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August 15, 2024

Chiquita Brooks-LaSure

Administrator

Centers for Medicare & Medicaid Services

Department of Health and Human Services

P.O. Box 8013

Baltimore, MD 21244-8013

Meredith Loveless, MD

Chief Medical Officer

CGS Administrators, LLC (MAC - Part A, 15101, J - 15)

26 Century Blvd.

Ste ST610

Nashville, TN 37214-3685

Dear Administrator Brooks-LaSure and Dr. Loveless,

The Coalition of State Rheumatology Organizations (CSRO) is comprised of nearly every active state rheumatology society in the nation, representing over 40 states, with a mission of advocating for excellence in the field of rheumatology, ensuring access to the highest quality of care for the management of rheumatologic and musculoskeletal disease. Our coalition serves the practicing rheumatologist. We are writing to formally request the retirement of the Local Coverage Article (LCA) on billing complex drug administration services (Article ID: A59272) currently published on the CGS Administrators website.

This request is prompted by the conflict between the guidance provided in <a href="this LCA">this LCA</a> and the directive issued by the Centers for Medicare and Medicaid Services (CMS) through an August 12, 2022, Technical Direction Letter (TDL), of which the substance was made public through <a href="Change Request 13468">Change Request 13468</a>, Payment of Codes for Chemotherapy Administration and Nonchemotherapy Injections and Infusions.

Specifically, the CMS guidance to the Medicare Administrative Contractors (MACs) mandates the reimbursement of complex drug administration codes for rheumatologic medicines, which directly contradicts the stipulations outlined in the aforementioned LCA.

The coexistence of these contradictory documents creates significant confusion for rheumatology practices, particularly as every other MAC has retired their similar LCAs following issuance of CMS' aforementioned directive. As practices strive to comply with billing regulations, they are faced with conflicting instructions, which complicates the accurate billing and administration of complex drug therapies essential for patient care.

Given the critical nature of clear and consistent billing guidelines, it is imperative that the LCA be retired to eliminate this confusion. Aligning CGS Administrator's guidance with CMS directives and that of every other MACs will facilitate smoother operations for infusion practices and ensure patients receive uninterrupted care.

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Thank you for your attention to this matter. We are confident that CMS and CGS Administrators will take the necessary steps to resolve this issue promptly. Please do not hesitate to contact us at <a href="mailto:info@csro.info">info@csro.info</a> should you require additional information.

Sincerely,

Gary R. Feldman, MD, FACR

President

Madelaine A. Feldman, MD, FACR

Vice President, Advocacy & Government Affairs