Protect and Strengthen Medicare

Filling Gaps in Medicare Coverage: Dental, Vision, and Hearing



The Problem

Medicare does not cover many of the essential services that older adults and people with disabilities need in order to live healthy lives. In addition to the direct impacts in terms of beneficiary well-being, gaps in access to these services can bring on or worsen other health concerns. Furthermore, this lack of coverage puts Medicare out-of-step with most private insurance and Medicaid which reflect a more modern understanding of patient needs and the interconnected nature of the human body.

Background

Medicare fills a vital role for older adults and people with disabilities and their families. But the Medicare program leaves some beneficiaries behind by not covering needed services and body systems. The lack of oral or dental care can lead to increased oral disease, exacerbated chronic conditions, and lessened quality of life. Lack of hearing coverage can increase risk of dementia, and can also contribute to social isolation, which can lead to increased risk for depression and chronic illness like heart disease. Uncorrected vision acuity loss can increase the risk for falls and can, like hearing loss, contribute to social isolation. The good news is that this issue finally appears to be gaining more attention in Congress and within the Biden administration. It is past time to consign these outdated carve-outs to the history bin along with disparate treatment of mental health care and other ill-advised exclusions.

Starting in 2023, CMS has broadened its definition of medically necessary oral health care, ending a decades-long policy that unnecessarily limited access to life- and health-saving treatment for people with Medicare. Under the new framing, Medicare can pay for dental services under various clinical scenarios, including surgical procedures like cardiac valve replacement, organ transplants, and cancer treatments.

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The administration is also establishing a process to identify and cover additional dental services that are inextricably linked and substantially related and integral to the clinical success of other covered medical services.to allow for Medicare coverage for dental services where there is an "inextricable link between dental services and certain covered medical services."

Case Studies

Mr. M found he needed heart surgery to save his life. During the pre-examinations for this major surgery, the doctor discovered that several of Mr. M's teeth needed to be extracted to avoid a significantly higher risk of infection post-surgery. Despite this serious need, Medicare denied the tooth extraction because of the dental exclusion. Note: Starting in 2023, coverage in Mr. M's case may be possible under the broadened definition of "medically necessary."

Ms. W needed a palate replacement after cancer destroyed much of her face, mouth, and jaw. She could not get all of her services covered despite her medical need for coverage to better enable her to eat and talk. Though more of her needs could have been met through certain DME coverage, her doctor did not know how to navigate that system to gain optimum coverage.

Ms. F needed vision services for a serious condition on her retina. Because Original Medicare excludes vision services except those related to cataract surgery, she could not afford the full cost, which was over \$500.

Possible Solutions

Some improvements do not require statutory change:

• Extend Coverage of Medically Necessary Dental Care. CMS can cover more medically necessary dental care as an interim step toward full coverage. Real-world examples from Medicare Advantage, Veterans Affairs, and private insurance plans show the beneficial effects of medically necessary oral health coverage on addressing health needs and reducing health care costs. It also can alleviate beneficiary pain and social isolation from poor dental health.

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While the Administration's new interpretation goes beyond CMS's prior positioning, it could, and currently has plans to, continue to expand the list of covered services, following the clinical evidence. We especially hope for eventual coverage of dental services prior to the initiation of immunosuppressant therapy, joint replacement surgeries, and other surgical procedures. This would both improve health outcomes and reduce overall health care costs.

Some improvements require changes to the underlying statutes that perpetuate issues:

- Pass Comprehensive Oral, Vision, and Hearing Expansion. Congress should pass legislation providing comprehensive oral, vision, and hearing coverage within Medicare Plan B, similar to the Medicare Dental, Vision, and Hearing Benefit Act. Oral health is part of overall bodily health, and both vision and hearing coverage is necessary to better combat the social isolation and health effects of sensory deficiencies. Among Medicare beneficiaries, 70 percent of people who had trouble eating because of their teeth did not go to the dentist in the past year, 43 percent who had trouble seeing did not have an eye exam in the past year, and 75 percent who needed a hearing aid did not have one. These numbers are even more elevated for poor beneficiaries. Currently, Medicare Advantage plans can offer dental, vision, and hearing coverage, but these benefits are largely very limited, and their availability is generally denied to beneficiaries with traditional Medicare.
- Avoid Standalone Benefit Expansion. This coverage should not be offered as a standalone or supplemental benefit akin to the Part D prescription drug benefit. Doing so blunts the effectiveness and universality of the coverage. Standalone coverage for these benefits is already available for purchase but Medicare beneficiaries often cannot afford them or do not understand their importance. A standalone benefit would also require the creation of a low-income subsidy, creating another bureaucratic hurdle for beneficiaries. By folding these benefits into Part B, Congress can avoid creating barriers for access to care.

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