

## American Society of Interventional Pain Physicians®

"The Voice of Interventional Pain Management"

81 Lakeview Drive, Paducah, KY 42001

Phone: (270) 554-9412 - Fax: (270) 554-5394

[www.asipp.org](http://www.asipp.org)

---

## Society of Interventional Pain Management Surgery Centers Inc.

81 Lakeview Drive, Paducah, KY 42001

Phone: (270) 554-9412 - Fax: (270) 554-5394

[www.sipms.org](http://www.sipms.org)

---

September 11, 2023

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1753-P  
P.O. Box 8010  
Baltimore, MD 21244-1850

**RE: CMS-1786-P. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Payment for Intensive Outpatient Services in Rural Health Clinics, Federally Qualified Health Centers, and Opioid Treatment Programs; Hospital Price Transparency; Changes to Community Mental Health Centers Conditions of Participation, Proposed Changes to the Inpatient Prospective Payment System Medicare Code Editor; Rural Emergency Hospital Conditions of Participation Technical Correction**

Dear Honorable Administrator Brooks-LaSure:

On behalf of the Board of Directors of the American Society of Interventional Pain Physicians (ASIPP), representing 49 state societies and the Puerto Rico Society of Interventional Pain Physicians, as well as the Society of Interventional Pain Management Surgery Centers (SIPMS), and the entire membership of ASIPP and SIPMS, we would like to extend our gratitude for affording us the opportunity to provide comments on CMS-1786-P, titled "Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Payment for Intensive Outpatient Services in Rural Health Clinics, Federally Qualified Health Centers, and Opioid Treatment Programs; Hospital Price Transparency; Changes to Community Mental Health Centers Conditions of Participation; Proposed Changes to the Inpatient Prospective Payment System Medicare Code Editor; Rural Emergency Hospital Conditions of Participation Technical Correction."

**BACKGROUND:**

ASIPP is a not-for-profit professional organization founded in 1998, comprising over 4,500 interventional pain physicians and dedicated practitioners. Our mission is to ensure safe, appropriate, and equal access to essential pain management services for patients nationwide who are suffering from chronic and acute pain. In the United States, there are approximately 8,500 trained and qualified physicians practicing interventional pain management. ASIPP represents 48 state societies of Interventional Pain Physicians, including Puerto Rico, and the affiliated Texas Pain Society.

SIPMS, founded in 2005, is another not-for-profit professional organization dedicated to the cause of interventional pain management. SIPMS focuses on surgical centers specializing in interventional pain management, striving to provide safe, appropriate, and equitable access to essential pain management services for patients grappling with chronic pain. Across the nation, there are approximately 500 Medicare-approved surgery centers providing a majority of interventional pain management services.

Interventional pain management is defined as the medical discipline dedicated to diagnosing and treating pain-related disorders primarily through interventional techniques to manage sub-acute, chronic, persistent, and intractable pain, either independently or in conjunction with other treatment modalities (The National Uniform Claims Committee, Specialty Designation for Interventional Pain Management-09, [www.cms.hhs.gov/transmittals/Downloads/r1779b3.pdf](http://www.cms.hhs.gov/transmittals/Downloads/r1779b3.pdf)).

Interventional pain management techniques encompass minimally invasive procedures such as precision needle placement, targeted drug administration, nerve ablation, and select surgical techniques like laser or endoscopic discectomy, intrathecal infusion pumps, and spinal cord stimulators for the diagnosis and management of chronic, persistent, or intractable pain (Medicare Payment Advisory Commission, Report to the Congress: Paying for Interventional Pain Services in Ambulatory Settings <http://www.medpac.gov/documents/reports/december-2001-report-to-the-congress-paying-for-interventional-pain-services-in-ambulatory-settings.pdf?sfvrsn=0>).

A significant majority of these interventional techniques are conducted in outpatient settings, which include physicians' offices, hospital outpatient departments (HOPDs), and ambulatory surgery centers (ASCs).

**COMMENTS:**

Our comments specifically pertain to ambulatory surgical centers. We appreciate the increased reimbursement for procedures such as genicular nerve blocks and neurolysis (CPT 64454 and CPT 64624) and revisions to spinal cord stimulation and peripheral nerve stimulation codes that align with practice patterns. We kindly request CMS to consider reevaluating and adjusting these codes to align with HOPD rates for ASCs and physician offices.

**1. AVERAGE RATE OF DATA**

We commend CMS for adopting a reasonable process to update ASC rates, aligning them with HOPD rates and thereby improving the conversion factor. We also kindly request CMS to refrain from reducing any published rates during the final phase ruling.

