Pain Management Best Practices Inter-Agency Task Force Report

Key Points

- Adopt well-researched interventional pain guidelines to guide the appropriate use of interventional pain procedures as a component of a multidisciplinary approach to the pain patient. Guidelines are particularly important for guiding the collaboration of primary care physicians and pain medicine specialists.
- Establish criteria-based guidelines for properly credentialing clinicians who are appropriately trained in using interventional techniques to help diagnose, treat, and manage patients with chronic pain.
- Establish credentialing criteria for the minimum requirements for training clinicians in interventional pain management. Only clinicians who are credentialed in interventional pain procedures should perform interventional procedures.
- Encourage CMS and private payers to provide consistent and timely insurance coverage for evidence-informed interventional procedures early in the course of treatment when clinically appropriate. These procedures can be paired with medication and other therapies to improve function and quality of life (QOL).
- CMS and other payers must restore reimbursement to non hospital sites of service to improve access and lower the cost of interventional procedures.
- CMS must modify audit patterns by employing trained personnel with appropriate interpretation of local coverage determination (LCD) language, providing appropriate reviews by interventional pain physicians, payer appeals process, and fair appeals process.

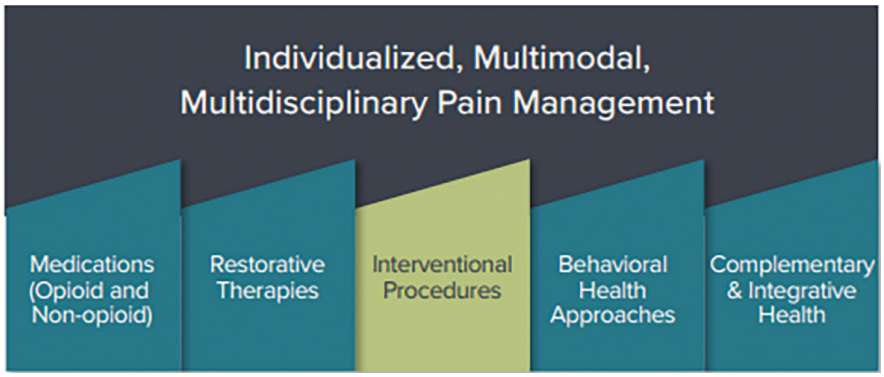

Fig.1. Individualized, multimodal, multidisciplinary pain management.

Introduction

On May 10, 2019, the final report of the Pain Management Best Practices Inter-agency Task Force was released. The report was as a result of Section 101 of the Comprehensive Addiction and Recovery Act of 2016.

This report, in its final recommendations, emphasized the importance of providing balanced, individualized, patient-centered, pain management to ensure better clinical outcomes for pain that improve the quality of life and functionality for patients. The report provided a broad framework of approaches for treating chronic pain (**Fig.1**).

Elimination of Misinterpretation by CMS And Fraud and Abuse by Auditing Agencies

CMS has proposed multiple means to reduce administrative burden to put patients over paperwork. These include modification or streamlining of reporting requirements, documentation requirements, or processes to monitor compliance to CMS rules and regulations. Review of additional aspects include aligning Medicare, Medicaid, and other payer coding, payment and documentation requirements, and processes. However, this philosophy is not followed by various auditing agencies, including Medicare MACs themselves. The issue remains with lack of education and understanding of specialty documentation billing and coding, as well as medical necessity by part-time nurses performing these audits. Multiple issues we have seen include:

- Contradictory interpretation
- Lack of value to LCD language
- Mandate and then claim, but it is duplicate documentation through EMRs

These auditors also recommend multiple aspects in the care including unnecessary visits, unnecessary testing, including repeat imaging on the one hand, whereas CMS is attempting to control these aspects on the other hand. Congress should direct

