and focus on oral health in CMS programs and policies. These initiatives are high-level, multi-year priorities for CMS that bring our centers and offices together to leverage their expertise and strengthen collaboration.

The Oral Health CCI, led by the **CMS Chief Dental Officer**, seeks to achieve equal access to oral health care, eliminate persistent oral health disparities, expand access to oral health services, foster collaborative engagement with stakeholders, and utilize data analytics and innovation to inform policy priorities. Access to oral health services that promote health and wellness is critical to allow people with Medicare, Medicaid, and Marketplace coverage to achieve the best health possible. CMS partners with states, health plans, and healthcare providers to find opportunities to expand coverage, improve access to oral health services, and consider options within existing authorities to expand access to care.

CMS Oral Health Key Results

The CMS Oral Health CCI has delivered meaningful results across CMS programs in expanding and improving oral health services.

Medicare

- **Strengthened oral health coverage:** The statute precludes Medicare payment for most dental services. However, Medicare can pay for dental services when that service is inextricably linked to, and substantially related and integral to the clinical success of, a specific treatment of an individual's primary medical condition.
 - In the **CY 2023 Physician Fee Schedule (PFS) final rule**, CMS codified that Medicare payment under Parts A and B could be made when dental services are furnished in an inpatient or outpatient setting under particular circumstances. Specifically, CMS finalized: Clarification and codification of current payment policies for dental services that are inextricably linked, and substantially related and integral to the clinical success of, other covered medical services, and added payment policies for dental services in other clinical scenarios, including dental exams and necessary treatments prior to organ transplant surgery, and cardiac valve replacement and valvuloplasty procedures.
- In the **CY 2024 PFS final rule**, CMS codified that payment can be made for dental services that are inextricably linked to chemotherapy, CAR T-cell therapy, and administration of high-dose bone modifying agents (antiresorptive therapy) when used in the treatment of cancer. CMS also codified that payment can be made for dental services that are inextricably linked to head and neck cancer treatments, including services before and during treatment, and services to address dental complications following treatment.

- **Strengthened access to oral health services through the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) 2024 final rule:** CMS finalized Medicare payment rates under the OPPS for over 240 dental codes, making the services these codes described payable when they meet Medicare payment and coverage requirements as interpreted in the CY 2023 and CY 2024 PFS final rules. The CY 2024 OPPS/ASC final rule also added 26 payable dental surgical procedures to the ASC Covered Procedures List and 78 ancillary dental services to the list of covered ancillary services, increasing consumers’ access to these services when they meet coverage and payment requirements. The complete list of procedures **assigned payment rates in the CY 2024 OPPS/ASC final rule** can be found in the CY 2024 ASC Addenda under Addendum AA and BB.

More information on Medicare Dental Coverage is found [here](#).

Medicaid

- **Advancing dental coverage for pregnant or postpartum Medicaid enrollees:** As of October 2022, all 50 states and D.C. have decided to offer some dental coverage for Medicaid enrollees who are pregnant or postpartum through at least 60 days after pregnancy.
- **Advancing oral health prevention in primary care:** In 2023, CMS completed a two-year action-oriented **quality improvement learning collaborative** focused on advancing oral health prevention in primary care. CMS supported 14 states in the Advancing Oral Health Prevention in Primary Care affinity group. Results from states that participated in the affinity group can be found in the **highlights brief** and state spotlights webinar. Additional **Oral Health Quality Improvement Resources** are available for stakeholders.
- **Partner collaboration identifying emerging oral health opportunities:** In Spring 2022, CMS conducted the Oral Health Human-Centered Design Customer Engagement to understand barriers to oral health care access for Medicaid or dual eligible children and adults. These

findings are illustrated in the **Barriers to Oral Health** infographic co-created by CMS and external customers. In 2023, CMS established the Medicaid and CHIP Oral Health Initiative Workgroup to obtain input from experts about strategic priorities for the next five years for improving oral health care access, quality, and outcomes. Read the workgroup’s **findings** in the “Recommendations for Improving Oral Health Care Access, Quality, and Outcomes and Advancing Equity in Medicaid and the Children’s Health Insurance Program”.

