

ABOMP Priority Advocacy Issue 2020

- **Edits to Medicare Benefit Manual.** The ABOMP seeks advocacy assistance in an effort to revise the "statutory dental exclusion" (Section 1862 (a)(12) of the Social Security Act) within the Medicare Benefit Manual. Due to the current wording, ABOMP members have noted that third party payers occasionally deny claims for the processing and interpretation of oral biopsy specimens. Evidence has shown that when the proper oral ICD 10 codes are used, third party payers may exclude them from coverage, seemingly due to an anatomic proximity to or association with "the teeth". The ABOMP believes that the surgical removal and subsequent histopathologic evaluation of any abnormal tissue from the mouth is not performed "for the care of the teeth or structures directly supporting the teeth", language used in the dental exclusion. The ABOMP believes that proper care cannot begin without a definitive diagnosis. As with diagnostic tests performed in all other anatomic site, a hard or soft tissue biopsy from the oral and maxillofacial region qualifies as a medically necessary, covered service. We believe revision of the "statutory dental exclusion" is necessary to highlight this important distinction and minimize possible confusion or misinterpretation by third party payers.