



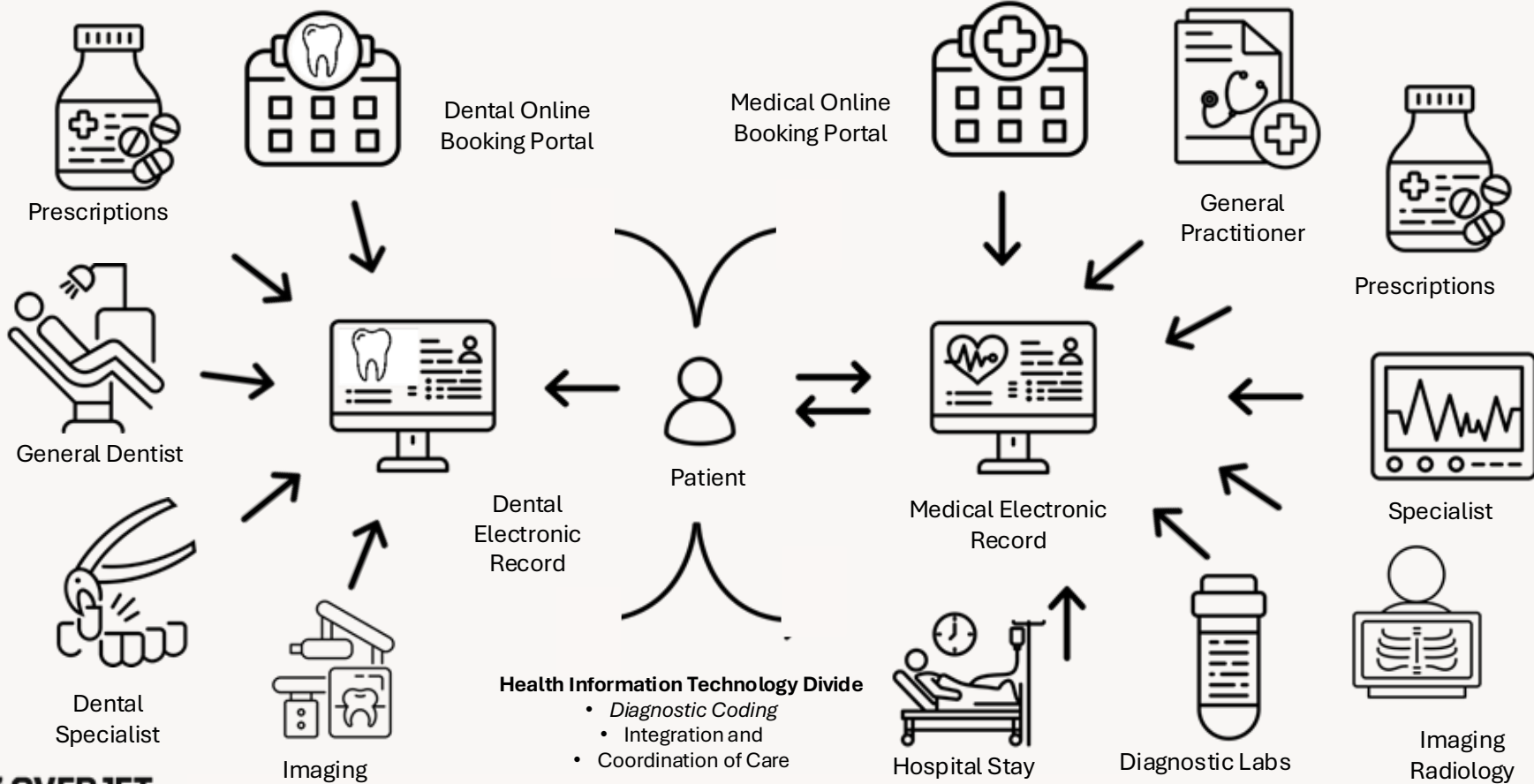
# The State of (dis)Integrated Care: Trends in Medical and Dental Utilization

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# Patients Navigating Medical and Dental Systems



**Health Information Technology Divide**

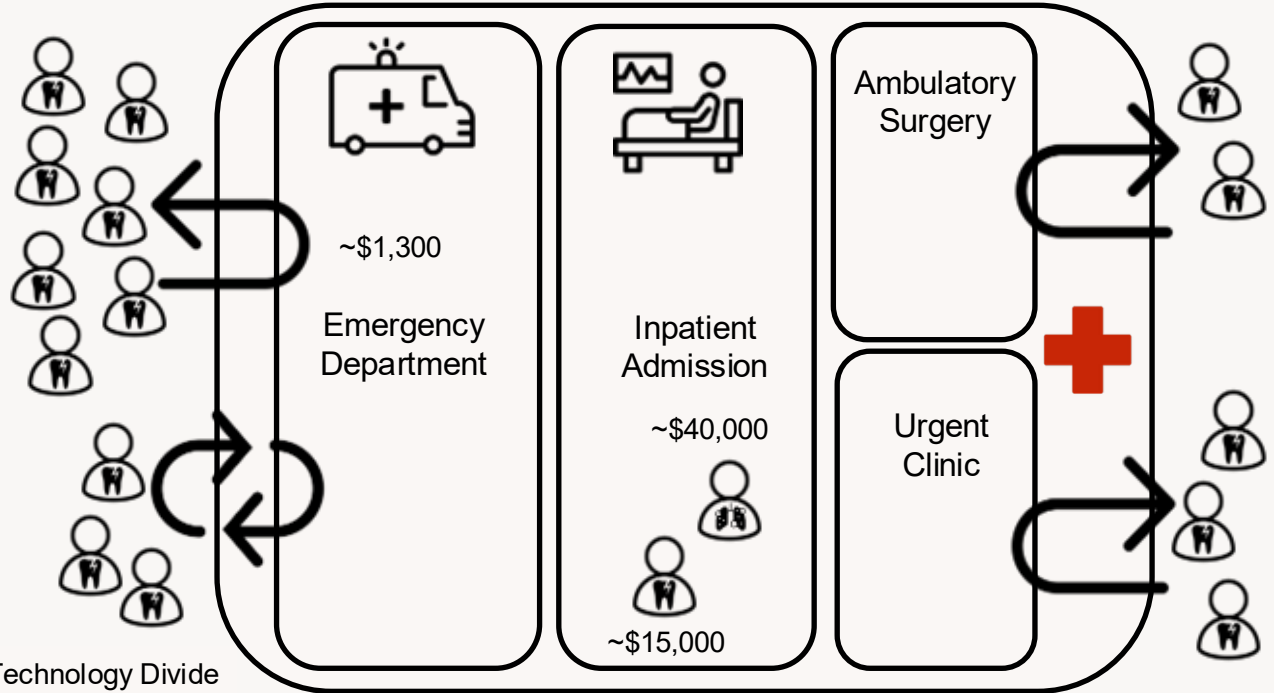
- Diagnostic Coding
- Integration and
- Coordination of Care

