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September 6, 2022

The Honorable Chiquita Brooks-LaSure  
Administrator  
Center for Medicare & Medicaid Services  
200 Independence Avenue, SW  
Washington, DC 20201

**RE: CMS-1770-P: CY 2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicare and Medicaid Provider Enrollment Policies, Including for Skilled Nursing Facilities; Conditions of Payment for Suppliers of Durable Medicaid Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); and Implementing Requirements for Manufacturers of Certain Single-dose Container or Single-use Package Drugs to Provide Refunds with Respect to Discarded Amounts (Proposed Rule)**

Dear Administrator Brooks-LaSure:

The American Kidney Fund appreciates the opportunity to provide comments on the CY 2023 Physician Fee Schedule proposed rule.

The American Kidney Fund (AKF) fights kidney disease on all fronts as the nation's leading kidney nonprofit. AKF works on behalf of the 37 million Americans living with kidney disease, and the millions more at risk, with an unmatched scope of programs that support people wherever they are in their fight against kidney disease—from prevention through transplant. Through programs of prevention, early detection, financial support, disease management, clinical research, innovation and advocacy, no kidney organization impacts more lives than AKF. AKF is one of the nation's top-rated nonprofits, investing 97 cents of every donated dollar in programs, and holds the highest 4-Star rating from Charity Navigator and the Platinum Seal of Transparency from GuideStar.

AKF focuses our comments on CMS' proposals on Medicare Parts A and B payment for dental services. We commend CMS for the clarifications and proposals outlined in the proposed rule, as proper oral health is important for people living with end-stage renal disease (ESRD) and is particularly critical to be able to receive a kidney transplant and to have successful kidney transplant

surgery. AKF strongly supports CMS' proposals regarding payment for dental services and we encourage CMS to finalize them, specifically:

- CMS' proposal to amend 42 CFR 411.15(i) to codify that payment can be made under Medicare Part A and Part B for dental services that are inextricably linked to, and substantially related and integral to the clinical success of, an otherwise covered medical service, including dental or oral examination as part of a comprehensive workup prior to a renal transplant surgery.
- CMS' proposal to clarify that Medicare payment would be made for these dental services regardless of whether the services are furnished in an inpatient or outpatient setting, and that payment can also be made for services that are ancillary to these dental services, such as x-rays, administration of anesthesia, use of an operating room, and other facility services.
- CMS' proposal to amend 42 CFR 411.15(i) to specifically include as payable services under Medicare Parts A and B: (1) the dental or oral examination as part of a comprehensive workup prior to an organ transplant, cardiac valve replacement, or valvuloplasty procedure; and (2) the necessary dental treatments and diagnostics to eliminate the oral or dental infections found during a dental or oral examination as part of a comprehensive workup prior to an organ transplant, cardiac valve replacement, or valvuloplasty procedure. Medicare Parts A and B would make payment for these dental services, as applicable, regardless of whether the services are furnished in an inpatient or outpatient setting. Payment under the applicable payment system could also be made for services that are ancillary to these dental services, such as x-rays, administration of anesthesia, and use of the operating room.
- CMS' proposal for Medicare payment to include dental exams and medically necessary diagnostic and treatment services prior to treatments for the initiation of immunosuppressant therapy.

In addition to voicing our strong support for finalizing these proposed policies, AKF would also like to respond to CMS' request for comment on whether certain dental services, such as a dental exam or infected tooth extraction, should be considered so integral to the standard of care for an otherwise covered medical service that the preclusion on Medicare payment under section of 1862(a)(12) of the Social Security Act does not apply. AKF recommends that CMS consider using its existing authority or its broad waiver authority to allow Medicare payment for regular and ongoing dental services, such as dental exams and ancillary services, to Medicare ESRD beneficiaries receiving dialysis.

Research has shown that oral health is a key factor in the health outcomes of people with ESRD and receiving dialysis. For example, "adults with ESRD have more severe oral diseases than the general population, and dental conditions such as caries, periodontitis, and poor oral hygiene are

associated with increased mortality... [additionally,] oral pathologies are associated with inflammation and malnutrition, which may accelerate cardiovascular events in ESRD.”<sup>1</sup> And a study examining people on peritoneal dialysis showed that the group of patients with better dental care had lower rates of hospital admissions due to congestive heart failure, acute coronary syndrome, pneumonia, and peritonitis than the group of patients with worse dental care. They also had lower mortality rates due to congestive heart failure, acute coronary syndrome, pneumonia, and sepsis.<sup>2</sup>

Given the research that demonstrates the importance of oral health on the health outcomes of people with ESRD and receiving dialysis, expanding regular and ongoing dental services to ESRD beneficiaries should be considered integral to the standard of care for beneficiaries receiving dialysis. Expanding access to regular dental services would be particularly beneficial to ESRD beneficiaries under the age of 65 who choose to enroll in fee-for-service Medicare and live in one of the twenty states that do not guarantee access to Medigap insurance for ESRD beneficiaries under the age of 65, and therefore do not have access to dental coverage through a Medigap plan.

Thank you for the opportunity to provide comments on this proposed rule.

Sincerely,



Holly Bode  
Vice President of Government Affairs

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<sup>1</sup> Costantinides F, Castronovo G, Vettori E, Frattini C, Artero ML, Bevilacqua L, Berton F, Nicolin V, Di Lenarda R. Dental Care for Patients with End-Stage Renal Disease and Undergoing Hemodialysis. *Int J Dent*. 2018 Nov 13;2018:9610892. doi: 10.1155/2018/9610892. PMID: 30538746; PMCID: PMC6258100

<sup>2</sup> Hiramatsu, T., Okumura, S., Iguchi, D. et al. Higher dental care is positively associated with key prognosis factors in peritoneal dialysis patients: findings from a retrospective study. *Ren Replace Ther* 8, 6 (2022). <https://doi.org/10.1186/s41100-021-00389-x>