



## Oncology Nursing Society

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September 6, 2022

Ms. Chiquita Brooks-LaSure, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1770-P  
P.O. Box 8013  
Baltimore, MD 21244-8016

Submitted electronically via [www.regulations.gov](http://www.regulations.gov)

**RE: Medicare and Medicaid Programs; CY 2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicare and Medicaid Provider Enrollment Policies, Including for Skilled Nursing Facilities; Conditions of Payment for Suppliers of Durable Medicaid Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); and Implementing Requirements for Manufacturers of Certain Single-dose Container or Single-use Package Drugs to Provide Refunds with Respect to Discarded Amounts**

Dear Administrator Brooks-LaSure,

The Oncology Nursing Society (ONS) appreciates the opportunity to provide our perspective on the aforementioned proposed rule. These comments are in addition to those provided through the Patient Quality of Life Coalition (PQLC).

### Coverage of Medically Necessary Dental Services

CMS invites comment and compelling evidence as to whether certain dental exams, diagnostic, and treatment services prior to **head and neck cancer treatments**, such as radiation therapy with or without chemotherapy, or prior to **initiation of immunosuppressant therapy**, such as those used during cancer treatments, are integral to the clinical success of the covered medical service.

The oral cavity is rich in bacteria, thus ensuring patients have a thorough dental cleaning and any other dental services (e.g., dental extractions) *prior to* receiving any treatment (e.g., radiation therapy (RT)) that may compromise their immunity is the standard of care. As stated in the National Comprehensive Cancer Network (NCCN) guidelines for head and neck cancers:

*“RT to the head and neck causes xerostomia and salivary gland dysfunction, which dramatically increases the risk of dental caries and its sequelae, including dentoalveolar infection and osteoradionecrosis. RT also affects the dental hard tissues, which increases their susceptibility to demineralization within the presence of xerostomia, microbial changes following RT, and changes to a more cariogenic diet.”*

To address this, the NCCN calls for Pre-RT Oral/Dental Evaluation, to include dental caries prevention, high potency topical fluoride, regular frequent dental evaluations, and evaluation to determine the need for dental extractions.

Further emphasizing the importance of dental treatment planning for the patient with oral cancer, Levi and colleagues explain that “[t]he ideal time to prepare a treatment plan for patients with oral cancer is before they have undergone therapy” and highlight the importance of ensuring dentists are aware of the pretherapy dental objectives, to include “eliminating oral conditions that may halt or interfere with a patient’s oncology therapy” and “eliminating sources of odontogenic or periodontal infection through extractions, scaling, and root planning or endodontic treatment.” Also, in their systematic review of dental disease management in cancer patients, Hong and colleagues further describe what dental care should be completed before starting cancer therapy, including, and when time is limited before treatment starts, what “bare minimum” dental services should be provided.

Finally, we point CMS to additional clinical literature that further delves into the common complications of RT for head and neck cancers, many of which could be mitigated with an appropriate expansion of dental coverage.

For patients on immunosuppressant therapy who must undergo a dental service due to unavoidable circumstances must ensure their dental provider coordinates the timing of treatment with their medical oncologist to mitigate as much patient risk as possible.

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We appreciate the opportunity to comment on these issues in the proposed rule. If you have any questions about our comments, please contact Alec Stone, ONS Director of Government Relations, at [astone@ons.org](mailto:astone@ons.org).

Sincerely,

The Oncology Nursing Society

***About ONS***

The Oncology Nursing Society (ONS) is a professional organization of over 39,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research, and administration in oncology nursing. ONS members are a diverse group of professionals who represent a variety of professional roles, practice settings, and subspecialty practice areas. Oncology nurses are leaders in the healthcare arena, committed to continuous learning and leading the transformation of cancer care by advocating for high-quality care for people with cancer.