# Oral Health in the Healthcare System

Dental Delivery System



Hospital Delivery System

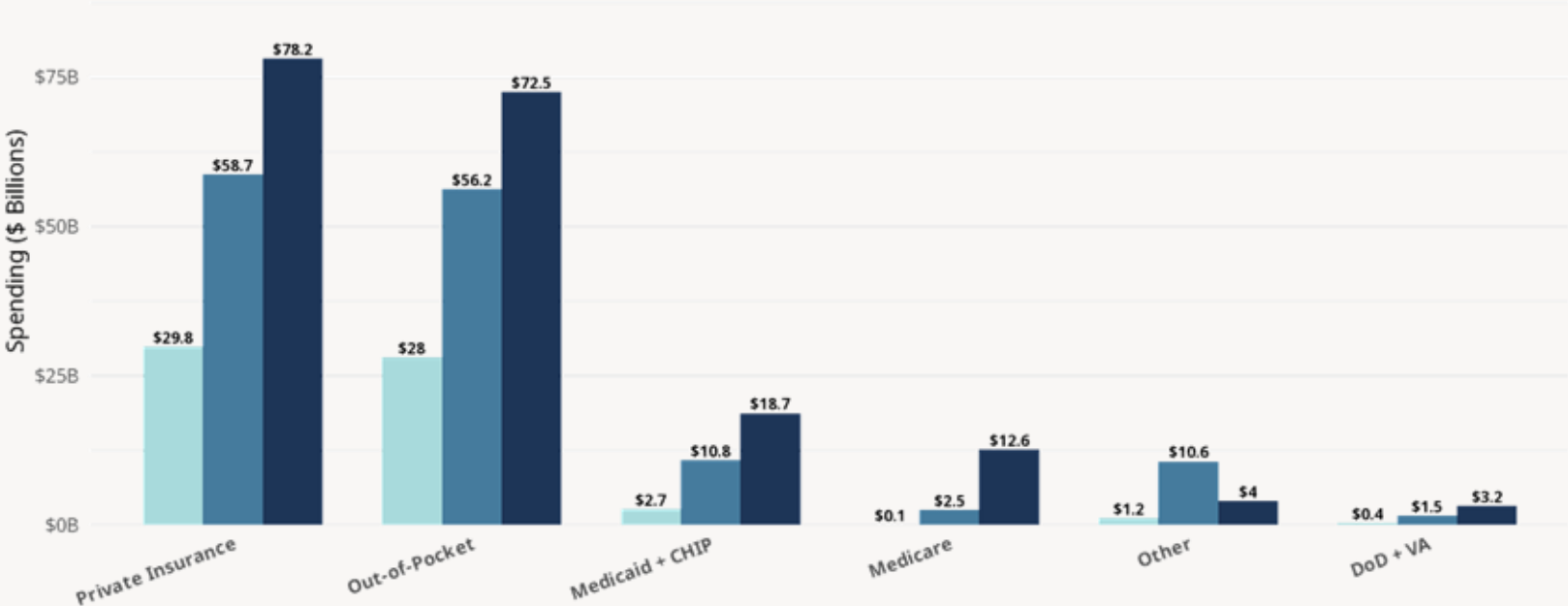


Health Information Technology Divide  
*Diagnostic Coding*  
Integration and Coordination of Care

# US Dental Spending by Payer: 2000 vs. 2020 vs. 2024

Total market 3x'd (\$62B → \$189B) | Medicare exploded 148x (\$85M → \$12.6B)

Year (Total) 2000 (\$62.1B) 2020 (\$140.4B) 2024 (\$189.2B)

