

October 24, 2024

***VIA ELECTRONIC SUBMISSION***

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**RE: CAR T Access in Physician Offices, Billing Issues Identified**

Dear Administrator Brooks-LaSure:

The undersigned organizations, a collection of organizations focused on patient access to Chimeric Antigen Receptor (CAR) T-cell immunotherapies, are writing to express our appreciation for the Centers for Medicare & Medicaid's (CMS) continued leadership in supporting CAR T-cell therapies and to provide feedback on an identified billing issue for CAR Ts administered in physician offices.

CAR T is a transformative therapy that substantially improves outcomes for patients with multiple forms of lymphoma, leukemia, and multiple myeloma and provides hope for many more with other hard-to-treat diseases. As more CAR T therapies are approved, patients are being treated with CAR T earlier, for new disease types, and in diverse settings.

Our organizations believe that patients should have access to CAR T, in a safe, accessible environment, and we are concerned that patients are currently facing challenges accessing CAR T in outpatient settings. Ensuring availability of CAR T-cell therapy in the outpatient setting has the potential to significantly increase patients' access to these lifesaving treatments.

As outpatient administration of CAR T therapies becomes more common, it is essential for community practices to have the capability to manage billing and reimbursement. Providers billing in the physician office setting (POS-11) face delays due to technical issues with Medicare Administrative Contractors (MACs) systems that struggle with processing fractionated billing claims. CMS issued [Transmittal 12539](#) and Change Request (CR) 13370 to expand the field length for dollar amounts on Part B claims but has expressed that it only applies to outpatient claims, not physician offices.

**Recommendation:** We encourage CMS to extend this policy to community settings to ensure timely reimbursement and allow physicians to choose the best care site for their patients without billing constraints.

Our organizations encourage CMS to consider the changes raised above and thank CMS for its commitment to engaging stakeholder groups. We look forward to working with CMS as it considers additional feedback and suggestions to best manage payment policy and patient costs. For any questions, please contact [ckoski@signaldc.com](mailto:ckoski@signaldc.com).

Sincerely,

American Cancer Society Cancer Action Network

Association of Cancer Care Centers (ACCC)

BMT InfoNet

Cancer Support Community

Community Oncology Alliance (COA)

HealthTree Foundation

International Myeloma Foundation