- **Finalized mandatory standardized quality measures: The Child and Adult Core Sets** of quality measures for Medicaid and CHIP are key indicators of the access to—and quality of—health care Medicaid and CHIP beneficiaries receive. The Core Sets are important tools states can use to monitor and improve the quality of health care provided to Medicaid and CHIP beneficiaries. The Child Core Set includes measures related to oral exams, fluoride application, and dental sealants. Those measures are mandatory for states to report beginning in 2024.

Marketplace

- **No Surprises Act (NSA) provisions for dental providers:** After the NSA took effect, the Center for Consumer Information and Insurance Oversight (CCIIO) hosted an overview webinar for 250 dental providers. CCIIO subject matter experts reviewed the NSA’s provisions and discussed how and when they apply to dental providers.
- **Strengthening dental coverage through the Marketplaces:** In April 2023, CMS finalized two policies in the 2024 Payment Notice related to **stand-alone dental payments (SADPs)**. First, SADP issuers are required, as a condition of Marketplace certification, to use an enrollee’s age on the effective date as the sole method to calculate an enrollee’s age for rating and eligibility purposes, which reduces consumer confusion and promotes operational efficiency. Secondly, SADP issuers are required to submit guaranteed rates versus estimated rates as a condition of Marketplace certification, which reduces the risk

of incorrect advance payments of the premium tax credit (APTC) calculation for the pediatric dental Essential Health Benefits (EHB) portion of premiums, thereby reducing the risk of consumer harm.

- **Essential Health Benefits (EHB) Expansion:** In April 2024, CMS finalized the **2025 Payment Notice**, which includes a new policy that allows

states to update their EHB-benchmark plans to include routine adult dental services as an EHB. This policy allows states to add these benefits via the EHB-benchmark application process beginning in 2025, which would first be effective for benefit years beginning on or after January 1, 2027.

Oral Health Analytics: Data- and Evidence-Driven Insights

CMS conducts timely research and analysis of Medicare, Medicaid, and Marketplace program data to identify trends, challenges, and opportunities in oral health care. This analytical work is advancing oral health science, shaping future research, and informing policy development.

Medicare

- CMS expanded oral health data collection efforts for the Medicare population through the Medicare Current Beneficiary Survey (MCBS) to include overall oral health, tooth sensitivity and dry mouth symptoms. CMS also introduced the Oral Health Impact Profile (OHIP-5) to the MCBS with data collection starting in Fall 2024.

Additional research and analysis:

- **MCBS Public Use File (PUF) on Oral Health and Access to Dental Care Among Medicare Beneficiaries Living in the Community in 2020**
- **2019 Medicare Current Beneficiary Survey (MCBS) Report on Dental, Vision, and Hearing Care Services**
- **Utilization of Dental Services by Medicare Beneficiaries Living in the Community and Dental Out-of-Pocket Expenses, 2021**

- **Oral Cancer Screening Among Medicare Beneficiaries Living in the Community**
- **Associations between oral health and general health among Medicare beneficiaries**
- **Oral Health Among Medicare Beneficiaries Living in the Community, 2021**
- **Dental Coverage Status and Utilization of Preventive Dental Services by Medicare Beneficiaries**
- **Oral Health Among Medicare Beneficiaries in Nursing Homes**

Medicaid

- **Medicaid & CHIP Beneficiaries at a Glance: Oral Health**
- **Medicaid Adult Beneficiaries Emergency Department Visits for Non-Traumatic Dental Conditions**

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Contact us at OralHealth@cms.hhs.gov.

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Your Voice

Help inform future policy development: We encourage the public to continue to submit recommendations through our public process. You may submit electronic comments on CMS regulation by following the instructions to “Submit a comment” at <https://www.regulations.gov>.