

# American Society of Interventional Pain Physicians®

"The Voice of Interventional Pain Management"

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April 15, 2020

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); [Paul.Mango@cms.hhs.gov](mailto:Paul.Mango@cms.hhs.gov)

RE: Questions regarding telephone only, telehealth and reduced reimbursement in contrast to March 17, 2020 promotion statement on telehealth in Medicare

Dear Honorable Administrator Verma:

On behalf of the American Society of Interventional Pain Physicians (ASIPP), 50 state societies of interventional pain physicians, Society of Interventional Pain Management Surgery Centers (SIPMS), interventional pain management centers and pain physicians across the country, more importantly, millions of chronic pain patients, and finally the entire physician community and American public, we appreciate all your help, your leadership on multiple issues.

We specifically appreciate your help in assisting us in reference to extending the repayment terms and also providing the community with stimulus checks and redefining the COVID-19 patient definition with each and every patient is a possible or potential candidate for COVID-19. We also thank you for your assistance in providing educational aspects to our membership by providing Emily Yoder to answer the questions from our membership during a webinar. This is a well-attended webinar and this time, we are expecting approximately 1,500 attendees.

If you recall, as we have corresponded to you in the past, and widely publicized, your statement on March 17, 2020:

- During the public health emergencies, individuals can use interactive apps with audio and video capabilities to visit with their clinician for an even broader range of services. **Providers also can evaluate beneficiaries who have audio phones only.**
- **New, as well as established patients, now may stay at home and have a telehealth visit with their provider.**
- To implement this change on an interim basis, we are instructing physicians and practitioners who bill for Medicare telehealth services **to report the POS code that would have been reported had the service been furnished in person.**
- This will allow our systems to make appropriate payment for services furnished via Medicare telehealth, which, if not for the PHE for the COVID-19 pandemic, **would have been furnished in person, at the same rate, they would have been paid if the services were furnished in person.**

Based on memos, CPT codes 99211-99215 were covered with no modifier for location with the same place of service as it was provided without pandemic, with the same payment, i.e., 100% of office visit.

Last Thursday, at our Task Force meeting, it was brought to our attention that telephone only option will no longer be covered. In the past, we were reimbursed using CPT codes 99211-99215 at the usual office rate. According to the new codes, the same level will be reimbursed at \$13.72 to \$26.78, utilizing a time factor and CPT codes 99441, 99442 for physicians with the same level for non-physician practitioners utilizing codes CPT 98966, 98967, which is 60% less than physicians would have been reimbursed.

This will create major obstacles for patient care and increase the physicians to utilize face-to-face visits, which will increase corona spread. All the efforts you have made thus far will diminish indefinitely. As you know, many of the rural elderly and others do not have cell phones with or without video capabilities. They operate with only a landline. Even if they do have, they have difficulty using it. Unfortunately, some of the patients in downtown areas and poverty stricken areas have phones which only work during the first week of the month as they spend all their minutes during the first week. These people are coming to the offices and standing outside even though we are closed. If not managed appropriately, this can lead to a major issue. Majority of our patients require opioids. Without appropriate prescriptions and without appropriate assessment of their risks we will not be able to schedule them for future appointments or future procedures. **This will also lead to addiction and much more prevalence, increased utilization of street drugs leading to increased deaths with cocaine, heroin, and fentanyl.**

Hence, please reverse this decision and retroactively reimburse from 3/6/2020, as it was dated previously.

In addition, as we have requested, please extend this to all insurers controlled by Medicare through August 6, 2020.

Thank you for all your help. If you have any questions, please feel free to contact us.

**Laxmaiah Manchikanti, MD**

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cc: Emily Yoder