

ASN Expresses Concerns About Medicare Physician Fee Schedule, Support for Dental Services Coverage for ESRD Beneficiaries

By David L. White

ASN President Deidra C. Crews, MD, ScM, FASN, on behalf of the society provided comments and recommendations to the “CY2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies” in September (1). ASN’s recommendations touched on numerous provisions of the proposed rule (Table), but for this article, two are of particular interest:

- 1 Overall concerns regarding the Medicare Physician Fee Schedule (MPFS)
- 2 Support to expand coverage for dental services for individuals undergoing dialysis

Concerns about the plagued MPFS

The MPFS proposed rule included a 2.8% reduction to the MPFS conversion factor (CF). CF is a multiplier used to convert relative value units into dollars for medical services. Reductions to CF impact all clinicians providing care to patients on Medicare.

At the same time, clinicians continue to face ongoing financial challenges in operating their practices since the Medicare payment system has failed to keep pace with inflation. In 2025, the proposed 2.8% payment reduction will coincide with an expected 3.6% increase in medical practice cost inflation, as measured by the Medicare Economic Index. Nephrology will experience an overall 2.2% cut for 2025. When adjusted for inflation, Medicare physician payments have declined by 29% from 2001 to 2024 (2). This is clearly not a sustainable trajectory.

ASN has supported efforts by Congress since 2020 to mitigate and/or eliminate reductions caused by the application of Medicare’s budget-neutrality adjustment, which statutorily prohibits any net increase in cost to the federal government when adjustments to MPFS exceed \$20 million. Most recently, in the Consolidated Appropriations Act, 2024, Congress provided 2.93% of relief to help offset 2024’s payment cut, once again mitigating but not eliminating the reduction and failing to keep up with medical inflation for 2024 (3). Unfortunately, the additional 2.93% expires at the end of 2024, which is the main contributor to the proposed 2.8% reduction for 2025.

MPFS is the only payment system within Medicare lacking an annual inflationary update, even though clinicians contend with a wide range of shifting economic factors (such as increasing administrative burdens, staff salaries, building rent, and purchasing essential technology) when determining their ability to provide care to patients on Medicare. The absence of an annual inflationary update, combined with statutory budget neutrality requirements, further compounds the difficulties that nephrologists face in managing resources to continue caring for patients in their communities.

ASN beseeched the Biden-Harris Administration to work directly with Congress and across the US Department of Health and Human Services to find solutions to the plagued payment system.

Coverage expansion for dental services for ESRD beneficiaries

In February 2024, ASN and the National Kidney Foundation jointly urged the Centers for Medicare & Medicaid Services (CMS) to use its existing authority or its broad waiver authority to allow Medicare payment for diagnostic and therapeutic dental services for Medicare End-Stage Renal Disease (ESRD) beneficiaries receiving dialysis when, because of immunosuppression, poorly controlled diabetes, heart disease, malnutrition, and/or other relevant comorbidities, dental treatment can be integral and substantially related to the clinical success of such covered nephrology-related medical services as:

- ▶ Current Procedural Terminology (CPT) codes 36901–36906: Dialysis circuit procedures
- ▶ CPT codes 90935, 90937, and 90940: Hemodialysis procedures
- ▶ CPT code 90961: Physician or other qualified health care professional visits for ESRD
- ▶ CPT codes 90989–90999: Other dialysis procedures
- ▶ CPT codes 99212–99215: Evaluation and management services
- ▶ Diagnosis-Related Group code 872: Hospitalization for septicemia or severe sepsis

Identifying and resolving dental infections can be similarly integral and related to the clinical success of other covered medical services for comorbidities that are frequently associated with kidney failure. Currently, many individuals covered under the ESRD benefit lack access to these essential services due to inadequate Medicare coverage.

Research has consistently demonstrated that oral health can be a crucial determinant of overall health outcomes in patients with kidney failure. Treatment of dental

infections risking or causing bloodstream infections, poor glycemic control, and other complications can be integral and substantially related to the clinical success of medical therapies to manage ESRD.

Patients with kidney failure have higher rates of decayed, missing, and filled teeth; dental plaque; loss of attachment; xerostomia; gingivitis; periodontitis; as well as mouth and jaw-bone lesions compared with the general population. The consequences of poor oral health are worse for patients with kidney failure due to their advanced age, diabetes, polypharmacy, and/or impaired immune function. As a result, adults with kidney failure experience more severe oral diseases compared with the general population, which can contribute to increased mortality rates.

ASN wrote in its comments, “Given these findings, the expansion of dental services in Medicare should be considered a fundamental component of standard care for all [patients undergoing dialysis] just as it is for patients being evaluated for a kidney transplant. Providing this coverage is essential for improving health outcomes and ensuring comprehensive care for those affected by kidney failure” (1).

ASN thanked CMS for proposing to make necessary oral and dental care available for comorbidities frequently associated with kidney failure. In so doing, CMS will significantly reduce the risk of medical complications currently faced by individuals with kidney failure and avoid the costly interventions now borne by Medicare, beneficiaries, and taxpayers. ASN has long supported the expansion of Medicare coverage to include dental services.

To keep track of ASN’s policy efforts related to these proposed rules, follow coverage in *Kidney News* and the ASN podcast feed, and visit <http://www.asn-online.org/policy> to read the full comment letter. For real-time updates from ASN Policy, follow @ASNAdvocacy on X. ■

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References

1. Crews DC. Letter to The Honorable Chiquita Brooks-LaSure. September 9, 2024. <https://www.asn-online.org/policy/webdocs/240909ASNPhysicianFeeScheduleCommentLetterFINAL.pdf>
2. American Medical Association. Medicare physician payment is not keeping up with practice cost inflation. Updated March 2024. <https://www.ama-assn.org/system/files/2024-medicare-updates-inflation-chart.pdf>
3. Consolidated Appropriations Act, 2024, HR 4366, 118th Congress (2023–2024). <https://www.congress.gov/bill/118th-congress/house-bill/4366>

Table. Topics ASN addressed in the comment letter

Expanding Caregiver Training Services to include home dialysis training services for caregivers

Expanding Hospital Inpatient or Observation Evaluation and Management Add-on for Infectious Disease (Healthcare Common Procedure Coding System code GIDXX) to include nephrologists

Expanding coverage for dental services for ESRD beneficiaries

Incorporating certain Advanced Primary Care Management services into the traditional Medicare program to support individuals with chronic kidney disease

Expanding coverage of compounded immunosuppressive drugs

Increasing uptake of Kidney Disease Education

Expanding audio-only coverage, additions to the telehealth list, and lifting of frequency limits

Incorporating new MIPS Quality Measures proposed for the CY2025 performance period/2027 MIPS payment year and future years

CY, calendar year; MIPS, Merit-based Incentive Payment System.