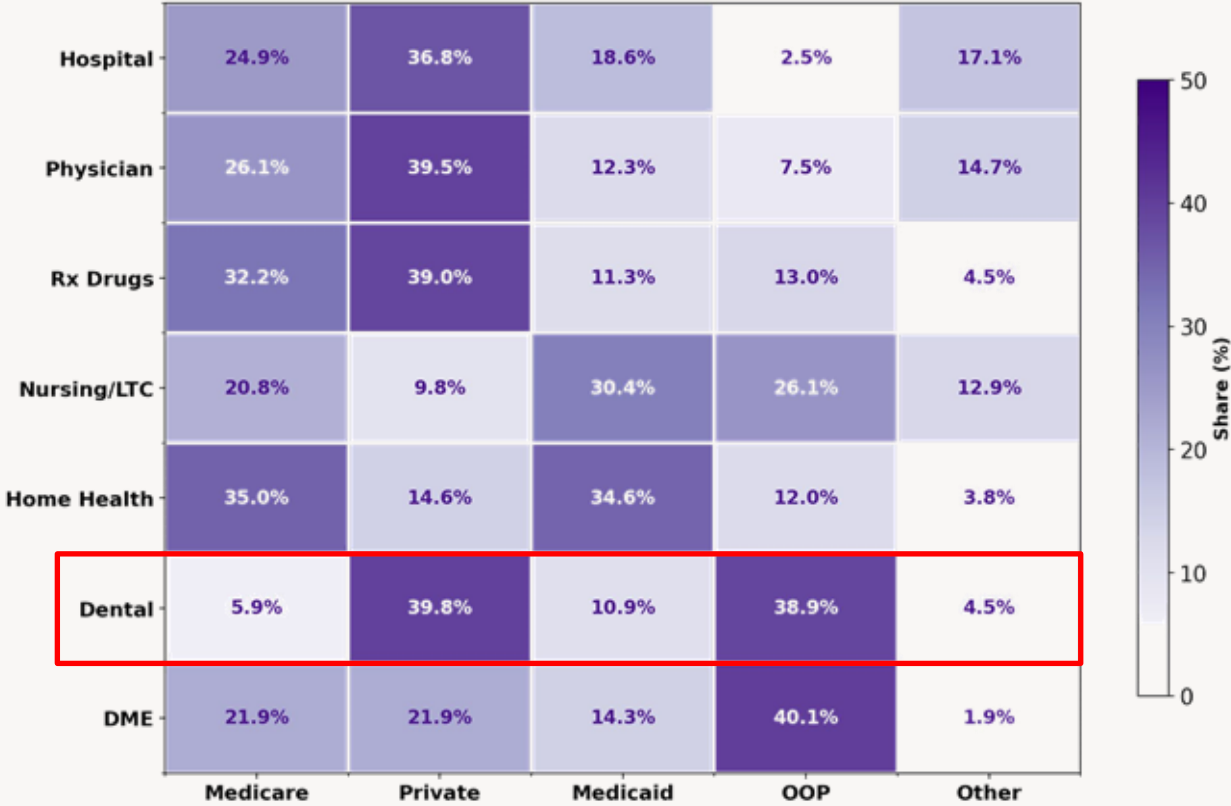


Source: CMS National Health Expenditures | Medicaid+CHIP and DoD+VA combined



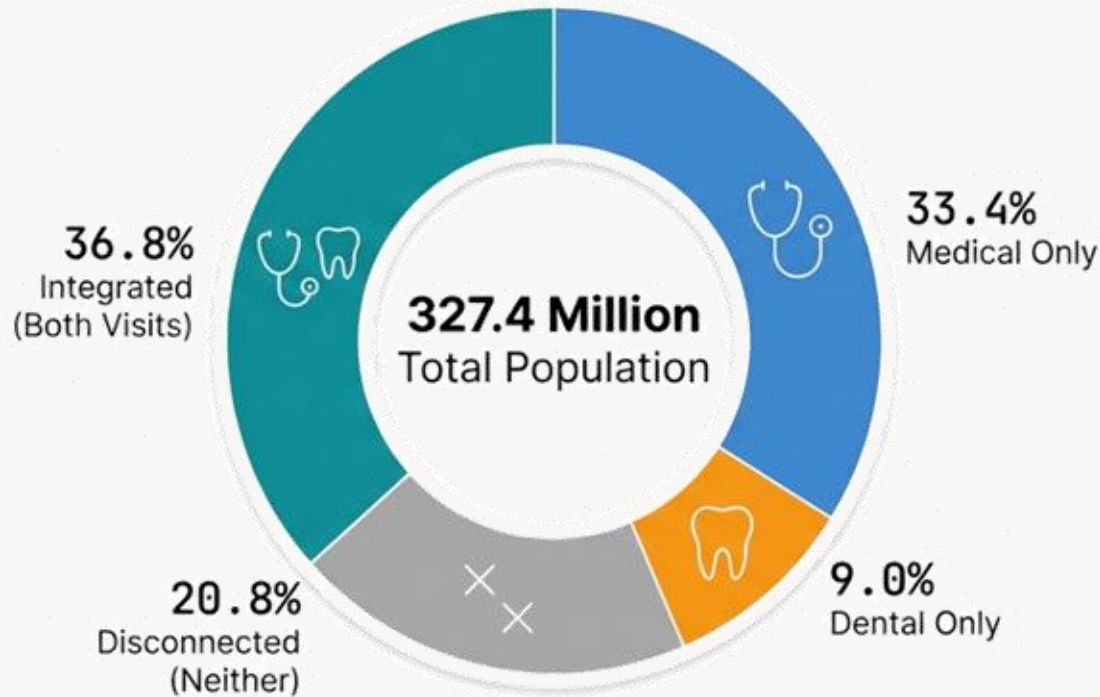
Source: CMS National Health Expenditure Data <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data> ; analysis and visualization mimilabs.ai healthcare data platform.

# US Healthcare Spending by Sector and Payer, 2023



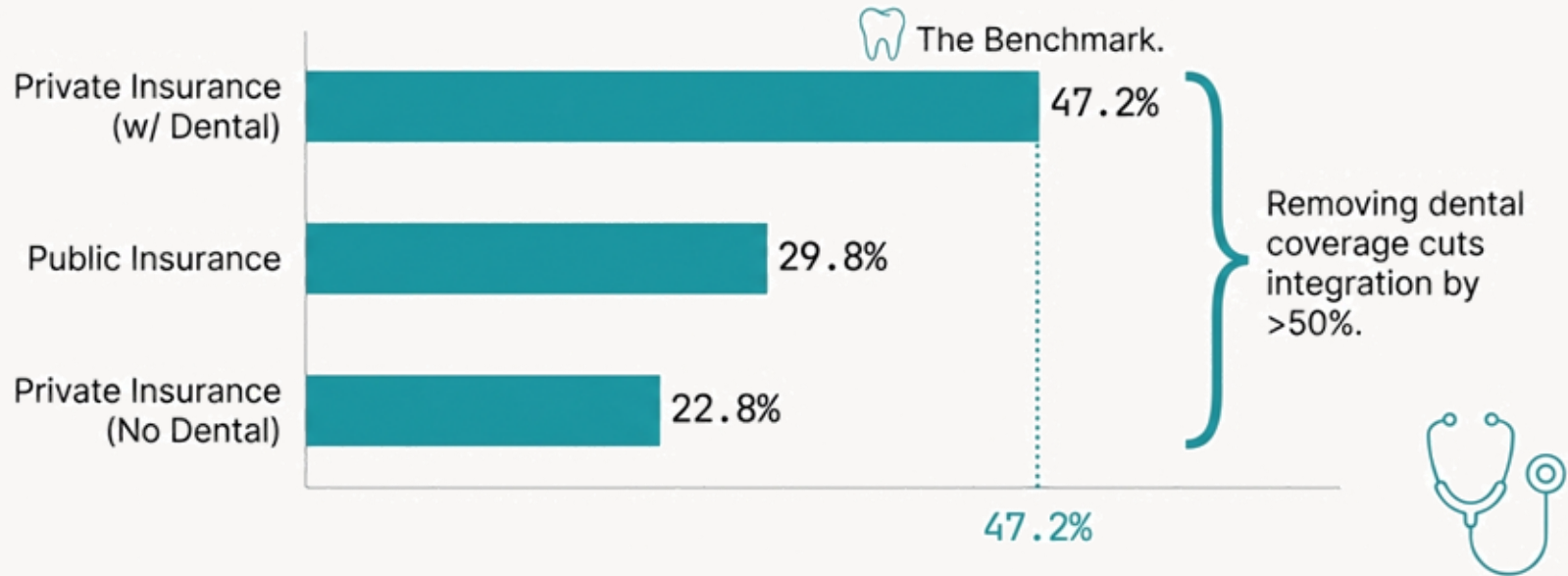
Source: CMS National Health Expenditure Data <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data> ; analysis and visualization mimilabs.ai healthcare data platform.

