

January 16, 2025

Code Maintenance Committee
Council on Dental Benefit Programs
American Dental Association
dentalcode@ada.org

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I am writing in strong support of the comments FOR Inventory 4a, 4b and 4c, submitted by Solomon G. Brotman, on behalf of the Santa Fe Group. The [Santa Fe Group](#), a 501(c)(3) action-oriented think tank comprised of nationally and internationally recognized scholars, researchers, and leaders, has submitted these proposals to the Code Maintenance Committee (CMC) for consideration at its March 7, 2025 meeting. The proposals are largely supported by clinicians, dental insurance chief clinical officers and by the leaders of dental, medical, and public health organizations by the signature at the end of this letter. The proposed codes, if adopted, would provide the needed flexibility and opportunity to address the health needs of the US population and would be a major asset to the public's health and the profession's leadership. As the president of the Santa Fe Group, I am pleased to endorse the work and proposals submitted by Dr. Solomon Brotman.

In recent years, bi-directional integration of oral health and overall health has moved to the forefront of public-health related literature. On November 4, 2020, then-ADA president Dan Klemmedson stated that "it is well within dentists' scope of practice to screen for medical conditions that may affect dental care." Subsequently, the ADA passed a resolution in support of primary care screenings in dental settings at the 2020 House of Delegates with Resolution 22H-2020.

The creation of these codes would be a game-changer for the health of the US population. The codes would facilitate the screening of patients for early signs of debilitating major health conditions that, through prompt referral, could be better controlled and managed.

A 2022 publication by the Agency for Healthcare Research and Quality showed that over 29 million people in the U.S. visit a dentist but are not examined by a physician in any given year (Statistical Brief #544).

At the same time, it is estimated that 11 million Americans have undiagnosed hypertension, 7.3 million have undiagnosed diabetes, 10 million have undiagnosed depression, and 17.7 million have undiagnosed substance use disorder. These and other medical conditions have a direct impact on both oral health and overall health. The addition of new examinations inclusive of health screening codes will improve patient safety and health outcomes by providing a more formal pathway and a potential incentive for dentists, working closely with physicians, to close care gaps.

Working with other organizations and groups, a Santa Fe Group committee began evaluating various options to promote primary health care screenings by oral health professionals in 2021.

This committee has identified and engaged multiple stakeholders whose contributions will be necessary to train dental teams to implement primary care screenings into existing examinations.

These stakeholder groups have included dentists and dental staffs, physicians, other health care team members, frequent and infrequent dental patients, and chief clinical officers from third party payers. Dental school leadership and faculty were an integral part of this process.

Existing CDT codes have proven to be inadequate to expand the dentist's role in improving a patient's overall health and the profession's position as an integral partner of the medical team.

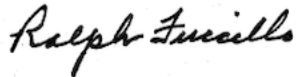
Prior attempts to increase medical-dental integration by using standalone submissions for hypertension screening (Delta of Colorado, Delta of Washington) or fasting / non-fasting plasma glucose screening (Delta of New Jersey) had poor responses and were discontinued. In addition, these current CDT codes are not amenable to future coverage. Discussions with the chief clinical officers of commercial insurance companies indicated an interest in reimbursement for new CDT codes that would expand the scope of a periodic examination. The intention (purpose) of the new codes would be to provide a safer experience in the dental office, close health care gaps by promoting medical screenings in dental offices accompanied with counseling and referral to the appropriate medical/behavioral health professional when indicated. The options being submitted allow the dentist to utilize the screening tool or tools that are most appropriate for the patient and their presentation.

The expectation is that most patients will require less than 5 minutes of additional staff time and 1 minute of a dentist's time if all findings are within normal limits. The differences between the existing periodic examination code D0120 and the expanded codes encourages dentists to utilize their medical knowledge and training in a manner than is not currently acknowledged by the existing CDT set. If a dentist does not desire to use the proposed expanded codes, they may continue to utilize the existing options.

The value of the proposed codes will increase as healthcare interoperability allows for electronic referral, scheduling and consultation with other medical professionals.

These proposals provide a practical mechanism for improving the health of all patients while creating a pathway for recognition of dentists for their knowledge and skills. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Ralph Fuccillo". The signature is written in a cursive style with a prominent initial "R".

Ralph Fuccillo
President, Santa Fe Group

cc: Dr. Solomon Brotman