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March 27, 2026

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Administrator

Centers for Medicare and Medicaid Services

7500 Security Boulevard

Baltimore, MD 21244-1850

Re: Request for Information Related to Comprehensive Regulations to Uncover Suspicious Healthcare Activity (CRUSH)

Dear CMS Administrator:

Established in 1943, the American Academy of Allergy, Asthma & Immunology (AAAAI) is a professional organization with more than 6,700 members in the United States, Canada and 72 other countries. This membership includes allergist/immunologists (A/I), other medical specialists, allied health and related healthcare professionals with a special interest in the research and treatment of patients with allergic and immunologic diseases. We appreciate the opportunity to provide feedback on the aforementioned request for information (RFI) regarding potential regulatory actions to strengthen program integrity and uncover suspicious healthcare activity in federal healthcare programs.

Reducing Fraudulent Medicare Parts A and B (Traditional Medicare) Claim Submissions

AAAAI appreciates CMS's efforts to strengthen program integrity and better identify potential fraud, waste and abuse in the program. However, proposals to significantly shorten Medicare's claims submission deadlines to align with private payer timely filing requirements, typically 90 to 180 days, raise concerns for allergy and immunology practices.

Under CMS's current policy, physicians may begin furnishing services to Medicare beneficiaries while their enrollment applications are under review, and CMS permits claims for those services to be submitted once enrollment is finalized and a billing number is issued. However, the physician enrollment process can take several months to complete. If Medicare's timely filing deadlines are significantly shortened, physicians may be placed in a position where services were appropriately furnished but cannot be billed because enrollment approval occurred after the filing deadline. In practice, this would mean that physicians newly entering practice, or relocating their practice, would be unable to treat Medicare beneficiaries until the enrollment process is completed.

AAAAI is concerned that the implications may be particularly significant in our specialty. Allergy and immunology is a relatively small subspecialty of internal medicine, with an uneven geographic distribution of physicians and access to allergy-immunology services is already limited in many parts of the country.^{1,2} At the same time, the prevalence of allergic diseases, including asthma, food allergy, and allergic rhinitis, has increased substantially over the past several decades, contributing to growing demand for specialty evaluation and management.³

Importantly, discussions about improving population health, including this Administration's Make America Healthy Again (MAHA) initiative, have increasingly highlighted the growing burden of allergic and immunologic diseases and food allergies, as well as the need to better understand and address their underlying drivers.⁴ Therefore, ensuring patients have access to allergy and immunology care is an important component of achieving these broader health goals. In this context, AAAAI believes that administrative policies that unintentionally delay or prevent physicians from billing for services furnished to Medicare beneficiaries may have a disproportionate impact on access to allergy-immunology care.

Notably, CMS's Request for Information discusses applying shortened claim filing deadlines to areas identified as "high-risk" billing patterns, which AAAAI believes could create significant confusion for physician practices. Differentiating claim filing deadlines across provider types or specific items and services would add complexity to an already complicated Medicare billing environment and could increase the risk of inadvertent billing errors by compliant providers. CMS already maintains a number of targeted program integrity tools designed to identify and address potentially fraudulent or abusive billing practices, including medical review programs, Recovery Audit Contractors, and prior authorization initiatives. AAAAI therefore encourages CMS to rely on these oversight mechanisms rather than shortened claim filing deadlines to address high-risk billing patterns.

Nevertheless, if CMS determines that its timely filing policies should be shortened, AAAAI encourages the agency to incorporate safeguards that recognize the operational realities of physician practice. In particular, CMS should ensure that services furnished during physician enrollment review periods remain billable once enrollment is finalized, as enrollment processing timelines can extend for several months and are outside of the physician's control. CMS should also maintain flexibility for claims delayed due to contractor actions or other Medicare administrative processes consistent with the current exceptions framework under 42 CFR §424.44.⁵ These steps would allow CMS to pursue its program integrity objectives while ensuring that physicians who are working in good faith to comply with Medicare's requirements are not penalized for administrative delays beyond their control.

We appreciate your consideration of these important issues as CMS considers regulatory changes to address program integrity in Medicare. Should you have any questions, please contact Sheila Heitzig, Director of Practice and Policy, at sheitzig@aaaai.org or (414) 272-6071.

Sincerely,



Carla M. Davis, MD, FAAAAI
President, American Academy of Allergy, Asthma & Immunology

¹ <https://pubmed.ncbi.nlm.nih.gov/38013156/>

² <https://www.sciencedirect.com/science/article/abs/pii/S1081120619306544>

³ <https://pubmed.ncbi.nlm.nih.gov/22157151/>

⁴ <https://www.whitehouse.gov/maha/>

⁵ <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-424/subpart-C/section-424.44>