## **2. INTENSIVE PROCEDURE POLICY FOR ASCs**

We applaud CMS for proposing a positive policy change in calculating device offset percent using ASC rates rather than HOPD rates, as was previously practiced. This change is essential in ensuring that procedures with device costs accounting for 30% of the overall ASC procedure rate receive device-intensive status. Additionally, we appreciate the provision that if a device attains HOPD device-intensive status, it will also carry the same designation in the ASC setting. Under this policy, we offer the following comments:

### **Interspinous Prosthesis**

The price reductions for interspinous prosthesis have had severe adverse effects on this procedure's availability for patients with moderate spinal stenosis. CPT 22869, specifically for interspinous prosthesis with Superior, is supported by a substantial body of clinical and real-world evidence that attests to its safety and efficacy.

Despite this, the procedure's reimbursement has dwindled from \$12,596.88 in 2019 to \$10,982.35, causing significant financial strain. Considering that this is a device-intensive procedure demanding extensive physician training, complex ASC setups, and costly equipment, the current reimbursement levels make it financially unsustainable. We kindly request a return to 2019 reimbursement levels to ensure that this vital service remains accessible to those in need.

## **3. INADEQUATE PAYMENT FOR CERTAIN NERVE BLOCK PROCEDURES**

CMS has consistently reimbursed certain procedures at substantially higher rates in HOPD settings compared to ASCs, deviating from the formula-based approach for HOPD vs. ASC.

### **1. Trigeminal Nerve Block (CPT 64400)**

In hospital settings, CPT 64400 is reimbursed at \$283.70, whereas in an ASC setting, the reimbursement is significantly lower at \$80.56, supplemented by a facility fee of approximately \$50 in office settings.

### **2. Greater Occipital Nerve Block (CPT Code 64405)**

CPT Code 64405 receives a reimbursement of \$283.70 in HOPDs, whereas in ASCs, the reimbursement drops to \$36.35, with physician offices receiving even lower reimbursement of \$23.60.

### **3. Suprascapular Nerve Block (CPT 64418)**

For HOPDs, CPT 64418 is proposed for reimbursement at \$662.70, while ASCs receive only \$44.86, and office outpatient settings get \$30.80.

### **4. Iliioinguinal/Iliohypogastric Nerve Block (CPT 64425)**

Reimbursements for CPT 64425 are \$662.70 in HOPDs, \$73.03 in ASCs, and \$55.60 in office settings.

### **5. Femoral Nerve Block (CPT 64447)**

In a hospital setting, CPT 64447 is reimbursed at \$662.70, whereas in ASCs, it receives only \$66.48, with office settings reimbursed at \$53.80.

In light of these discrepancies, we urge CMS to review and adjust reimbursement rates to ensure equitable compensation for these crucial nerve block procedures, irrespective of the care setting.

If you require any further clarification or have questions regarding our comments, please do not hesitate to contact us. We sincerely appreciate your attention to these matters and your commitment to improving healthcare access and quality for patients nationwide.

**Laxmaiah Manchikanti, MD**

Chairman of the Board and Chief Executive Officer, ASIPP, SIPMS  
Director, Pain Management Centers of America  
Medical Director, Pain Management Centers of America – Paducah, Marion & Hopkinsville  
Ambulatory Surgery Center and Pain Care Surgery Center  
Clinical Professor, Anesthesiology and Perioperative Medicine  
University of Louisville, Kentucky  
Professor of Anesthesiology-Research  
Department of Anesthesiology, School of Medicine  
LSU Health Sciences Center  
2831 Lone Oak Road  
Paducah, KY 42003  
270-554-8373 ext. 4101  
[drm@asipp.org](mailto:drm@asipp.org)

**Salahadin Abdi, MD, PhD**

President, ASIPP  
Professor [Tenured] and Chairman  
Department of Pain Medicine.  
Helen Buchanan & Stanley Joseph Seeger Endowed Research Professor  
The University of Texas, MD Anderson Cancer Center  
1400 Holcombe Blvd, Unit 409  
Houston, TX 77030  
[sabdi@mdanderson.org](mailto:sabdi@mdanderson.org)

**Amol Soin, MD**

Lifetime Director, ASIPP  
President, SIPMS  
CEO, Ohio Society of Interventional Pain Physicians  
Ohio Pain Clinic  
7076 Corporate Way, Suite 201  
Centerville, OH 45459  
[drsoin@gmail.com](mailto:drsoin@gmail.com)

**Mahendra Sanapati, MD**

First Executive Vice President, ASIPP  
Vice President, SIPMS  
Director, Pain Management Centers of America  
Medical Director, Pain Management Centers of America - Evansville  
Medical Director, Advanced Ambulatory Surgery Center  
Evansville, IN 47714  
[msanapati@gmail.com](mailto:msanapati@gmail.com)