# The National Snapshot: Only 37% of Americans Receive Medical and Dental Visits

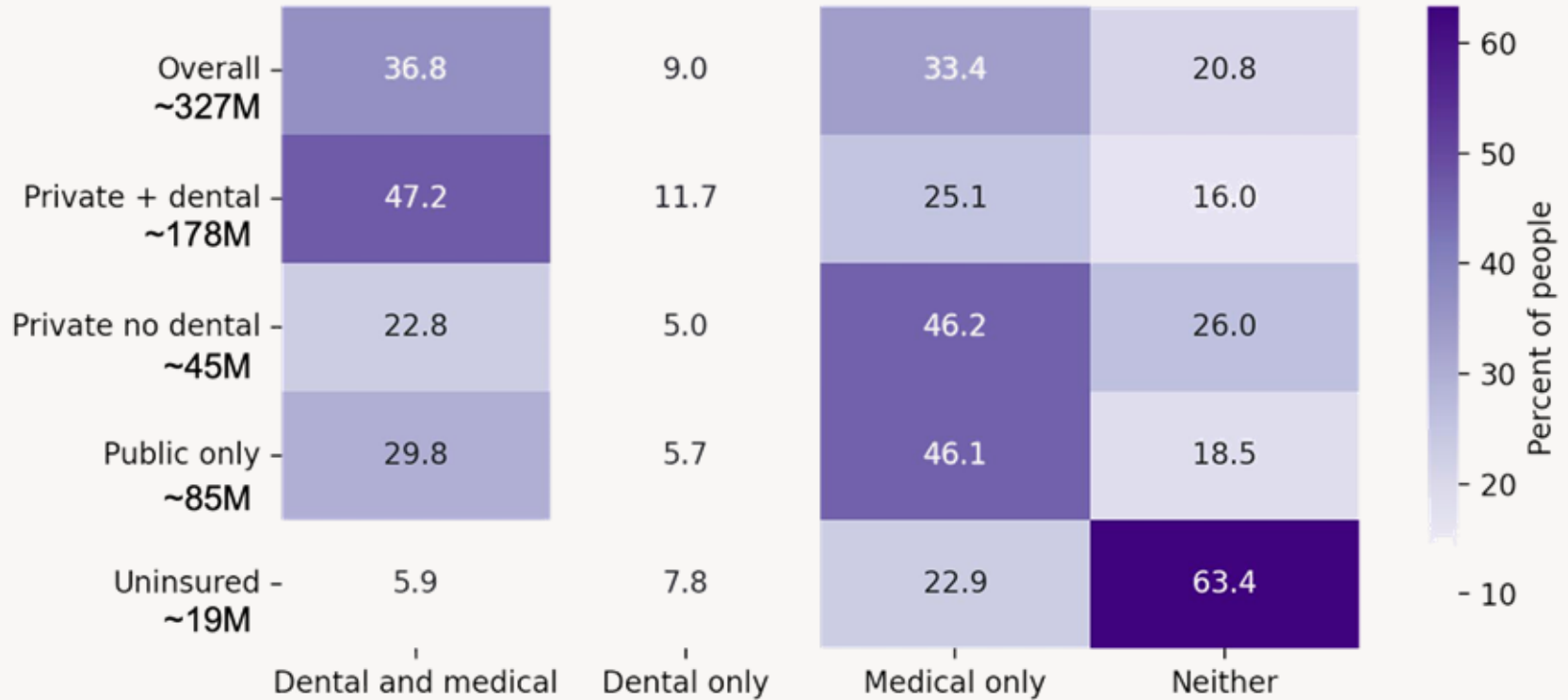


120.6 million Americans managed to bridge the gap between medical and dental systems in 2019. However, nearly 1 in 5 Americans had absolutely no contact with the healthcare system.

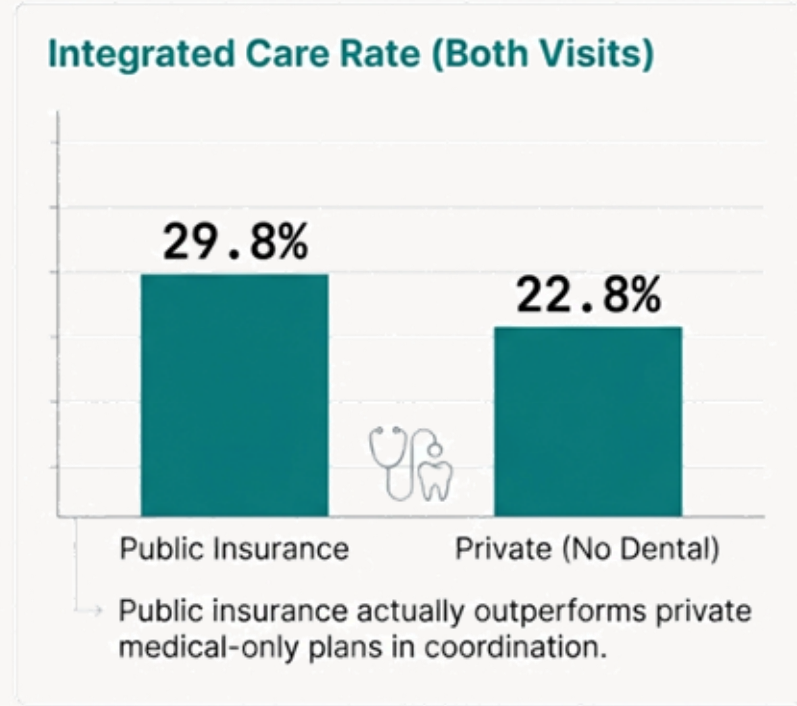
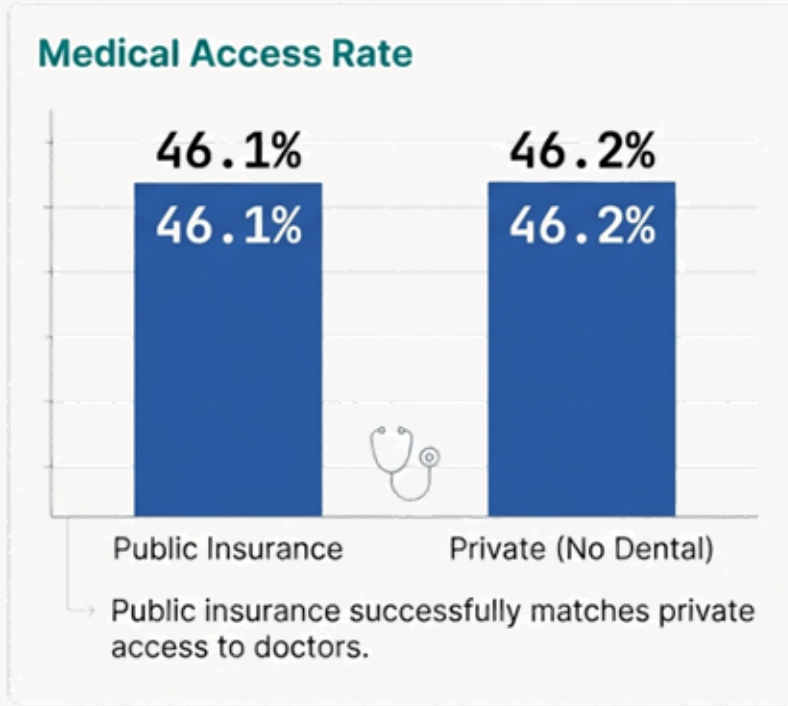
# Overall, Insurance Coverage Is The Primary Gatekeeper For Access to Medical and Dental Care



