**SAMPLE LETTER FOR PHYSICIANS AND STAFF IN OHIO**

Date

The Honorable Sherrod Brown

503 Hart Senate Office Building

Washington, DC 20510

The Honorable Bob Portman

446 Russell Senate Office Building

Washington, DC 20510

The Honorable Mike Turner

2082 Rayburn House Office Building

Washington, DC 20515

RE: Multiple issues related to diminution or elimination of access to interventional pain management procedures, specifically epidural interventions

I am writing to urge you to reach out to CMS and our local carrier, CGS, regarding onerous effects of proposed local coverage determination (LCD) for epidural interventions, developed through multi-jurisdictional policy.

This policy has multiple issues which not only increase the cost, increase cost to the program, increase cost to patients with multiple deductibles, multiple copays, multiple COVID-19 tests, restrict epidural injection procedures to unmanageable number and the conditions included are extremely limited and, finally, eliminate some important procedures which have been performed for 25 years based on restriction in some jurisdictions. Lack of correction of these issues will cause major issues to our healthcare system and may exacerbate opioid epidemic and other related effects including suicides.

Consequently, we request you to contact Tamara Syrek Jensen, Director of the Coverage Analysis Group at CMS, and our local Medical Coverage Policy group at CGS and make certain that these onerous policies are revised to eliminate policies which are destructive to medical care, increase costs, and reduce access, and may contribute to opioid epidemic:

Tamara Syrek Jensen, JD

Director, Coverage and Analysis Group

Center for Clinical Standards and Quality

Centers for Medicare and Medicaid Services

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Baltimore, MD 21244

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Meredith Loveless, MD

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CMD.inquiry@cgsadmin.com

The Multi-jurisdictional Committee has provided with evidence-based policies, yet the Multi-jurisdictional Committee and CMS are ignoring these facts. Please request them to change the following aspects:

1. Add percutaneous adhesiolysis procedures to the policy

2. Increase the inclusion criteria for indications and medical necessity as before, which has been extensively constricted

3. Increase the number of procedures during the first year in the diagnostic or initial phase

4. Most importantly, coverage must be provided to multiple procedures in separate regions in the same session when reasonable and necessary, which is the major culprit in increasing expenses and reducing access as patients forego their treatments because of all the bureaucracy and multiple issues related to these problems

For more information, fact sheets, evidence-based research, and documentation, please contact the American Society of Interventional Pain Physicians (ASIPP). Correspondence can be sent directly ASIPP Chairman of the Board and CEO, Laxmaiah Manchikanti, MD at drm@asipp.org or 270-554-8373, ext. 4101 or ASIPP President, Amol Soin, MD at drsoin@gmail.com

Sincerely,

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Signature

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