

# American Society of Interventional Pain Physicians®

"The Voice of Interventional Pain Management"

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April 9, 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)

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 would like to commend your leadership on multiple issues.

First, concerning patient care and access to Medicare, Medicaid, and other governmental services, we admire your decision, along with President Trump, to make sweeping regulatory changes in reference to telehealth by allowing us to utilize phone only follow-up visits as if they were seen in the office using CPT codes 99211-99215. This has been a great help. We have requested yours, or one of your associates' presence at our webinar on Friday, April 17, which is conducted from 3:00-4:30 Central Time. We are flexible, so you may choose any time during that time frame to speak or answer questions.

We request that you please extend the deadline for phone only option for telehealth through August 6. This 2 months extension could be applied only for established patients if you desire.

Second, please require all Medicare contractors, Medicare Advantage plans, other government payers such as TriCare, Champus, VA, and all Medicaid providers, including managed care organizations, to provide coverage and payment for audio-only telehealth visits with patients, at the same level as in-person visits, through August 6.

Third, we appreciate your prompt response for consideration of our request pending legal clarifications at HHS, to extend repayments of Medicare accelerated payments. As you said in the press conference, these have been lifesavers since many of our members already have received the checks and many others are hoping. This is like providing oxygen to hypoxic patients with ours being financial hypoxia due to COVID. Hopefully we will hear from you soon with good news that it has been accepted.

Finally, one of our major concerns, which is extremely important not only to our membership, but all physicians and providers, is:

- ◆ The onerous audits and investigations. Many of the investigators funded by Medicare with CMS' name on their letterhead (essentially if we file any legal action, we are filing it against you) have not stopped onerous investigations. In fact, some may have been exaggerating these investigations. Recently a physician from St. Louis has received a notice that his payments will be stopped without consideration of all levels of appeal. This would likely preclude him from receiving funding from Medicare. They are also spreading this news to Medicaid. It appears that he and his practice may be losing Medicaid participation, which may result in losing his medical licensure in Missouri. There are numerous such examples, not only from board

members, but also from membership in our organization and other practitioners in the United States affected by COVID-19. Essentially, these organizations are using Rahm Emanuel's reprise "never let a crisis go to waste," even in the middle of coronavirus pandemic.

We have communicated to you in the past about [these issues](#), which resulted in an [audit](#) by Atlanta Regional Office of Division of Financial Management and Fee-For-Service Operations, the issues continue to be inadequately trained and incompetent reviewers. These reviewer are not following the LCD language, are rendering internally inconsistent decisions (i.e., 0% compliant for physician services, and 100% compliant for ASC services), continued lack of rebuttals, blind following by MACs, resulting in extensive increases in costs with reduced quality and access.

At this time, again, we request you to require all Medicare contractors, all audit organizations (AdvancedMed, UPIC, ZPIC, Quality Improvement Organizations, TriCare, Champus, VA, Medicaid, MCOs, etc.), Medicare Advantage plans and their audit organizations, all quality improvement organizations, and their auditing organizations which are wide-ranging. Again, as we have mentioned, we do not have any legal recourse as everything results in making yourself out as the defendant.

The above steps, combined with numerous other measures to make care affordable for patients at risk of COVID-19, coupled with increased levels of risk for physicians and patients in interventional pain management settings with reduced immunity, drug therapy reducing their immunity, and interaction of physicians with a higher risk patients are essential to slowing the spread of the virus and to treat them appropriately. Please support physicians and other providers as we honor our sacred obligations to provide care to patients in need, including doing no harm to patients by eliminating elective visits and procedures to minimize patient exposure to the virus.

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

**Laxmaiah Manchikanti, MD**

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