March 26, 2026

The Honorable Mehmet C. Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445–G
200 Independence Avenue, SW
Washington, DC 20201

Re: ASAM Response to CMS' Comprehensive Regulations to Uncover Suspicious Healthcare (CRUSH) initiative

Dear Administrator Oz –

The American Society of Addiction Medicine (ASAM) appreciates the opportunity to respond to the Centers for Medicare & Medicaid Services' Request for Information (RFI) related to the CRUSH initiative. ASAM is committed to working with the Administration to enhance access to quality treatment by strengthening the care continuum while simultaneously strengthening program integrity. For too long, the substance use disorder (SUD) care continuum has remained fragmented, untethered to a standardized process for ensuring treatment in the right place and level, and unaccountable to the patients who rely on it for their long-term recovery. As CMS considers opportunities to address fraud, waste, and abuse (FWA) in SUD care, ASAM encourages CMS to focus on targeted efforts that tighten program integrity without shrinking access to or otherwise over-deterring legitimate medical and clinically-managed care.

Additionally, while ASAM supports efforts to identify FWA where it truly occurs, we also urge caution and ask that these efforts do not characterize the entire SUD care ecosystem as fraudulent. Yes, there are well-documented investigations of schemes that took advantage of people with SUD and wasted taxpayer dollars. That is unacceptable. At the same time, there are countless clinicians doing their best to treat SUD in a field that is overworked, underpaid, over-burdened, enduring severe workforce gaps, and subject to some of the most stringent federal and state regulations and perceptions that are rife with stigma. That too needs to change. Both can be true.

Hence, ASAM encourages CMS to ensure that any systems, policies, regulations, guidance, and sub-regulatory guidance designed in response to this initiative ensure that a targeted, clinically grounded approach is taken in efforts to identify and act on suspected FWA to avoid unintended disruptions to legitimate SUD care. Below, ASAM outlines some high-level opportunities for CMS' consideration to assist in the implementation of program-integrity tools that can distinguish between legitimate, medically necessary SUD care from potentially fraudulent care.

Protect Patients

In CMS' RFI, the agency identifies beneficiary solicitation as a potential area for agency action. ASAM supports efforts to strengthen protection against patient brokering and other improper patient solicitation. **Concerted actions that CMS could take alone or in coordination with other federal agencies in this area include: (1) establishing confidential mechanisms to field and investigate beneficiary, family, and provider reports of unethical practices involving addiction care, (2) ensuring fair and truthful advertising for addiction treatment programs on digital platforms, (3) encouraging internet search engines to work with addiction treatment stakeholders to ensure that certification fee scales for participation in internet advertising are not unfairly prohibitive, and (4) ensuring such certifiers have well-established accreditation and certification standards.**

ASAM also believes CMS' efforts in this area could be strengthened by considering ways to enhance transparency for beneficiaries. For example, CMS may wish to explore: (1) the use of *The ASAM Criteria* as a national standard to help distinguish legitimate care pathways from inappropriate patient recruitment into higher-intensity settings; (2) opportunities to increase visibility into adverse events or substantiated findings from investigations involving SUD treatment programs; and (3) mechanisms to promote transparency when a facility or its ownership structure spans multiple components of the treatment continuum.

Ensure Access to FDA-Approved Addiction Medications

In the same vein, ASAM encourages CMS to ensure that program integrity efforts do not inadvertently limit access to addiction medications, particularly for opioid use disorder (OUD) where pharmacy barriers to buprenorphine are well documented. This area is already heavily federally and state regulated. Additional regulatory or sub-regulatory actions here stand to exacerbate an ongoing problem for prescribers and patients**.** CMS could consider clarifying that prescribing and dispensing FDA-approved medications for a SUD is **not** itself a heightened program-integrity risk category.

To reinforce access to legitimate care, CMS could explore calibrating program integrity scoring and analytics to recognize markers of clinically appropriate care as low-risk indicators of FWA, such as:

- **Prescription/dispensing of medications for SUD,**
- **Sustained patient engagement with medications for SUD; and**
  Use of multidisciplinary care models that integrate medications, counseling, case management, and primary care, reflecting high-quality treatment environments.

Additionally, given the demonstrated ability of telehealth to expand access to timely, comparable quality SUD treatment, ASAM recommends that CMS not automatically flag SUD care delivered via telehealth/telemedicine as a potential FWA risk.

Otherwise, there is the potential to chill efforts to promote legitimate medical treatment as prescribers and pharmacists may decide they do not want to attract scrutiny for legitimate care that may later come under government scrutiny.