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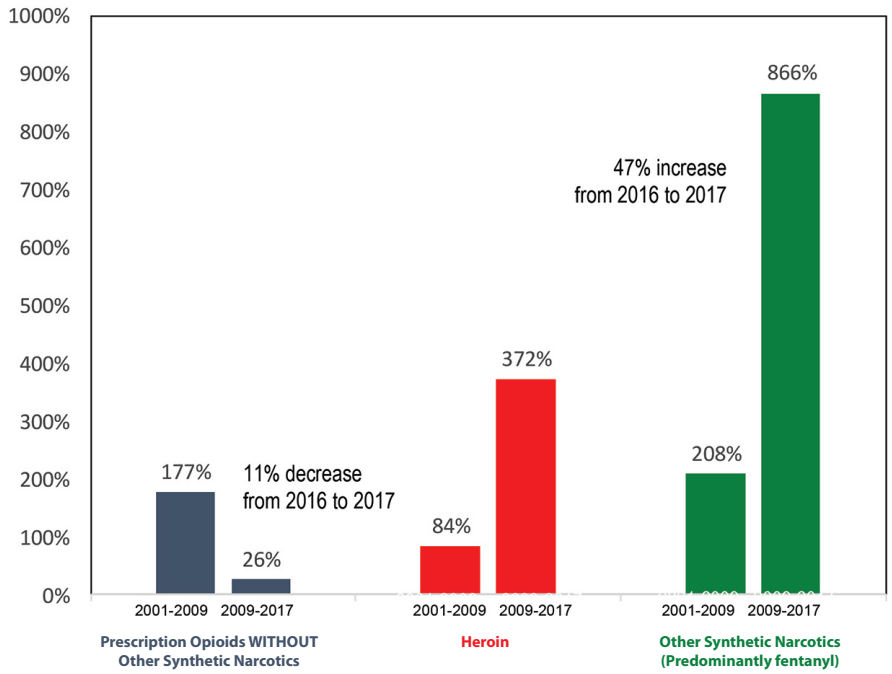

Fig.2. Quantification of opioid deaths.

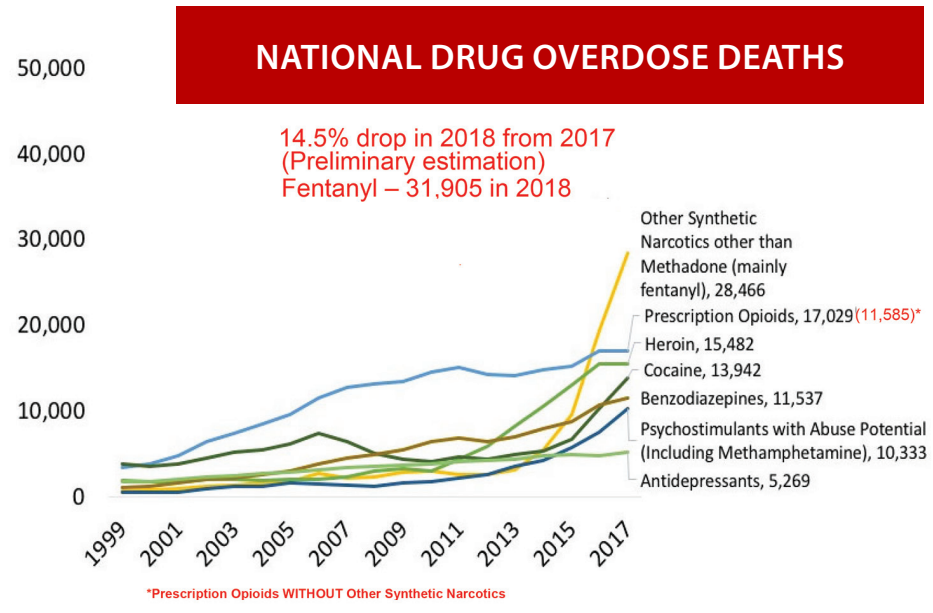

Fig. 3. National Drug Overdose Deaths from 1999 to 2017.

CMS to increase the intensity of appropriate audits and reduce unnecessary audits and avoiding penalizing physicians practicing proper medicine. The incentives of percentage basis for recovery must be eliminated.

Opioid Epidemic

The report addresses the opioid epidemic and the appropriate place for opioid treatment within the framework of the CDC guidelines for prescribing opioids for chronic pain.

The present evidence shows that the opioid epidemic is mainly due to illicit fentanyl, followed by heroin, followed by prescription opioids; however, 63% of the opioid deaths also have in their system multiple illicit drugs (**Fig. 3**).

With declining opioid prescriptions, as well as deaths, multiple investigations, inappropriate denials for opioid treatments and interventional techniques will only lead the patients to street drugs, including heroin and illicit fentanyl (**Fig. 3**).

Congress must direct CMS for appropriate implementation of rules and regulations without burdensome focus on fraud and abuse to improve care of chronic pain.

Interventional Approaches

Among the various approaches, the Task Force recommends interventional approaches, including image-guided and minimally invasive procedures, as diagnostic and therapeutic treatment modalities for acute and chronic pain, when clinically indicated (**Fig.4**).

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

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pain, independently or in conjunction with other modalities of treatment.

Interventional pain management techniques are minimally invasive procedures for the diagnosis and management of chronic, persistent or intractable pain. Techniques include: 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 diskectomy, intrathecal infusion pumps and spinal cord stimulators.

