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Kelly Brooks, MPA  
Richmond, VA

February 10, 2024

Chiquita Brooks-LaSure, Administrator  
Centers for Medicare and Medicaid Services  
Attention: CMS-1770-F  
7500 Security Boulevard  
P.O. Box 8016  
Baltimore, MD 21244-8016

## RE: Proposals and Request for Information on Medicare Parts A and B Payment for Dental Services

Dear Ms. Brooks-LaSure:

The National Forum of ESRD Networks (“the Forum”) would like to offer its appreciation to CMS for its thoughtful consideration in providing Medicare beneficiaries coverage for medically necessary dental care. The CMS Final Rule for CY 2024 that was adopted includes policy amendments to § 411.15(i)(3) to specify that “payment under Medicare Parts A and B can be made for an oral or dental examination, and medically necessary diagnostic and treatment services to eliminate an oral or dental infection, prior to an organ transplant, cardiac valve replacement, or valvuloplasty procedure.” The patient population of dialysis-dependent and immunosuppression-requiring transplant and chronic kidney disease (CKD) patients represented by the Forum are prime examples of those individuals who rely upon the ability to maintain adequate nutrition as well as infection prevention that is supported by the services of consistent and reliable dental care. We hear concerns from our patients with delays in kidney transplantation listing or declining nutritional status from the unmet needs of oral healthcare.

In addition to the above-described CMS proposal, the Forum believes that there may be other clinical scenarios where dental services may not be in direct connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth, but instead are linked to, and related and integral to the clinical success of, certain other covered medical services. In order to ensure equitable oral healthcare access for all patients in the at-risk kidney disease population, the Forum would like to suggest that CMS include all beneficiaries who are immunocompromised by end-stage renal disease (ESRD) and CKD, other renal diseases, as well as kidney transplant candidates (and recipients) maintained on immunosuppressive medications. All are at increased risk of infection complications and malnutrition from dentally sourced pathogens, and dental treatment can be integral to the clinical success of such covered nephrology-related medical services.

The Forum would like to thank you for your time and consideration.

Sincerely,



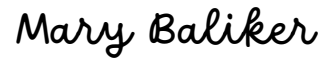
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