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## **MEDICARE PLAN PAYMENT GROUP**

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**DATE:** August 22, 2024

**TO:** All Medicare Advantage Organizations, Cost Plans, PACE Organizations, and Demonstration Organizations

**FROM:** Jennifer R. Shapiro, Director, Medicare Plan Payment Group

**SUBJECT:** Submission of Supplemental Benefits Data on Medicare Advantage Encounter Data Records – Dental Services Submission Instructions and Other Supplemental Service Updates

The purpose of this memorandum is to inform Medicare Advantage (MA) organizations, Demonstrations, and Program of All-inclusive Care for the Elderly (PACE) organizations that the Encounter Data System (EDS) is ready to begin collecting supplemental dental services in the X12 837D 5010 (“837D”) format. This memo will also address changes to Supplemental Benefit Services Category (SBSC) codes.

### **Supplemental Dental Services**

On February 21, 2024, CMS released a memo entitled “Submission of Supplemental Benefits Data on Medicare Advantage Encounter Data Records.” In that memo, CMS reminded MA organizations that the requirements and authorities codified at 42 CFR 422.310 apply not only to Medicare Part A and B covered items and services, but also extend to supplemental benefits offered by MA organizations, i.e., MA organizations are required to submit encounter data for supplemental benefits provided to their enrollees. In conjunction with that February memo, CMS released guidance to enable MA organizations to meet the requirement to submit encounters for medical and non-medical supplemental services. The February memo also stated CMS’ intent to collect supplemental dental services in the 837D format, beginning at a later point in 2024, and that we would notify submitters when the EDS begins accepting dental encounters using the 837D format.

In this memo, CMS is announcing that the MA Encounter Data System (EDS) will begin accepting supplemental dental services file submissions beginning September 13, 2024. At that time, we expect that MA organizations will begin to submit supplemental dental services for dates of services beginning January 1, 2024. In the February 2024 memo, we stated that we expected 837D submissions to be caught up by the end of 2024. However, CMS recognizes that plans may need additional time to implement new procedures for submitting supplemental dental services in the 837D format. CMS encourages MA organizations to submit data in accordance with these

instructions as soon as possible for CY 2024 dates of service (01/01/2024 through 12/31/2024). CMS expects that, as with all encounter data, MA organizations submit data on supplemental services in a timely and ongoing manner (e.g., organizations should begin submitting as soon as systems are ready and continue submitting for 2024 dates of service until all data are submitted). Organizations are not expected to resubmit dental encounters that have already successfully been submitted and accepted by the MA EDS. Detailed instructions regarding the submission of MA supplemental dental services using the 837D format have been published on the CSSC Operations website.<sup>1</sup> Please note that these new instructions (the *Medicare Advantage Supplemental Dental Services Submission Guide*) supersede supplemental dental instructions contained in the February 2024 *Medicare Advantage General Supplemental Services Submission Guide*. Specifically, instructions for submitting supplemental dental benefits using the SBSC codes on an 837P are not applicable once an organization begins submitting supplemental dental services using the 837D format. CMS will instead be able to use the Current Dental Terminology (CDT) codes from files submitted in the 837D format to crosswalk services to the appropriate category.

CMS will be phasing in the provision of response reports for supplemental dental services submissions in the 837D format. Phase One will begin on September 13, 2024, when the EDS will begin accepting 837D files. In this phase, MA organizations will begin submitting supplemental dental services in the 837D format and will receive only front-end edit reports (TA1, 999). In Phase Two of the implementation, MA organizations will be provided with additional response reports. CMS will inform MA organizations via a subsequent HPMS memorandum before Phase Two begins.

### **Other Updates**

CMS is notifying MA organizations of corrections to Appendix 2.12 B: Supplemental Benefit Services Category (SBSC) Codes published in February 2024. Specifically, the SBSC codes for Additional Pulmonary Rehabilitation Services, Additional Intensive Cardiac Rehabilitation Services, Transportation To Any Health-Related Location, and Transportation To Plan-Approved Location have been updated to align with their respective codes within the Contract Year (CY) 2024 Plan Benefit Package (PBP) system. A revised Appendix 2.12 B is now available on the CSSC Operations site.

Later in 2024, SBSC codes will be updated for January 2025 to align with the changes made to the CY 2025 PBP system. CMS will inform MA organizations via a subsequent HPMS memorandum when the CY 2025 Appendix 2.12 B is released.

For questions related to this memo, please contact the CMS Risk Adjustment Operations mailbox at [RiskAdjustmentOperations@cms.hhs.gov](mailto:RiskAdjustmentOperations@cms.hhs.gov). Please specify “Supplemental Benefits Submission” in the subject line. Thank you.

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<sup>1</sup> See the *Medicare Advantage Supplemental Dental Services Submission Guide* at <https://www.csscooperations.com/>