

September 9, 2024

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

RE: CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies (CMS-1807-P)

Comments submitted via: <http://www.regulations.gov>

Dear Administrator Chiquita Brooks-LaSure:

On behalf of the American Association of Endodontists (AAE), we appreciate the opportunity to provide comments in response to the Centers for Medicare & Medicaid Services (CMS) CY 2025 Physician Fee Schedule (PFS) proposed rule. The AAE is the largest global association of endodontists, representing more than 8,000 members committed to delivering the highest standards of oral health care to their patients. Endodontists are dental specialists with distinctive expertise in diagnosing and managing dental pain. Our specialty extends to preserving patients' natural teeth through root canal therapy and related surgical procedures, thereby contributing to the overall well-being and oral health of individuals under our care.

AAE appreciates CMS' continued recognition of oral health's vital role in enhancing overall health outcomes and increasing Medicare beneficiaries' access to medically necessary dental care. We appreciate the opportunity to provide the following comments on the proposed rule as it relates to dental and oral health services:

Payment for Dental Services Linked to Medically Necessary Treatments

The AAE fully supports CMS' proposal to expand coverage and payment for the treatment of a dental examination before or during Medicare-covered dialysis services for end-stage renal disease (ESRD). The AAE supported CMS's policy decision last year to cover medically necessary dental services for Medicare beneficiaries undergoing specific cancer and structural heart disease treatments. This year's proposal would be another significant step to ensure another high-risk patient population can access medically necessary dental services. As root canal specialists, we witness firsthand the severe consequences of untreated dental infections, which can rapidly spread, exacerbating existing health conditions and potentially becoming life-threatening.¹ ESRD patients, who already endure an elevated risk of chronic infections, would greatly benefit from this proposal, as it aims to prevent oral diseases and contribute to their comprehensive care during dialysis services.

We recognize that CMS does not possess the authority to propose payment policies for dental services that have not yet demonstrated sufficient clinical success in managing conditions such as diabetes, autoimmune diseases requiring immunosuppressive therapy, and specific blood disorders like sickle cell disease and hemophilia. However, we appreciate the agency's ongoing commitment to allowing stakeholders to continue presenting evidence supporting policy coverage changes for these critical conditions. The AAE strongly urges CMS and the Agency for Healthcare Research and Quality (AHRQ) to actively collaborate with organized dentistry and medicine in their scientific review process that goes into these coverage determinations.

¹ American Association of Endodontists. "Root Canal Explained." <https://www.aae.org/patients/root-canal-treatment/what-is-a-root-canal/root-canal-explained/>

Enhancing the Claims Processing System & Implementing the KX Modifier

The AAE has concerns about CMS's proposal to implement the KX modifier on all medically necessary dental claim submissions, which would take effect by January 1, 2025. While we acknowledge the importance of the KX modifier for indicating medical necessity in the Medicare billing process and enhancing coordination of care between dental and medical providers, we are apprehensive about the proposed deadline. Many dentists who recently enrolled in Medicare due to the 2023 and 2024 expansion of dental services are still familiarizing themselves with the claims processing system and the agency's billing policies. Additionally, the agency has even admitted in the proposed rule that it is still working to address issues with the "implementation and functionality of claims processing systems for the dental claim form." We are worried that the January 1 deadline could impose undue pressure on dentists still navigating the Medicare system and deter new providers from joining the program.

Given these concerns, we strongly encourage the agency to provide a grace period for implementing the KX Modifier until 2026. This grace period would allow dentists adequate time to adapt and incorporate the modifier into their coding practices without the risk of non-payment. Additionally, we recommend that CMS continue to invest in training and a forum for dentist feedback on the claims processing system to support successful and ongoing participation.

Reasonable Reimbursement for Medicare Covered Dental Services

The AAE strongly urges CMS to establish reasonable reimbursement rates for dental services, adjusted for medical inflation, to promote meaningful and sustained participation of dentists and dental providers in the Medicare program. A significant barrier to dental provider enrollment in Medicare has been the uncertainty surrounding the claims and payment process. Many dentists, including endodontists, are small business owners committed to delivering high-quality care while managing the rising costs of inflation and running their practices.

In response to the agency's request for public "comment on potential sources of payment information for the pricing of dental services that are inextricably linked to covered services," we recommend that the agency incorporate a broad range of marketplace considerations and data sources. As noted during the rulemaking process, there are notable limitations in free and publicly available claims data, particularly from leading dental provider organizations, due to concerns about potential violations of the Federal Trade Commission's (FTC) rules on anti-competitive practices. Should CMS seek the feedback of dental organizations such as AAE, we encourage the agency to consult with the FTC to identify how we can best provide accurate provider cost data to CMS while ensuring compliance with antitrust regulations. Alternatively, if CMS needs to budget for a cost data report, we suggest issuing a Request for Proposal (RFP) to enable third-party organizations to bid on a government contract. This approach would ensure that the contract for providing a report on the necessary claims records on dental services linked to covered services is awarded to the most qualified organization.

The AAE appreciates the opportunity to comment on CMS' CY 2025 Physician Fee Schedule proposed rule. For more information, please contact Darcy McLaughlin, AAE's Director for Advocacy and Professional Relations, at dmclaughlin@aae.org or (312) 872-0462.

Sincerely,



Natasha M. Flake, DDS, PhD, MSD
President, American Association of Endodontists