

# American Society of Interventional Pain Physicians®

"The Voice of Interventional Pain Management"

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October 31, 2018

Seema Verma  
Administrator  
U.S. Centers for Medicare & Medicaid Services  
7500 Security Blvd.  
Baltimore, MD 21244  
[Seema.Verma@cms.hhs.gov](mailto:Seema.Verma@cms.hhs.gov)

RE: Changes related to Cures Act for LCDs

Dear Honorable Administrator Verma:

On behalf of American Society of Interventional Pain Physicians (ASIPP) and 51 state societies, including Puerto Rico, we would like to thank you for your insistence on helping physicians reduce stress with the elimination or reduction of burdensome regulations. At this time, we would like to bring to your attention one of the omissions in the modification of the Medicare Program Integrity Manual in response to language included in the 21<sup>st</sup> Century Cures legislation.

Cures Act amended LCD process as follows:

## **SEC. 4009. IMPROVING MEDICARE LOCAL COVERAGE DETERMINATIONS.**

(a) IN GENERAL.—Section 1862(l)(5) of the Social Security Act ([42 U.S.C. 1395y\(l\)\(5\)](#)) is amended by adding at the end the following new subparagraph:

“(D) LOCAL COVERAGE DETERMINATIONS.—The Secretary shall require each Medicare administrative contractor that develops a local coverage determination to make available on the Internet website of such contractor and on the Medicare Internet website, at least 45 days before the effective date of such determination, the following information:

“(i) Such determination in its entirety.

“(ii) Where and when the proposed determination was first made public.

“(iii) Hyperlinks to the proposed determination and a response to comments submitted to the contractor with respect to such proposed determination.

“(iv) A summary of evidence that was considered by the contractor during the development of such determination and a list of the sources of such evidence.

“(v) An explanation of the rationale that supports such determination.”.

The [old Medicare Integrity Manual](#), Chapter 13 – Local Coverage Determinations, under Section 13.8.1 - The Carrier Advisory Committee, Subsection 13.8.1.2 - Membership on the CAC, had a list of CAC members to be participating in the CAC. Interventional pain management was awarded with the [membership](#) on 3/4/2005. This was provided in the form of [Exhibit 3](#).

However, the [new Medicare Program Integrity Manual](#), Chapter 13 – Local Coverage Determinations, subsection 13.2.4.3 - Contractor Advisory Committee, which has compressed multiple subsections into one, omitted the list of the membership to be served on the committee. It simply states, “*The CAC is to be*

*composed of healthcare professionals, beneficiary representatives, and representatives of medical organizations.”*

The removal of the list could be ominous to all the specialties and also provide with unlimited power and without checks and balances to the Medicare contractors.

Consequently, we would like you to look into this issue and reverse the new process and revert to the appropriate process with the membership as included in Exhibit 3.

Thank you for your assistance and interest in the physician community and their betterment with final goal of improving care and reducing health care costs with increased quality.

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

Thank you,

**Laxmaiah Manchikanti, MD**

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Medical Director, Pain Management Center of Paducah  
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Anesthesiology and Perioperative Medicine  
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LM/den

cc: Tamara Syrek Jensen, JD  
Honorable Chairman Greg Walden  
Honorable Congressman Fred Upton  
Honorable Congressman Brett Guthrie

To view some of Dr. Manchikanti's publications go to:  
<http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=search&db=pubmed&term=manchikanti>

“The most entrenched conflict of interest in medicine is a disinclination to reverse a previous opinion.”  
*Yudkin JS et al. Lancet 2011*

“There is no limit to what a man can do or where he can go if he doesn't mind who gets the credit.” *Ronald Reagan*