

September 6, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: CMS-1807-P: Medicare and Medicaid Programs; CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program; and Medicare Overpayments

Dear Administrator Brooks-LaSure,

The American Kidney Fund appreciates the opportunity to provide comments on the Centers for Medicare and Medicaid Services' (CMS) proposed rule referenced above.

The American Kidney Fund (AKF) fights kidney disease on all fronts as the nation's leading kidney nonprofit. AKF works on behalf of the 1 in 7 American adults 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 is also a member of Kidney Care Partners (KCP), an alliance of members of the kidney care community. In addition to our comments below, we support the comments that KCP has submitted.

The purpose of our comment letter is to express our strong support for CMS's proposal to amend § 411.15(i)(3) of the Social Security Act to add to the list of clinical scenarios under which fee-for-service (FFS) Medicare payment may be made for dental services inextricably linked to covered services to include: dental or oral examination performed as part of a comprehensive workup in either the inpatient or outpatient setting prior to Medicare-covered dialysis services when used in the treatment of end-stage renal disease (ESRD); and medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to, or contemporaneously with

Medicare-covered dialysis services when used in the treatment of ESRD. We urge CMS to finalize this proposal for CY 2025.

We appreciate CMS listening to recommendations provided by the kidney community and evaluating the clinical research that demonstrates the connection between dental services and the clinical success of dialysis services for individuals with ESRD. As we noted in our comment letter to the CY 2023 Physician Fee Schedule proposed rule, 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.”¹

Additionally, 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.²

We agree with CMS’s conclusion that the clinical evidence indicates that medically necessary dental care may “advance the clinical success of dialysis services in the treatment of ESRD because an oral or dental infection can present substantial risk to the success and outcomes of these procedures (including the risk of systemic infection, BSI, sepsis, and death).”³

Again, we strongly support CMS’s proposal to provide FFS Medicare payment for dental services inextricably linked to Medicare-covered dialysis services in the treatment of ESRD, and support CMS finalizing this proposal. Thank you for the opportunity to provide comments on this proposed rule.

Sincerely,



LaVarne A. Burton
President and CEO

¹ 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

² 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>

³ Federal Register, Vol. 89, No. 147; 61756