Benesch Healthcare+

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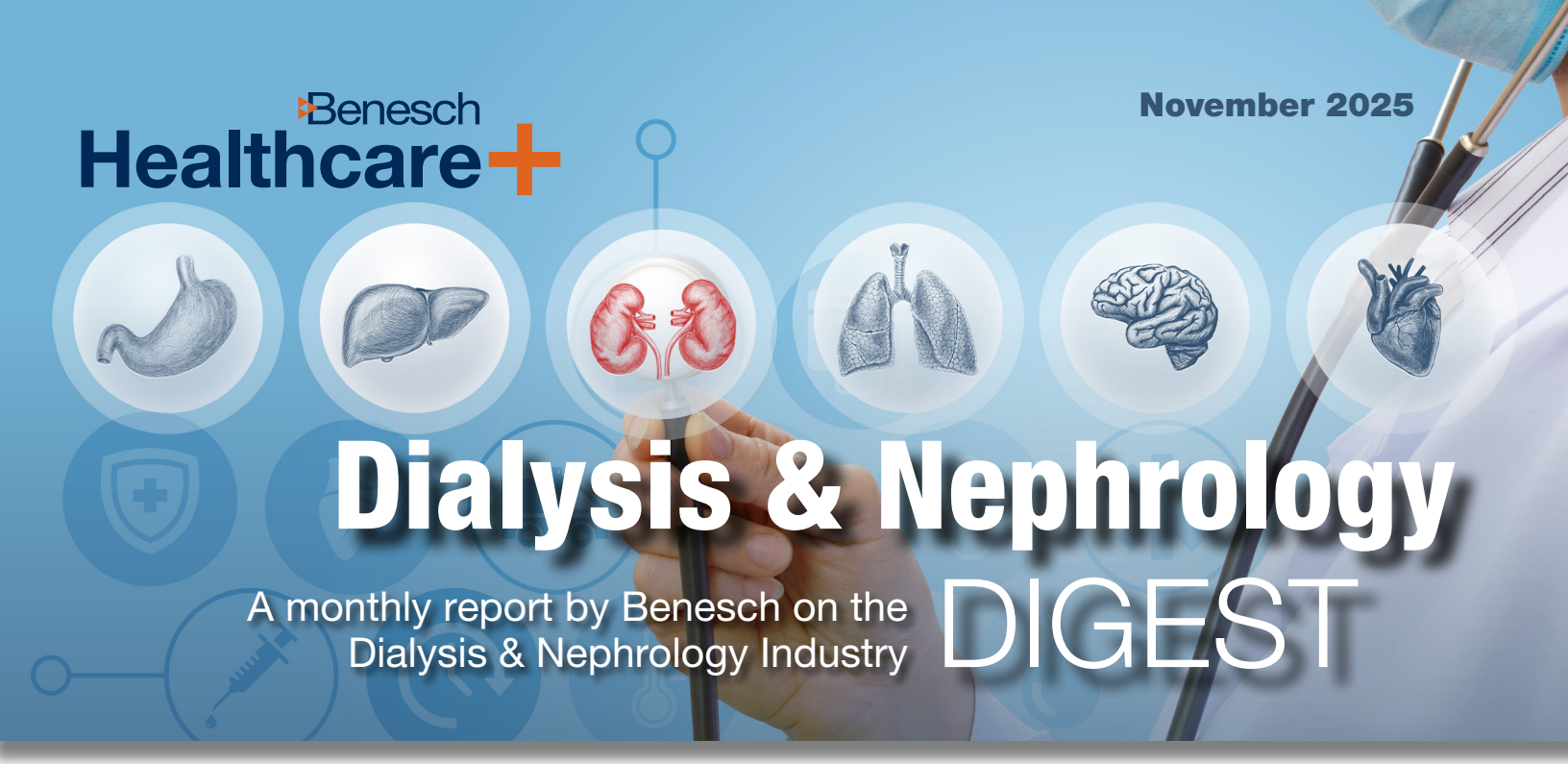

Dialysis & Nephrology DIGEST

A monthly report by Benesch on the Dialysis & Nephrology Industry

In This Issue

Calendar of Events

NOVEMBER 12, 2025
RPA PM EDGE: Keeping Nephrology Practice Managers Educated & Empowered
For more information, please click here.

