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Health and Government
Operations Committee

Subcommittees

Government Operations and
Health Facilities

Insurance and Pharmaceuticals

Rules and Executive
Nominations Committee

Joint Committee on
Legislative Ethics

Joint Committee on Cybersecurity,
Information Technology,
and Biotechnology



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The Maryland House of Delegates
ANNAPOLIS, MARYLAND 21401

Sponsor Testimony in Support of:

HB1146 - Maryland Medical Assistance Program – Adult and Pediatric Dental Services – Review of Reimbursement Rates

Chairman, Vice Chairman, and members of the Health & Government Operations Committee:

I am grateful for the opportunity to present this bill today. It was a stroke of serendipity when I told the Chairman that I planned to introduce legislation to address the problematic reimbursement rates for some dental services to address the lack of access to treatment, especially treatment that is identified through Maryland emergency departments. That is when she told me she had been working on the issue too from another angle. Together I believe we are close to a solution to this problem that has plagued the state for decades.

What the bill does:

- It requires Maryland Medicaid to study the fair market value of dental services in Maryland – all services including adult and pediatric through a review of commercial payor rates.
- Use this data to revise Medicaid rates to ensure there are rates that do not inhibit access to oral dental care.
- Do this review every three years, which is consistent with other Medicaid services.

One glaring example of why this is needed, is in the area of anesthesia:

When an anesthesiologist is providing anesthesia in a pediatric or adult Medicaid dental case, the anesthesiologist bills Medicaid the rate established by Medicaid under the **“Professional Services Fee Schedule”**. The CPT code rate for them is **\$22.79** for each 15 minute unit of anesthesia.

When a Dentist, authorized by the Board of Dental Examiners, administers General Anesthesia and/or conscious sedation in a dental facility, they bill Medicaid the codes established by Medicaid under the **“Dental Fee Schedule and Procedure Codes”**. Those codes are:

D9223 - **\$77.67** (each 15 min unit)

D9243 - **\$59.00** (each 15 min unit)

Anesthesiologists can only bill under the professional service fee schedule. They cannot bill under the dental codes, just as the Dentists can't bill under the physician's codes. It is two separate fee schedules.

Correcting this, is extremely important for reasons you'll hear today.

I want to thank the Chairman for her partnership on this very important issue and all of the stakeholders working to improve this long-neglected area of healthcare in Maryland.

Sincerely,

A handwritten signature in blue ink that reads "Mic Kipke". The signature is written in a cursive, flowing style.