**American Society** *of* **Interventional Pain Physicians®**

**Society** *of* **Interventional Pain Management Surgery Centers Inc.**

**"The Voice of Interventional Pain Management"**

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September 27, 2021

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RE: Extension of Telephone Only Services and Elimination of Impending Cuts to Providers

Dear \_\_\_\_\_\_\_\_\_\_\_:

On behalf of the Board of Directors, we would like to thank you for the support you have extended in improving Medicare for future generations.

Unfortunately, Medicare providers are facing a 9.75% reduction in payments starting January 1, with the elimination of the 3.75% temporary increase in the Medicare physician fee schedule (PFS) conversion factor to avoid payment cuts associated with the budget neutrality adjustment tied to PFS policy changes.

1. Physician Payment Cuts

At ASIPP, we are deeply concerned about the growing financial instability of physician practices due to the severe reduction in revenues caused by the COVID-19 PHE. For interventional pain physicians, the revenue stream has been significantly reduced by 20 to 25%. The majority of interventional procedures have declined. New patient evaluations have declined. The only service which has not significantly declined is evaluation and management services for follow-up visits. The looming payment cuts facing physician practices at the beginning of the year, including cuts due to budget neutrality, must be addressed to ensure that practices can remain fiscally viable.

In January 2022, physician practices face the following Medicare financial hits:

• The expiration of the congressionally enacted 3.75% temporary increase to the Medicare physician fee schedule conversion factor, which was set into place to avoid payment cuts associated with budget neutrality adjustment tied to PFS policy changes.

• The expiration of the current reprieve from the repeatedly extended 2% sequester stemming from the Budget Control Act of 2011. It appears that while Congress originally scheduled this policy to sunset in 2021, it will now continue into 2030.

• The Imposition of a 4% statutory PAYGO sequester resulting from passage of the American Rescue Plan Act, presumably extending for at least another 10 years.

• Should lawmakers fail to act, it will mark the first time that Congress has failed to waive a statutory PAYGO.

2. Facility Payment Cuts

Under the present status, it appears that ambulatory surgery centers and other facilities will be suffering with 2% cut from sequester extension and a 4% reduction with imposition of a 4% statutory PAYGO sequester resulting from passage of the Budget Control Act of 2011 and American Rescue Plan Act of 2021.

**Saving Telephone Only Services:**

CMS has eliminated coverage for telephone only services (CPT 99441-99443), effective December 20, 2021. Consequently, this will affect access to Medicare patients, rural patients, and many others with special circumstances.

All the financial uncertainty comes at a time when physician practices and facilities are still suffering from the financial impact of the COVID-19 public health emergency, including continued infection control protocols, that while necessary, have increased costs of provider care. Now vaccine mandates and employee monitoring is causing additional burden. In addition to this, the Delta insurgence has created numerous new problems with a reduced patient load and increased practice costs. We continue to face 20% to 25% reductions in patient revenue, while costs have escalated by 20% to 25%, with a net result of 40% reductions. No practice can sustain this. This will stretch physician practices to their limits finically, clinically, and emotionally. The reality is, as the pandemic persists and continues, it is unknown what other variants will continue attacking us. Overall, Medicare physician payments have declined 22% from 2001 to 2020, or by 1.3% per year on average.

We request your support by any means. Currently there is a bill sponsored by Ami Bera, MD (D-CA) and Larry Bucshon, MD (R-IN) to avert these cuts and provide stability to Medicare.

We also request that Congress take the appropriate action to reinstate telephone only codes (CPT 99441-99443) to maintain access to Medicare, rural, and all other types of patients.

We are enclosing the letter we are sending to the Congressional leadership.

If you have any further questions, please feel free to contact us.

Thank you,

**Laxmaiah Manchikanti, MD**

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