MARCH 1–4, 2026
American Venous Forum 2026
Denver, CO
For more information, please click here.

MARCH 19–21, 2026
2026 OEIS Scientific Meeting
Las Vegas, NV
For more information, please click here.

APRIL 16–19, 2026
RPA 2026 Annual Meeting
Atlanta, GA
For more information, please click here.

OCTOBER 21–25, 2026
ASN: Kidney Week 2026
Denver, CO
For more information, please click here.

Dialysis & Nephrology DIGEST

Please contact us if you would like to post information regarding our upcoming events or if you'd like to guest author an article for this newsletter.

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Guest Article

CMS releases 2026 medicare fee schedule final rule, nephrology slated for +1% payment increase

Author: Robert Blaser, Director of Public Policy, *Renal Physicians Association*

The final rule for the 2026 Medicare Fee Schedule was released by the Centers for Medicare and Medicaid Services (CMS) on October 31, and it appears to have been finalized almost exactly as it was proposed. As a result, nephrology is still slated to have a projected impact of +1%, and the inpatient/outpatient dichotomy is as it was in July, as the methodological changes for the work relative value units (RVUs, adjusted via what CMS is calling the efficiency adjustment—EA—which implements a 2.5% reduction for affected services) and the practice expense RVUs (via changes to the indirect PEs) are still in place. Thus, the approximate -9.4% hit for (for example) CPT code 90935 (typically inpatient dialysis) and the approximate +9.0 increase for 90960 (adult outpatient monthly dialysis) are finalized as proposed. Accordingly, all of the changes to the dialysis code family and to E&M codes are as proposed in July, with healthy increases for outpatient dialysis and E&M services, and corresponding cuts to inpatient dialysis and E&M codes. As such, nephrology practices that provide a higher percentage of inpatient services will be negatively impacted, while practices providing predominantly outpatient services will see payment increases. One change made to the efficiency adjustment proposal is to exempt new codes from the adjustment, a change for which RPA and other group advocated.

Regarding the conversion factor (CF) , this too in unchanged from what was proposed, so, quoting the CMS press release on the rule, "the final CY 2026 qualifying alternative payment model (APM) conversion factor of $33.57 represents a projected increase of $1.22 (+3.77%) from the current conversion factor of $32.35. Similarly, the final CY 2026 nonqualifying APM conversion factor of $33.40 represents a projected increase of $1.05 (+3.26%) from the current conversion factor of $32.35." Recall that this is the first year of the two-conversion factor system mandated by The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) that gives a higher bonus for qualifying APM participants and a lower increase for non-qualifying Medicare Part B providers.

On another issue relevant to nephrology, CMS declined to add what are typically inpatient dialysis codes (CPT codes 90935, -37, -45, and -47) to the approved Medicare telehealth list. In describing the comments CMS received on this issue, the rule states that:

> *The commenters provided information that these codes are generally used to treat critically ill, potentially hospitalized patients who are best treated in-person rather than via telehealth. These commenters acknowledged that there may be extremely limited circumstances in which patients in rural areas may benefit from these services being on the Medicare Telehealth Services List, but that in most cases, these patients would require an in-person visit.*

(continued on next page)

Guest Article (cont'd)

This aligns with comments provided by RPA and other groups on the rule. RPA's comments stated that the organization "supports the use of telehealth and other evolving technologies for many Medicare-covered services and believes in its potential to expand access to care for all kidney patients. However, CPT codes 90935, -37, -45, and -47 all typically describe services provided to hospitalized patients who are acutely ill and, in most cases, require a face-to-face visit. RPA does recognize that there would be value in the 90935-47 code set being available for care provided by telehealth in rural settings, and if there were an exclusion process that would limit its use to care provided in rural settings, that would be reasonable and appropriate. Otherwise, we do not believe that CPT codes 90935, -37, -45, and -47 should be added to the Medicare Telehealth Services List."

In summary, with a few exceptions the rule was finalized as proposed. That said, it is RPA's understanding that some surgical/procedural specialty societies will be strenuously lobbying Congress to eliminate the 2.5% EA reduction. This probably has uncertain prospects at best, given the government shutdown and the inherent difficulty in advancing legislative initiatives of this nature. RPA will track any developments pertaining to the 2026 Medicare Fee Schedule and will keep the kidney community advised as appropriate.

