

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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November 15, 2023

Meredith Loveless, MD

Attn: Medical Review

26 Century Blvd., Ste ST610

Nashville, TN 37214-3685

cmd.inquiry@cgsadmin.com

Re: Proposed LCD-Trigger Point Injections (TPI) (DL39656)

Dear Dr. Loveless:

Thank you for publishing the proposed LCD-Trigger Point Injections (TPI) (DL39656). On behalf of American Society of Interventional Pain Physicians (ASIPP), the Society of Interventional Pain Management Surgery Centers (SIPMS), we appreciate the effort and the work performed in preparing trigger point injections.

We applaud the Medical Directors and evidentiary team despite lack of evidence in development of this comprehensive policy.

COVERAGE GUIDANCE

Coverage guidance is concise and clear.

REQUIREMENTS

Requirements are clear similar to other policies.

LIMITATIONS

- 1. A TPI involves the use of a local anesthetic and does not include injections of biologics (e.g., platelet rich plasma, stem cells, amniotic fluid, etc.) and/or any other injectates.**

We request that this may be revised to add steroids when necessary with appropriate precautions with local anesthetic.

- 2. It is not considered medically reasonable and necessary to perform TPI into multiple muscle groups in different anatomical regions during the same session.**

Since the reimbursement is based on multiple muscle groups and limited to 2 or more, we request that this limitation be revised and permit multiple anatomic regions during the same session.

This will avoid multiple visits for the patients and provide cost savings. If they are performed separately, it will be more expensive and requires additional physician and staff time.

We understand significant limitations in developing this policy.

3. No more than three (3) TPI sessions will be reimbursed per rolling 12 months.

The present limitations are 3 trigger point injection sessions per rolling 12 months. This may be appropriate to change to 4 sessions per region, and if appropriate, if the first procedure does not provide 6 weeks of relief, a repeat procedure may be performed.

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.

SIPMS is a not-for-profit professional organization founded in 2005, with membership involving surgical centers focusing on interventional pain management, dedicated to ensuring safe, appropriate, and equal access to essential pain management services for patients across the country suffering with chronic pain. There are approximately 500 surgery centers across the nation approved by Medicare providing or solely or an overwhelming majority of interventional pain management services.

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).

Interventional pain management techniques are minimally invasive procedures including, percutaneous precision needle placement, with placement of drugs in targeted areas or ablation of targeted nerves; and some surgical techniques such as 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. Washington, DC: MedPAC. December. 2001.

<http://www.medpac.gov/documents/reports/december-2001-report-to-the-congress-paying-for-interventional-pain-services-in-ambulatory-settings.pdf?sfvrsn=0>

Thank you again for the opportunity to comment.

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

Laxmaiah Manchikanti, MD

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