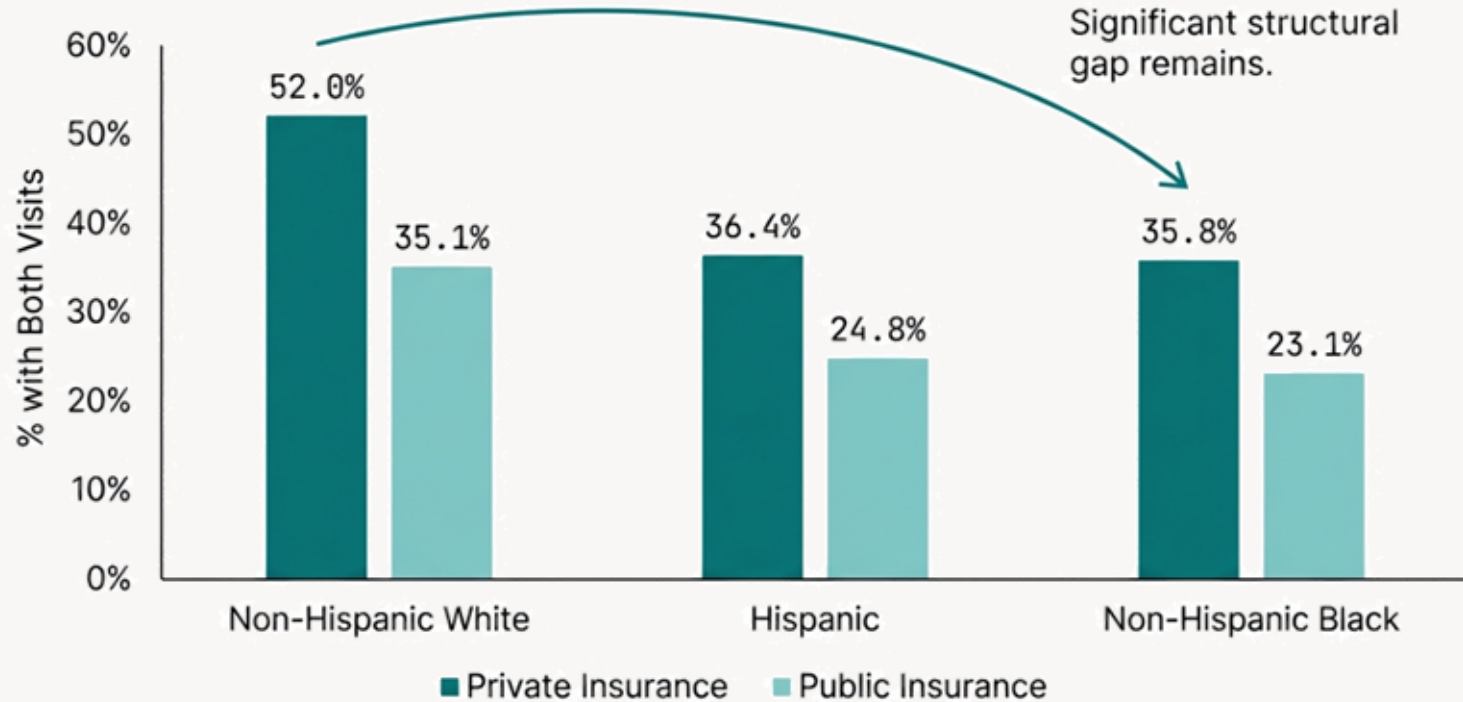
# Insurance Coverage Is The Primary Gatekeeper For Access to Medical and Dental Care



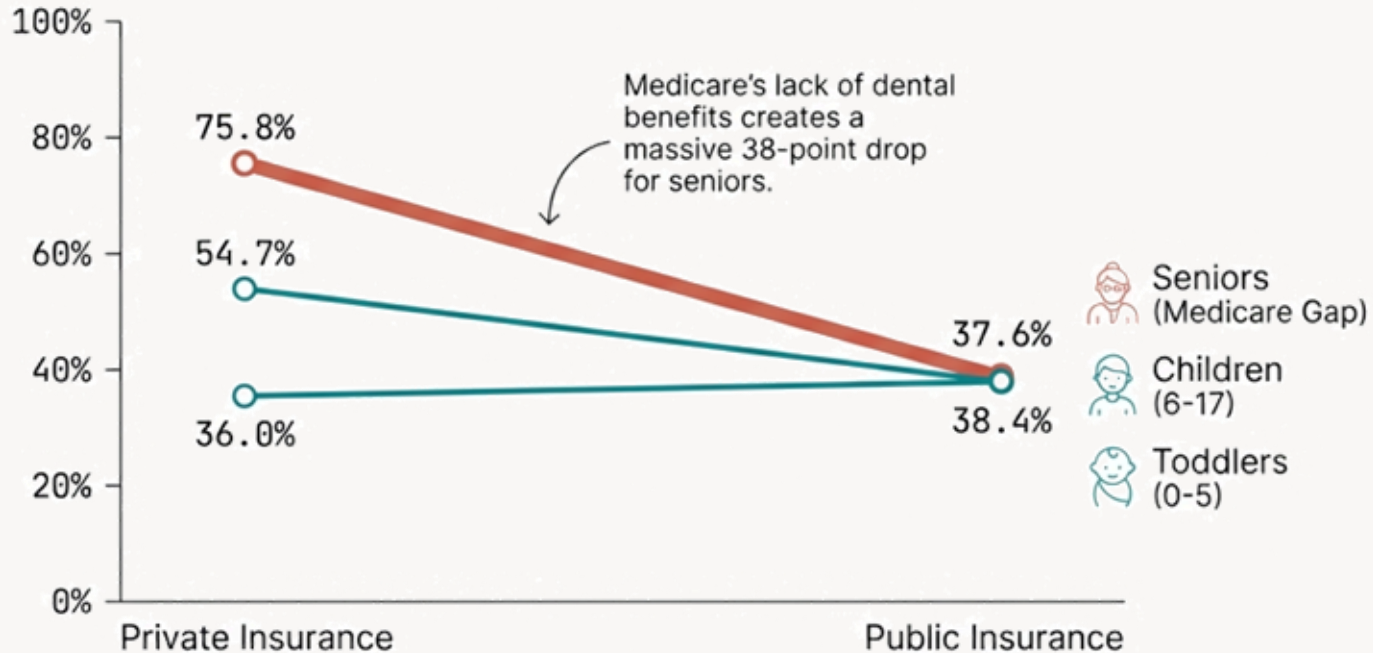
# The Safety Net: Public Insurance Secures Medical Access But Struggles With Integration



# Racial Disparities Persist Even When Controlling For Insurance Status



# Age & Coverage: Seniors Face The Steepest Barriers To Integration



# Effective Health Care Program

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## AHRQ Evidence Reviews Examine Impact of Dental Care on Outcomes for Medical Conditions in Medicare Physician Fee Schedule

COLLECTION | May 1, 2025

The AHRQ Evidence-based Practice Center (EPC) Program commissioned a series of rapid evidence reviews on the efficacy of dental care and treatment in improving outcomes for services included in the [Physician Fee Schedule](#), to inform coverage decisions by the U.S. Centers for Medicare & Medicaid Services (CMS).

In the past several years, there has been increasing recognition of the fact that oral health and whole body wellness are intertwined, as highlighted by the U.S. Surgeon General's report in 2000.<sup>1</sup> Many subsequent efforts have established a correlation between oral diseases and impacts on a variety of systemic diseases.<sup>2</sup> CMS partnered with AHRQ to identify dental services inextricably linked and substantially related to the clinical success of Medicare-covered medical services for people with certain medical conditions.

