

**Summary Recommendations on [Calendar Year \(CY\) 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies](#)**

**[Link to NKF's Full Comment Letter](#)**

- The National Kidney Foundation (NKF) urges the Centers for Medicare & Medicaid Services (CMS) to approve the pending nomination for Medicare coverage of dental services inextricably linked to diabetic kidney disease. Periodontal therapy improves outcomes, lowers hospitalizations, and reduces costs for these patients.
- NKF strongly supports the proposed Ambulatory Specialty Model (ASM) to integrate kidney health and cardiovascular health because kidney disease and cardiovascular disease are known to amplify and worsen one another.
- The ASM would complement existing strategies, like NKF's CKDintercept, a flagship initiative to improve chronic kidney disease (CKD) detection and diagnosis in the primary care setting.
- NKF is a longtime supporter of the Medicare Diabetes Prevention Program (MDPP) and the National Diabetes Prevention Program (NDPP).
- We support the asynchronous pilot program to provide the MDPP to Medicare beneficiaries with prediabetes.
- NKF urges CMS to remove the once-in-a-lifetime participation limit, align MDPP enrollment with CDC NDPP standards, and make MDPP permanent to expand supplier capacity.
- NKF applauds the adoption and expansion of Kidney Health Evaluation for Adults with Diabetes (KED) measure.
- We support expanded use of KED across Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs) and consideration of a CKM-specific MVP.
- NKF believes albuminuria testing remains underused despite the opportunity for albuminuria lowering interventions.
- NKF requests KED be included in the APP Plus quality measure set. Blood sugar and blood pressure controls, while being cornerstones of kidney care and being already included in the APP Plus quality measure set, cannot detect CKD alone; adding kidney screening, through albuminuria testing, would enable patients to take charge of their own kidney health.
- NKF recommends expanding access to Medical Nutrition Therapy (MNT) to beneficiaries with all stages of CKD. This would allow patients to take the lead on managing their kidney health.
- NKF urges CMS to modernize the outdated "chronic renal insufficiency" terminology for MNT regulations.
- NKF suggests CMS to consider using the CMS Innovation Center's waiver authority to waive the requirement that eligibility for MNT be based on the presence of "chronic renal insufficiency."
- NKF also suggests changing the waiting period for MNT and Diabetes Self-Management Training (DSMT) from 1 day to 0 days to allow same day training.
- NKF further supports MDPP refinement and permanency to reinforce upstream CKD prevention.