Nephrology and Dialysis

SEPTEMBER 30, 2025

Ultraprocessed foods linked to higher hyperphosphatemia risk in Brazilian hemodialysis patients

A secondary analysis of a cross-sectional study in seven Brazilian dialysis units examined the impact of dietary diversity on hyperphosphatemia in long-term hemodialysis patients. The study assessed 297 patients (mean age 52) using validated questionnaires to measure consumption of unprocessed or minimally processed foods versus ultraprocessed foods (UPFs). While UPFs were consumed less frequently than unprocessed foods, higher intake, particularly from animal-based UPFs, was independently associated with increased risk of hyperphosphatemia. Each one-point rise in UPF consumption raised the likelihood of hyperphosphatemia by 25% for total UPFs, 76% for animal-based UPFs, and 24% for other UPFs.

Source: DocWire News

Nephrology and Dialysis (cont'd)

OCTOBER 1, 2025

CMS adds ICD-10 codes for APOL1-mediated kidney disease

The U.S. Centers for Medicare and Medicaid Services (CMS) added two ICD-10 codes for APOL1-mediated kidney disease (AMKD): N07.B for hereditary nephropathy with AMKD and Z84.11 for a family history of AMKD. These codes enable precise documentation, improving patient recognition, billing accuracy and family risk assessment. Accurate coding may facilitate genetic testing, counseling, early intervention and research on potential therapies for an estimated 250,000 affected patients in the U.S. and Europe.

Source: Vertex

OCTOBER 9, 2025

Diabetes and reduced kidney function linked to higher risk of death, kidney failure

A population-based study of 618,739 adults, published in the Clinical Journal of the American Society of Nephrology by the CURE-CKD Consortium, found that individuals with diabetes and reduced estimated glomerular filtration rate (eGFR) face significantly higher risks of mortality and kidney failure. The cohort analysis highlights how the coexistence of metabolic and renal impairments amplifies adverse outcomes, emphasizing the need for early recognition and proactive management. Patients with both conditions consistently exhibited the highest incidence of death and kidney failure compared to those without diabetes or with preserved kidney function. The authors recommend integrated, patient-centered care addressing both renal and cardiovascular health, including glucose control, blood pressure management, renal monitoring, lifestyle interventions and coordinated healthcare strategies.

Source: Medical Dialogues

OCTOBER 10, 2025

Biomarkers may improve diagnosis and treatment strategies for chronic kidney disease

Recent research underscores the potential of biomarkers to advance care for chronic kidney disease (CKD) patients. Biomarkers can provide insights into kidney function, inflammation, fibrosis and other pathological changes associated with CKD. Identifying and monitoring these markers may enable earlier diagnosis, help track disease progression and inform personalized treatment strategies. Furthermore, biomarkers hold promise in drug development by serving as surrogate endpoints in clinical trials, potentially accelerating the approval of new therapies while maintaining safety and efficacy standards. Integrating biomarker-based approaches could enhance both clinical decision-making and the development of targeted interventions, offering improved outcomes for individuals living with CKD.

Source: Geneonline

Nephrology and Dialysis (cont'd)

OCTOBER 17, 2025

Knowledge and awareness influences the willingness for kidney transplantation among Polish dialysis patients

A cross-sectional study conducted in 99 dialysis centers across Poland surveyed 1,523 adult dialysis patients to assess factors influencing their willingness to undergo kidney transplantation (KT). The study found that 55% of patients were willing to consider KT, while 45% were reluctant. Greater knowledge about KT, discussions with medical staff regarding living donor options, and openness to receiving kidneys from both related and non-related donors (where legally allowed) were associated with increased willingness for transplantation. In contrast, older age, longer duration on dialysis and insufficient informational support were linked to reluctance. The findings highlight the importance of patient education and informational support in increasing KT uptake among Polish dialysis patients.

Source: NIH

OCTOBER 20, 2025

ASN invites Ph.D. students to apply for pre-doctoral fellowship supporting kidney research

The American Society of Nephrology (ASN) is accepting applications for its Pre-Doctoral Fellowship Award, offering up to $30,000 annually for up to two years to Ph.D. students conducting clinical or basic science research in kidney biology and disease. Fellows must work under a primary sponsor actively engaged in kidney research and attend ASN's annual meeting as part of the Kidney STARS program, which provides travel support and complimentary registration. The second-year recipient will submit an abstract for presentation at Kidney Week. The program encourages applicants whose backgrounds or experiences bring diverse perspectives to nephrology and aims to support emerging scientists facing barriers to entry in the field. Eligible candidates are enrolled in an accredited doctoral program, have passed qualifying exams if applicable, and hold no terminal degree.