The rapid response reports summarize the evidence from current literature on the impact of dental services and oral health management for people at risk for developing or who have those medical conditions.

The reports are listed below.

- [Linking Dental Services to Treatment Outcomes for Chronic Kidney Disease: A Rapid Response Review](#)
- [Linking Dental Services to Treatment Outcomes for Diabetes: A Rapid Response Review](#)
- [The Association Between Outcomes and Dental Services in Persons With Autoimmune Disease Treated With Biologics and Other Immunosuppressants: A Rapid Response Review](#)
- [Dental Care for People With Hemophilia: A Rapid Response Literature Review](#)
- [Dental Care for People With Sickle Cell Disease: A Rapid Response Literature Review](#)
- [Efficacy of Dental Services for Reducing Adverse Events in Those Receiving Chemotherapy for Cancer](#)
- [Efficacy of Dental Services for Reducing Adverse Events in Those Undergoing Insertion of Implantable Cardiovascular Devices](#)
- [Association Between Outcomes and Dental Services in People With Substance Use Disorder: A Rapid Response Review](#)
- [Association Between Outcomes and Dental Services in People at Risk of Post-Transplant Complications: A Rapid Response Review](#)
- [Association Between Outcomes and Dental Services in People Receiving Treatments That Cause Medication-Related Osteonecrosis of the Jaw: A Rapid Response Review](#)
- [Association Between Outcomes and Dental Services in People Receiving Treatment for Human Immunodeficiency Virus: A Rapid Response Review](#)

### References

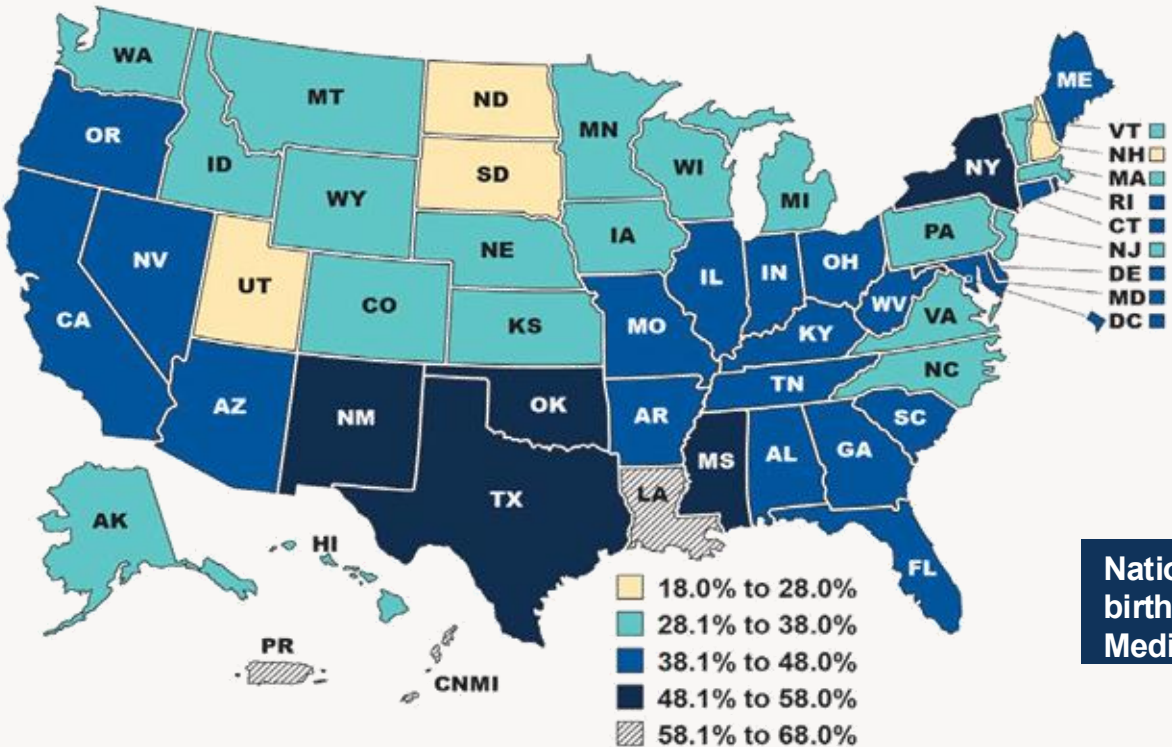
1. National Institutes of Health. Oral Health Care in America: Advances and Challenges. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research; 2021.
2. Kapila, Y. L. Oral Health's Inextricable Connection to Systemic Health: Special Populations Bring to Bear Multimodal Relationships and Factors Connecting Periodontal Disease to Systemic Diseases and Conditions. *Periodontol* 2000. 2021 Oct;87(1):11-16. <https://doi.org/10.1111/prd.12398>.

# Medicare FFS Beneficiaries Eligible for Coverage of Dental Services, 2017–22

Treatment	Total	95% CI
Valvuloplasty or cardiac valve surgery	92,294	76,970, 107,618
Undergoing organ transplant (including stem cell and bone marrow transplants)	88,563	67,596, 109,531
Receiving chemotherapy for cancer	608,654	548,432, 668,876
Receiving high-dose antiresorptive therapy for cancer	210,265	178,249, 242,281
Head and neck cancer treatment	171,609	135,189, 208,029
Receiving CAR-T cell therapy for cancer	10,516	-112,406, 133,438
Starting dialysis for ESRD	60,539	44,704, 76,374
Receiving dialysis for ESRD	224,996	188,136, 261,856
Total	1,308,671	1,219,022, 1,398,320

