



The Maryland State Dental Association (MSDA) & The Maryland Society of Oral & Maxillofacial Surgeons MSOMS Support, with Amendments, SB 797-Maryland Medical Assistance Program and Health Insurance – Claims for Reimbursement – Downcoding

Respectfully Submitted by Daniel T. Doherty, Jr. on Behalf of the MSDA and the MSOMS

Downcoding by carriers is a major issue among dentists, physicians and other health care providers. This unilateral alteration by an insurer of the level of any service code submitted by health care providers which results in a lower payment needs to be regulated. The use of a process, system or tool such as AI to downcode a claim without a review of clinical documentation must stop. The arbitrariness of the downcoding processes employed by carriers need to be controlled, and there must be consequences if an insurer fails to comply.

SB 797 is a carefully consider approach to addressing this issue. However, one classification of carrier has been omitted in the bill. Dental plan organizations cover a significant number of Maryland dental patients, and engage in the same practices as those employed by other carriers. They need to be included as a carrier in SB 797. It is therefore requested that the Committee consider the following amendments:

AMENDMENT NO. 1: On page 1 in lines 5 and 8 after “organizations or,” insert “**dental plan organizations,**”, on page 1 in line 9 after “plan,” strike “or” and after “organization” insert “**dental plan organization, or managed care organization**”.

AMENDMENT NO. 2: On page 3 in line 6 and 7 following “**ORGANIZATION**” insert “**OR A DENTAL PLAN ORGANIZATION,**”; in line 21 following “**PLAN**” insert “**A DENTAL PLAN ORGANIZATION,**”.

AMENDMENT NO. 3: On page 4 in lines 6 and 25 after “**PLAN,**” insert “**A DENTAL PLAN ORGANIZATION,**”; in lines 8,18, and 28 following “**PLAN,**” insert “**DENTAL PLAN ORGANIZATION,**”.

AMENDMENT NO. 4: On page 5 in line 4 following “**PHYSICIAN**” insert “**OR A DENTIST**”; in 8 after “**REVIEW,**” insert “**OR A LICENSED DENTIST QUALIFIED TO PROVIDE THE SERVICE OR TREATMENT UNDER REVIEW,**”; in line 9 AND 20 following “**PLAN**” insert “**DENTAL PLAN ORGANIZATION**”.

Submitted by:
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