Source: Philanthropy News Digest

Nephrology and Dialysis (cont'd)

OCTOBER 20, 2025

Kidney Care Partners submits comments on section 232 investigation into medical devices

Kidney Care Partners (KCP), the nation's largest kidney care coalition, submitted comments to the U.S. Department of Commerce, warning that tariffs on medical supplies for End-Stage Renal Disease (ESRD) could jeopardize patient care. KCP emphasized that these supplies are essential for the survival of over 830,000 Americans with ESRD and that tariffs could disrupt access, increase complications, and strain dialysis providers operating under fixed reimbursement rates.

Source: Kidney Care Partners

OCTOBER 22, 2025

Death rates among U.S. dialysis patients remain high as federal penalties reveal widespread clinic underperformance

A CBS News Data Team investigation found that one-third of U.S. dialysis clinics fail to meet federal performance standards, contributing to some of the highest death rates among industrialized nations. In Texas, which has the highest number of dialysis centers in the country, 36% of clinics were penalized for poor performance, with North Texas exhibiting some of the highest penalty rates. Patients reported unsafe conditions—including falls and unsanitary environments—highlighting systemic challenges in patient safety and care quality. Two companies, Fresenius and DaVita, operate the majority of clinics nationwide, controlling about 80% of the market and two-thirds of reported deficiencies. Experts emphasize that while kidney transplantation is the most effective long-term solution, home dialysis may offer a safer alternative for some patients. The investigation underscores the need for improved oversight, accountability and patient-centered care in U.S. dialysis facilities.

Source: CBS News

Nephrology and Dialysis (cont'd)

OCTOBER 23, 2025

FDA approves GSK's Blenrep for multiple myeloma in combination therapy, marking market return

The U.S. FDA approved British pharmaceutical company GSK's blood cancer drug, Blenrep, in combination with bortezomib and dexamethasone, for patients with multiple myeloma whose disease relapsed or became refractory after at least two prior therapies. This approval allows Blenrep to return to the U.S. market nearly three years after its withdrawal. The decision follows late-stage trial data demonstrating that the approved regimen reduced the risk of death by 51% and tripled progression-free survival compared with a Darzalex-based therapy, though a second combination with pomalidomide and dexamethasone was not included. GSK will distribute the drug under a simplified safety monitoring program to manage potential risks. Blenrep is already approved in several countries and is expected to contribute significantly to GSK's growth, with multiple myeloma projected to become a $45 billion market by 2032.

Source: Reuters (sub. req.)

OCTOBER 24, 2025

Study links cardiovascular health to peridialytic blood pressure variability in hemodialysis patients

Recent research investigated how cardiovascular status influences blood pressure fluctuations in hemodialysis patients during the peridialytic period, encompassing pre- and post-dialysis phases. The study highlights that patients with underlying cardiovascular conditions experience more pronounced blood pressure variability, which is associated with adverse outcomes such as increased hospitalizations and higher mortality rates. Using clinical observations and statistical analyses, the authors demonstrate the importance of individualized treatment strategies that consider patients' vascular health. The findings advocate for interdisciplinary collaboration among nephrologists, cardiologists and other specialists—assisted by enhanced monitoring and fluid management—to optimize hemodynamic stability. The study also proposes biofeedback mechanisms to engage patients in managing blood pressure, emphasizing a patient-centered approach.

Source: Bioengineer

Nephrology and Dialysis (cont'd)

OCTOBER 27, 2025

New Hampshire man resumes dialysis after record 271-day pig kidney transplant

A 67-year-old man in New Hampshire, Tim Andrews, returned to dialysis after living with a gene-edited pig kidney for a record 271 days, surpassing the previous longevity of 130 days. The transplant, performed by Mass General Brigham, highlights the potential and challenges of xenotransplantation. Andrews, whose rare blood type makes human kidney matches difficult, participated in a pilot study exploring alternatives for patients with kidney failure. Researchers view his experience as a milestone, providing valuable insights into improving organ survival and function in future animal-to-human transplants. Additional pig kidney transplants are ongoing, with companies and international teams preparing clinical trials to expand this emerging field.