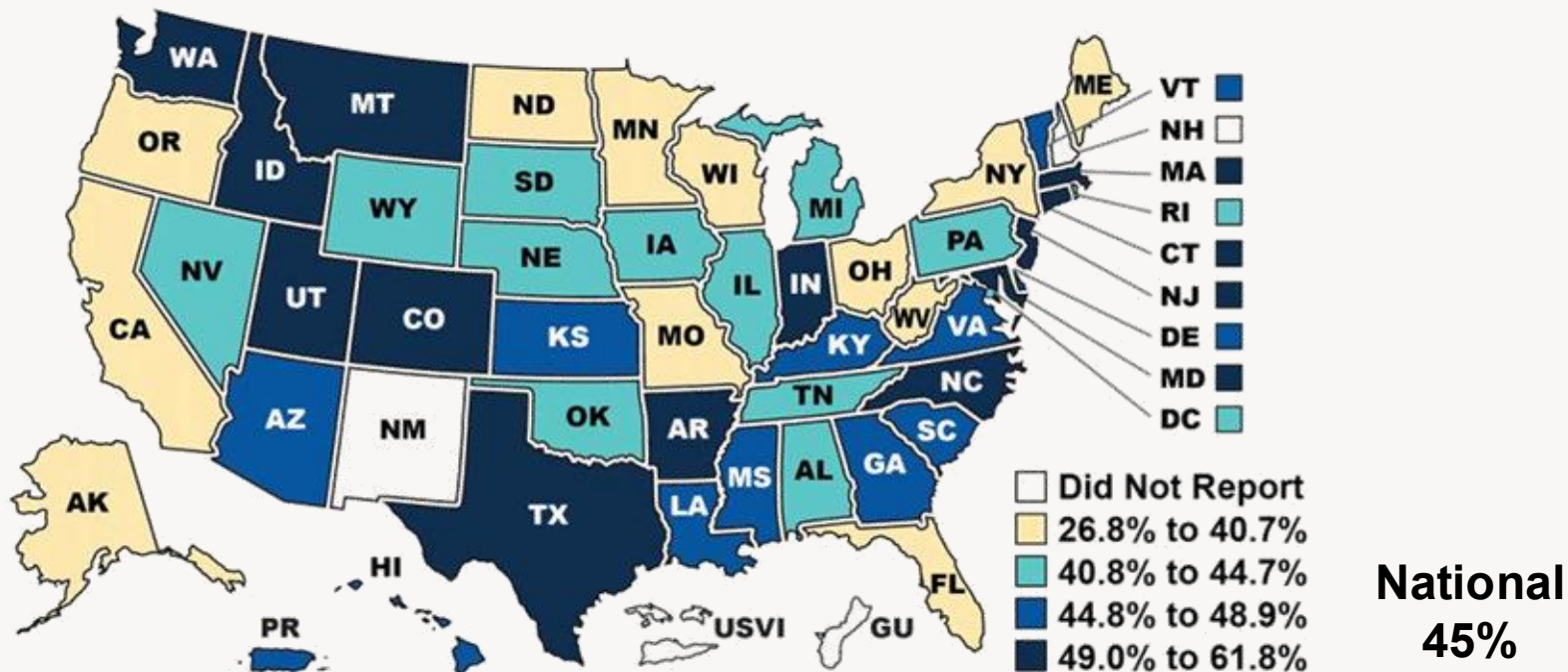


# Percentage of Births Covered by Medicaid, by State, 2023

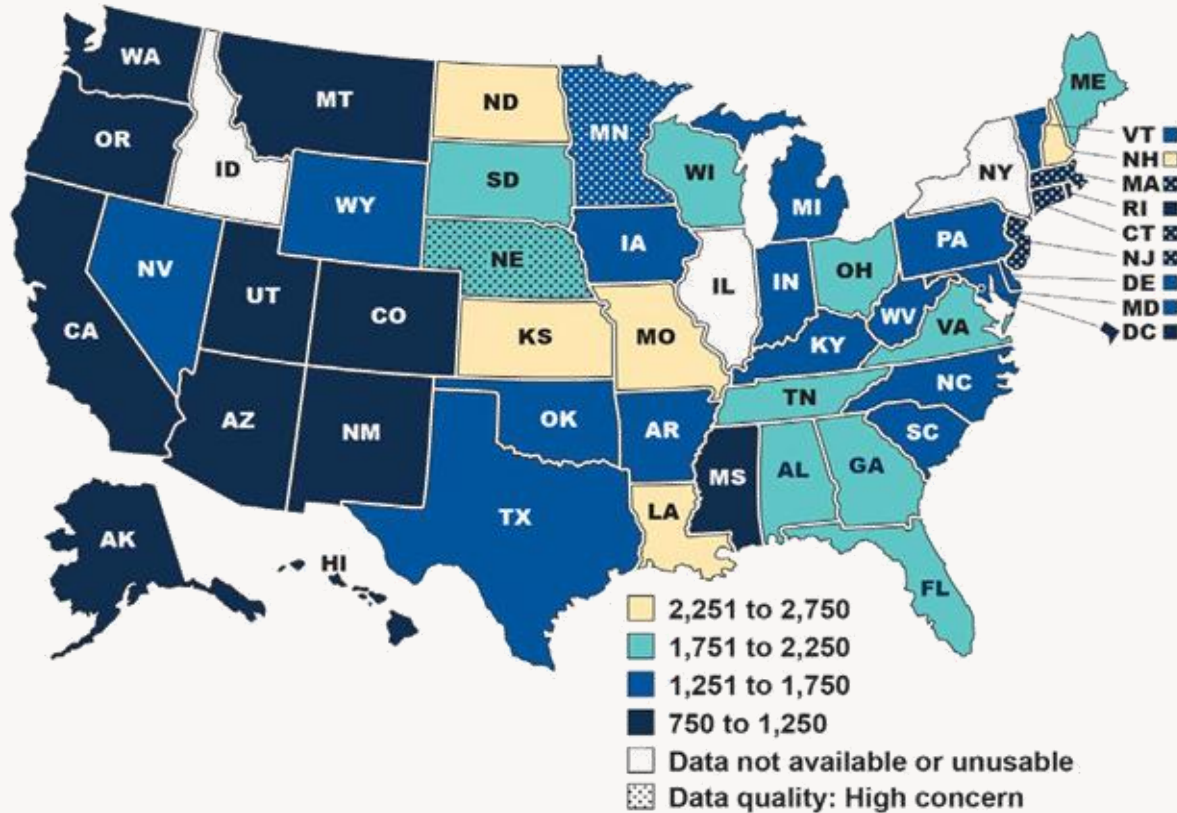


Nationally, 41.6% of births were covered by Medicaid in 2023.

# Percentage of Children Under Age 21 Who Received a Comprehensive or Periodic Oral Evaluation, by State



# Emergency Department Visits for Non-Traumatic Dental Conditions per 100,000 Adult Beneficiaries, 2022



# Integration Imperatives

## The Medicaid and CHIP Core Sets of Health Care Quality measures

**2026 Child Core Set** for mandatory reporting:

Oral Evaluation During Pregnancy: Ages 15 to 20 (OEV-CH). Oral Evaluation During Pregnancy: Ages 15 to 20 (OEV-CH).<sup>22</sup> This measure assesses the percentage of beneficiaries ages 15 to 20 years with live-birth deliveries in the reporting year who received a comprehensive or periodic oral evaluation from a dental provider during pregnancy. This measure recognizes the important connection between oral health and overall health during pregnancy and addresses an identified gap in the Core Sets.

**2026 Adult Core Set** for voluntary reporting:

Oral Evaluation During Pregnancy: Ages 15 to 20 (OEV-CH).

**2027 Adult Core Set** for voluntary reporting: Adults with Diabetes-Oral Evaluation (DOE-AD). This measure assesses the percentage of enrolled adults aged 18 years and older with diabetes who received a comprehensive or periodic oral evaluation or a comprehensive periodontal evaluation within the reporting year. This measure supports improved integration and coordination of care between medical and dental care systems that promote whole-person health.