Target Suspicious SUD Care while Protecting Legitimate Medically and Clinically Managed Care

As noted earlier, the SUD treatment field faces acute workforce shortages that significantly impair the ability to meet the current treatment needs. Hence, it is imperative that FWA controls do not dissuade clinicians from entering the field and harm the significant progress that has been made in recent years. **Additionally, when a FWA investigation does reveal malfeasance, CMS should reinvest SUD-related FWA recoveries in ways that strengthen beneficiary access to high-quality, evidence-based SUD care.** At the same time, CMS could conceptualize a risk-tiered approach toward provider screening & enrollment so that behavioral health/SUD treatment is not a catch all. This may include working with stakeholders to identify objective risk indicators given the absence of established, validated, SUD-specific fraud risk indicators. **While the Department of Health and Human Services (HHS), the Government Accountability Office (GAO), and others have identified general fraud risk typologies, these are not tied to clinical indicators, nor do they address the medical necessity of care provided for SUD in these situations. Therefore, ASAM welcomes the opportunity to work with CMS to develop these indicators to target genuinely suspicious SUD care. *The ASAM Criteria*— the criteria most widely used by states, payers, and treatment programs to assess severity and determine level of care—can help CMS understand why some providers appropriately deliver higher-intensity or variable services, experience fluctuations in treatment volume, or serve complex patient populations. Using *The ASAM Criteria* to inform risk-tiered enrollment processes would help CMS target bad actors exhibiting objectively suspicious behaviors while avoiding unnecessary barriers for legitimate SUD providers.**

Support Appropriate Use of Urine Drug Testing

CMS and the HHS have taken important steps in the past to identify and act on the overuse and improper use of urine drug testing (UDT). Most recently, that included an update to a local coverage decision on UDT. However, because no national coverage decision (NCD) exists for UDT, there is the potential for inconsistent documentation of clinical necessity across states, regional variability on coverage requirements, inconsistent claim edits and oversight, and likely different frequency and medical-necessity interpretations. **At a minimum, CMS could initiate the process for a NCD on UDT to promote consistency of coverage guidance and therefore program integrity controls.** Notably, ASAM is in the process of updating the Appropriate Use of Drug Testing in Clinical Addiction Medicine Consensus Document. ASAM welcomes continued dialogue with CMS on how evolving clinical best practices in drug testing can complement program-integrity goals.

As in the case of provider enrollment and screening, there are no well-respected, objective, validated SUD-specific fraud indicators for UDT testing. Apart from an NCD, CMS could consider working with stakeholders to establish these indicators to promote shared responsibility.

Absent that, in the interim, CMS could explore opportunities to adopt the use of *The ASAM Criteria* to support a unified clinical framework to guide UDT utilization review and determine medical necessity. Here too, *The ASAM Criteria* is useful for explaining why testing intensity varies based on patient

severity, treatment phase, or relapse risk. It could also enable CMS to better identify truly abnormal testing behavior while avoiding situations that could disrupt access to legitimate SUD care.

Use Artificial intelligence (AI) Responsibly

ASAM understands that CMS plans to use AI tools for analytics and fraud detection. **While ASAM recognizes the significance of resource savings with AI use, CMS may find value in and promote shared trust between the agency and clinicians by initiating a review of the record in question by a clinician with expertise and experience in addiction medicine prior to any adverse actions prompted by AI use. CMS could also promote transparency by tracking and publishing information and metrics on its AI use in fraud detection. CMS may also consider methods for plans to provide a real-time escalation channels when AI controls flag care that is time-sensitive.**

In essence, ASAM recommends aligning FWA prevention tools with nationally recognized, evidence-based clinical criteria that support consistent medical-necessity determinations and appropriate service intensity criteria to strengthen program integrity in SUD care while safeguarding access to clinically appropriate care. ***The ASAM Criteria*** **provide national standards for recommending the least intensive level of care where a patient can be safely and effectively treated.** These standards may help inform a framework for differentiating between instances where patients are appropriately recommended high intensity care versus instances where patients are systematically recruited for higher intensity care than is required based on their clinical presentation. **Standardized, multidimensional assessment frameworks and associated implementation tools can help CMS differentiate legitimate clinical patterns from those potentially associated with fraud.** By calibrating analytics, audits, and documentation expectations to reflect evidence-based treatment, CMS can more accurately identify aberrant behavior while minimizing risks to providers who are simply trying to provide quality treatment. This approach is especially important given the heightened fraud vulnerabilities in SUD services identified by external analyses and the anticipated coverage disruptions associated with new federal Medicaid community engagement requirements for some states, which together underscore the need for precision tools that target bad actors without exacerbating access barriers.

ASAM stands ready to work with CMS to maximize access to addiction treatment, protect patients, and address bad actors. We welcome a conversation with CMS about how ASAM can support these goals. If you have any questions or concerns, please contact Corey Barton, Director of Practice Management and Regulatory Affairs at cbarton@asam.org.

Sincerely,

Stephen M. Taylor

Stephen Taylor, MD
President, American Society of Addiction Medicine