



August 21, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: CMS-1807-P: 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,

On behalf of the more than 30 organizations working together to advance kidney care through Kidney Care Partners (KCP), I want to thank you for the opportunity to provide comments on the “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” (Proposed Rule). In particular, we wish to voice our support for the proposal to cover and reimburse dental services for individuals with End Stage Renal Disease (ESRD). We also support incorporating certain Advanced Primary Care Management (APCM) services into the traditional Medicare program to support individuals with chronic kidney disease (CKD). Finally, we thank CMS for expanding coverage of compounded immunosuppressive drugs, which is particularly important for pediatric patients.

I. KCP Supports Expanding Access to Dental Services for Individuals ESRD.

As we have noted in previous letters, most recently CY 2023 Physician Fee Schedule Proposed Rule comment letter, KCP strongly supports expanding access to “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 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.”¹ We urge the agency to finalize that proposal for CY 2025.

¹CMS. Calendar Year 2025 Physician Fee Schedule Proposed Rule. Display Copy 420-21 (2024).

While we do not reiterate the studies we cited in previous letters, we agree with the CMS conclusion that “the evidence base indicates that evaluation for and treatment of oral infection leads to improved outcomes and reduced risk of mortality for individuals with ESRD receiving covered dialysis services.”²

Without Medicare coverage, many beneficiaries may not have access to dental services. Sixty-one percent of ESRD patients are under 65 years old, but only 11 percent currently have Medigap coverage.³ Expanding regular dental services to all Medicare ESRD beneficiaries should be viewed as integral to the standard of care for dialysis patients. Given that ESRD beneficiaries make up less than one percent of the Medicare population, expanding dental coverage to those individuals who rely upon the benefit would not overwhelm the program.

We appreciate CMS addressing this historic gap in the health care that beneficiaries with ESRD have experienced for far too long.

II. KCP Support Incorporating Certain APCM Services into Traditional Medicare.

KCP is pleased that CMS proposes incorporating three APCM services into traditional Medicare. We believe that expanding enhanced care management services will be particularly beneficial to individuals with chronic kidney disease. As the use of such codes and reimbursement have demonstrated in the past, improving care management results in better communication between patients and caregivers. It fosters better decision-making and helps patients, their care partners, and their health care providers to make informed choices about the best treatment options for each individual.

Too many individuals learn that their kidneys have failed through an emergency room visit. They have not had the opportunity to consider and seek the optimal care that could have prevented crashing into dialysis. We believe that expanding access to enhanced care management services will better support physicians’ efforts to identify and treat individuals when they are in the earlier stages of CKD. In turn, we anticipate that such services will allow individuals to adopt the behaviors necessary and obtain innovative treatment options to slow the progression of their disease and perhaps eliminate experiencing kidney failure entirely. We encourage CMS to finalize this proposal and to continue to find ways to incentivize the use of care management services for individuals with CKD.

²Display Copy 419.

³Dialysis Patient Citizens. “DPC Report Card on Medigap Coverage for ESRD Patients Under 65 Years of Age.” <https://www.dialysispatients.org/policy-issues/promote-financial-security/medigap-coverage/>. (accessed August 17, 2022).

III. KCP Appreciates the Proposal to Include Compounded Immunosuppressive Drugs in the Part B-ID Benefit.

KCP joins ASPN in supporting the proposal to include orally and enterally administered compounded formulations for immunosuppressive drugs covered under the Part B-ID benefit. Children who receive a kidney transplant often require formulations of immunosuppressive drugs that can only be obtained as compounded formulas. The proposed expansion of coverage will support these young patient.

IV. Conclusion

KCP appreciates having the opportunity to comment on the CY 2025 Physician Fee Schedule Proposed Rule. Please do not hesitate to reach out to our counsel, Kathy Lester, in Washington if you have any questions.

Sincerely,



Mahesh Krishnan MD MPH MBA FASN
Chairman
Kidney Care Partners

Appendix: KCP Members

Akebia Therapeutics
American Kidney Fund
American Nephrology Nurses' Association
American Society of Nephrology
American Society of Pediatric Nephrology
Ardelyx
Atlantic Dialysis
Baxter
Centers for Dialysis Care
Cormedix
CSL Vifor
DaVita
Diality
Dialysis Care Center
Dialysis Patient Citizens
Fresenius Medical Care
GlaxoSmithKline
Greenfield Health Systems
Kidney Care Council
NATCO
Nephrology Nursing Certification Commission
Renal Healthcare Association
Renal Physicians Association
Renal Support Network
The Rogosin Institute
U.S. Renal Care
Unicycive