

# American Society of Interventional Pain Physicians®

"The Voice of Interventional Pain Management"

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## Society of Interventional Pain Management Surgery Centers Inc.

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September 28, 2021

The Honorable Nancy Pelosi  
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RE: Extension of Telephone Only Services and Elimination of Impending Cuts to Providers

Dear Speaker Pelosi, Majority Leader Schumer, Leader McConnell, and Leader McCarthy:

On behalf of the Board of Directors of American Society of Interventional Pain Physicians (ASIPP), 49 state societies and Puerto Rico Society of Interventional Pain Physicians, Society of Interventional Pain Management Surgery Centers (SIPMS), as well as the entire membership of ASIPP and state organizations and SIPMS, we would like to bring to your attention the growing financial uncertainty within the Medicare system.

While the system is already overburdened with continuous reductions in reimbursements to providers, which may ultimately affect patient access, with added strain from sequester cuts, PAYGO cuts, and multiple other issues. In addition, removal of the telephone only services with CPT codes for telephone evaluation and management services (CPT 99441-99443), and limiting them to only for mental health services, significantly affects access, specifically in elderly and rural areas.

We support the currently introduced bill by Representatives Ami Bera, MD (D-CA) and Larry Bucshon, MD (R-IN).

## **BACKGROUND**

ASIPP is a not-for-profit professional organization founded in 1998 now comprising over 4,500 interventional pain physicians and other practitioners who are dedicated to ensuring safe, appropriate and equal access to essential pain management services for patients across the country suffering with chronic and acute pain. There are approximately 8,500 appropriately trained and qualified physicians practicing interventional pain management in the United States.

Interventional pain management is defined as the discipline of medicine devoted to the diagnosis and treatment of pain related disorders principally with the application of interventional techniques in managing sub acute, chronic, persistent, and intractable pain, independently or in conjunction with other modalities of treatment (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)).

Chronic pain is a highly prevalent condition with management intermingled with contradictory opinions from multiple organizations including CDC, HHS, CMS, AHRQ -- one side controlling the opioid prescription excesses leading to increasing opioid deaths and curbing the access and at the same time, curbing access to interventional techniques and nonopioid treatments recommended by the same experts and academicians, ultimately leaving the patients either to forgo any type of treatment, or leave them to the street.

On the same token, with exceedingly levels of cuts, physicians are leaving practices.

- ◆ A perfect storm has arisen due to a rare combination of adverse factors, including the coronavirus pandemic, which has catapulted the country into one of the deepest recessions in the United States' history. The decimation of multiple medical services, a convergence of concurrent PHEs due to the COVID-19 epidemic, the exacerbation of the existing opioid epidemic, the addition of a epidemic of economic consequences, and a tsunami of deleterious payer policies leading to a perfect storm.

Our major concerns are related to two issues – elimination of telephone only services and physician payment cuts as high as 9.75%.

## **ISSUES RELATED TO CUTS**

### **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:

- Expiration of the congressionally enacted 3.75% temporary increase in the Medicare physician fee schedule conversion factor to avoid payment cuts associated with budget neutrality adjustment tied to PFS policy changes.

- 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, but it will now continue into 2030.
- 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 statutory PAYGO.

Thus, overall, combined physician practices face 9.75% cut on January 1. All of this financial uncertainty comes at a time when physician practices are still suffering from the financial impact of COVID-19 PHE, including continued infection control protocols that, while necessary, have increased the costs of providing care. In addition to this, the Delta resurgence has also created numerous new problems with reduced patient load and increased practice costs. There are numerous unpaid mandates by the federal government and state governments. Consequently, CMS, Congress and the Government Administration may be stretching physician practices to their limits clinically, emotionally, and financially as the pandemic persists and continues. It is unknown as to what other variants will be attacking us. The enactment of further Medicare payment cuts will undoubtedly threaten patient access to care, specifically for the vulnerable population suffering with chronic pain. The stark reality is that when adjusted for inflation in practice costs, Medicare physician payment actually declined 22% from 2001 to 2020, or by 1.3% per year on average.

## **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 proposed to eliminate telephone only codes from CPT codes (CPT 99441-99443), which in their opinion, did not meet the criteria except for mental health services. We disagree with this assumption. Telephone only services do meet criteria for chronic pain patients. It is essential that these services be preserved for these patients for their convenience and to afford them the ability to maintain basic services. This may be the only opportunity for them to receive certain types of services without foregoing care. Reviewing and refilling patient prescriptions is just one example of this vital care, missing opioid prescriptions or other important drugs will result in patients seeking drugs elsewhere, fueling the opioid epidemic.

The contention that telephone services have been excessively overused may not be accurate. Although the epidemic has increased need, our surveys at ASIPP have repeatedly shown a 5-10% decrease, or 5% increase in the evaluation and management services for established patients which are the only services these codes are used for.

Consequently, we request Congress to consider policies to ensure appropriate reimbursements and improve the Medicare payment system broadly, including the access with reinstatement of telephone only codes. However, you must act before the end of the year to avert the imminent cuts, including the 3.75% payment adjustment, and provide continued stability for physicians and healthcare professionals. Further, it is crucial that telephone only services be extended as other telehealth services.

Inability to respond to the crisis will have a profound extortion from the pandemic, combined with the stress of uncertainty and payments, may lead to multiple untoward effects with moving of the care to more expensive settings despite the proposed cuts, closures of offices, continued retirements, staff layoffs, ultimately limiting not only the access, but quality of care to Medicare patients and spreading to all others, including Medicare Advantage, all Medicaid plans, other governmental plans, and, finally, the majority of the insurers.

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

**Laxmaiah Manchikanti, MD**

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