Source: Global News

OCTOBER 28, 2025

Shared decision-making guides kidney therapy choices for older adults with advanced CKD

A narrative review highlights that older adults are the fastest-growing group starting dialysis in the U.S., but many aren't fully informed about all kidney therapy options, such as kidney transplant, dialysis and conservative kidney management. The review emphasizes the importance of shared decision-making among primary care clinicians, nephrologists, patients and families to ensure that treatment choices align with patients' goals, particularly prioritizing quality of life. The article notes that dialysis is often presented as the default for older adults, even though some may prefer alternatives that focus on comfort and quality rather than life extension.

Source: NIH

NOVEMBER 7, 2025

UnitedHealthcare slashes RPM coverage for most conditions

UnitedHealthcare is rolling back remote patient monitoring (RPM) coverage for most chronic conditions for its Medicare Advantage members, limiting it to chronic heart failure and hypertension during pregnancy starting January 1, 2026. This means RPM for common conditions like Type 2 diabetes and hypertension will no longer be covered, despite evidence showing RPM can reduce hospitalizations and costs. Legal experts question whether this move complies with Medicare rules, as Medicare Advantage plans are required to cover the same services as traditional Medicare. The policy change could impact thousands of patients and set a precedent for further service reductions.

Source: FIERCE Healthcare

VAC, ASC and Office-Based Labs

OCTOBER 5, 2025

Roche receives CE mark for AI-based tool to assess progressive kidney function decline

Roche, in collaboration with KlinRisk, received CE-mark approval for the first AI-based risk stratification tool to evaluate progressive decline in kidney function. The Kidney Klinrisk Algorithm, part of Roche's CKD algorithm panel on the navify Algorithm Suite, supports clinicians in managing CKD across all stages, including early asymptomatic phases. Designed for adults with CKD and those at elevated risk due to diabetes or hypertension, the AI tool integrates routine blood and urine test results to provide risk assessments aligned with clinical guidelines. CKD affects over 700 million people worldwide, and early detection and intervention can delay disease progression, reduce cardiovascular risk and lower healthcare costs.

Source: Roche

OCTOBER 7, 2025

Strive Health names Michele Paige as chief growth officer

Strive Health, a national leader in value-based kidney care, appointed Michele Paige as chief growth officer to lead strategic growth and cross-functional initiatives across sales, customer success, patient experience, product and marketing. Paige brings over 20 years of experience in healthcare innovation, digital engagement and product strategy, having previously held leadership roles at Cigna, Evernorth and Elevance Health's CarelonRx. Strive Health provides integrated care for patients with chronic kidney disease (CKD) and end-stage kidney disease (ESKD) through AI-driven technology, care interventions, and partnerships with payors and providers. The company serves more than 145,000 patients across 50 states and works with over 6,500 providers, offering value-based care programs accredited by NCQA.

Source: Strive Health

OCTOBER 27, 2025

DaVita set to report quarterly earnings with analysts expecting modest revenue growth

Analysts project revenue growth of 5.3% year-over-year to $3.43 billion, with adjusted earnings of $3.17 per share. Last quarter, DaVita reported $3.38 billion in revenue, beating expectations by 0.7% and surpassing EPS estimates. Over the past two years, the company has consistently exceeded Wall Street revenue forecasts by an average of 1.6%. In comparison, peers HCA Healthcare and Quest have already reported Q3 results, showing 9.6% and 13.2% revenue growth, respectively.

Source: The Globe and Mail

VAC, ASC and Office-Based Labs (cont'd)

NOVEMBER 3, 2025

CMS' site-neutral reform poised to upend hospital

CMS is advancing site-neutral payment reform in its proposed 2026 rule, aiming to close the payment gap between hospitals and physician offices for similar services. If finalized, Medicare would pay the same rate regardless of care setting, which could reduce hospital margins but boost the position of ambulatory surgery centers (ASCs) as cost-effective providers. Hospitals and ASCs may need to rethink strategies and rebuild partnerships, especially in rural areas, leading to more collaboration and joint ventures in surgical care.

Source: Becker's ASC Review

For more information regarding our nephrology, dialysis and office-based lab experience, or if you would like to contribute to the newsletter, please contact:

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