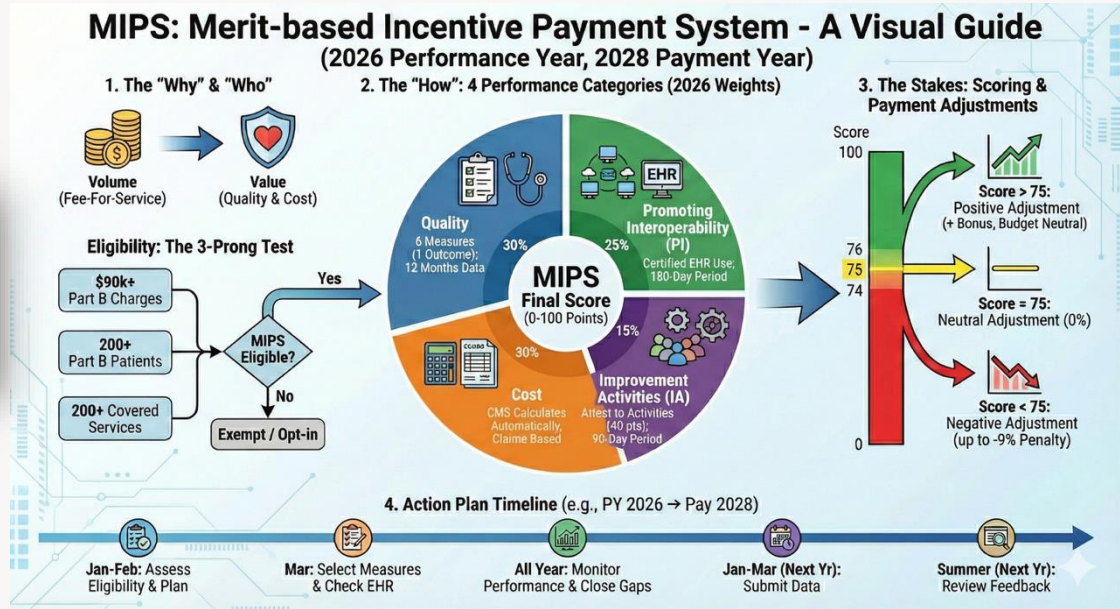
# Integration Imperatives

## Medicare Dental Coverage

- Use the appropriate CDT or CPT codes for the services you provide. When you submit a claim for Medicare-covered dental services, you're certifying that the dental service is inextricably linked to a Medicare-covered medical service.
- Starting January 1, 2025, you may use the **KX modifier on the dental (837D or 2024 ADA) claim form**, the professional (837P or CMS-1500) claim form, or the institutional (837I or CMS-1450) claim form. We encourage you to include the KX modifier to indicate:
- You've **included appropriate documentation in the medical record to support the medical necessity of the dental service or item and demonstrate the inextricable link to a Medicare-covered medical service.**
- The medical and dental practitioners coordinated care for the services.
- Starting **July 1, 2025, you must use the KX modifier** to identify dental services inextricably linked to covered medical services.
- Starting **July 1, 2025, you must submit an [ICD-10 code](#)** on the dental (837D or 2024 ADA) claim form.
- If you're submitting a Medicare claim for a denial so you can get paid by a third-party payer (like Medicaid), include the appropriate HCPCS modifiers. For example, use the GY modifier to:
- Certify that you believe Medicare shouldn't pay for the service.
- Submit statutorily excluded services as non-covered line items on the claim with other covered dental services (like dental services inextricably linked to the clinical success of other Medicare-covered procedures or services).

# Integration Imperatives

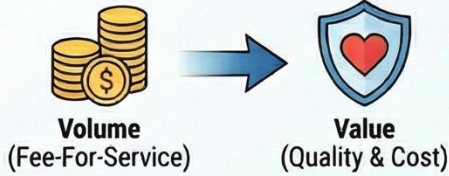
## Oral Health MIPS (Merit-based Incentive Payment System) Improvement Activity



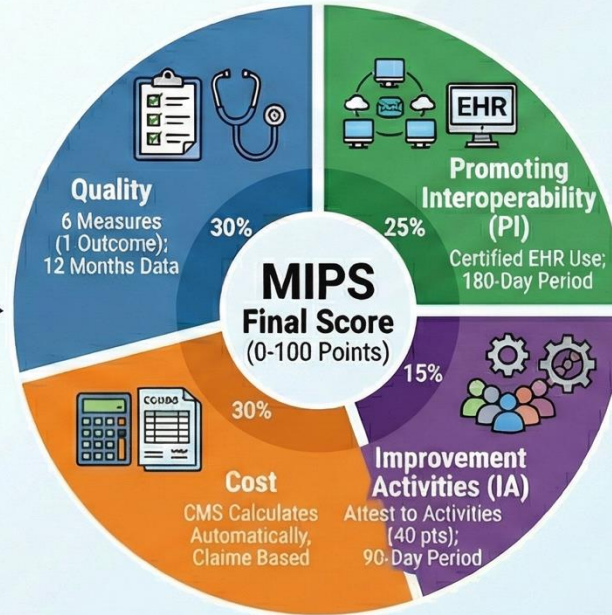
# MIPS: Merit-based Incentive Payment System - A Visual Guide

## (2026 Performance Year, 2028 Payment Year)

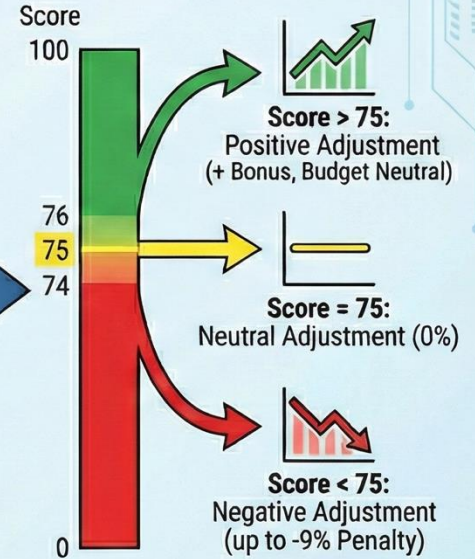
### 1. The "Why" & "Who"



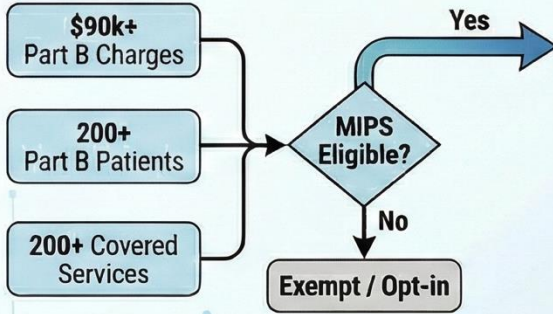
### 2. The "How": 4 Performance Categories (2026 Weights)



### 3. The Stakes: Scoring & Payment Adjustments



### Eligibility: The 3-Prong Test



### 4. Action Plan Timeline (e.g., PY 2026 → Pay 2028)



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