Most interventional pain physicians offer interventional therapies for chronic pain conditions as part of a comprehensive treatment program. Many interventional pain procedures are based on evidence and are available on an outpatient basis in all settings. Moderate to complex interventional procedures must be performed by appropriately trained, interventional pain physicians, under fluoroscopic guidance, in a sterile environment.

Figure 4 shows the degree of complexity of the procedures as shown in the Best Practices report. Minimally invasive procedures such as trigger point injections, joint injections, and peripheral nerve injections, are performed by multiple specialties; however, all other procedures are performed by well trained interventional pain physicians.

As shown in **Fig. 5**, essentially interventional techniques have been declining since 2009 in fee-for-service Medicare with drastic reductions for some procedures.

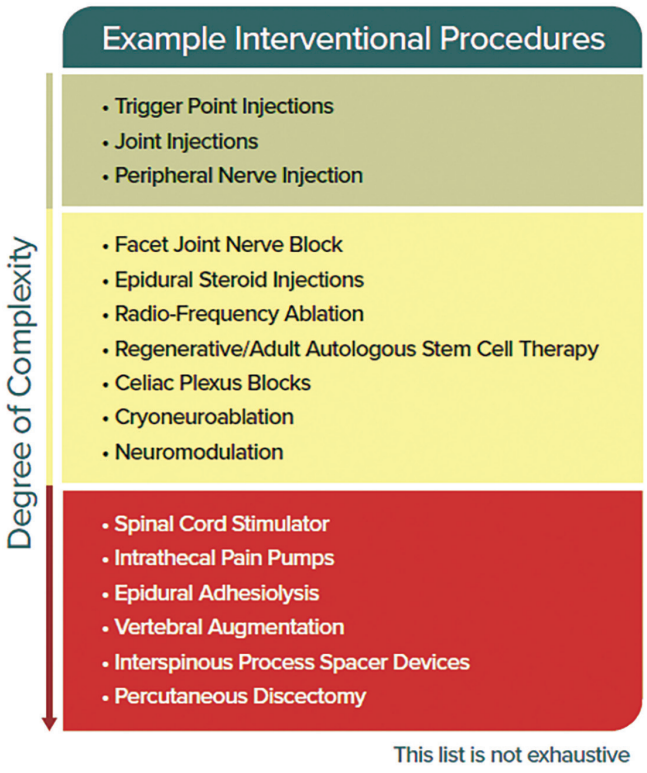

Fig. 4. Interventional procedures vary by degree of complexity and invasiveness.

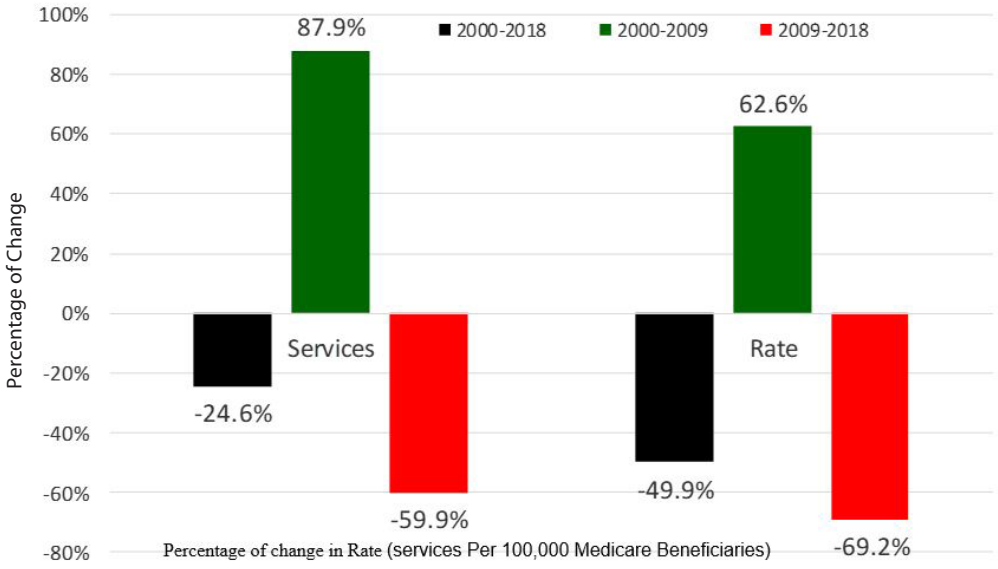

Fig. 5. Percentage of change in Rate (services Per 100,000 Medicare Beneficiaries).

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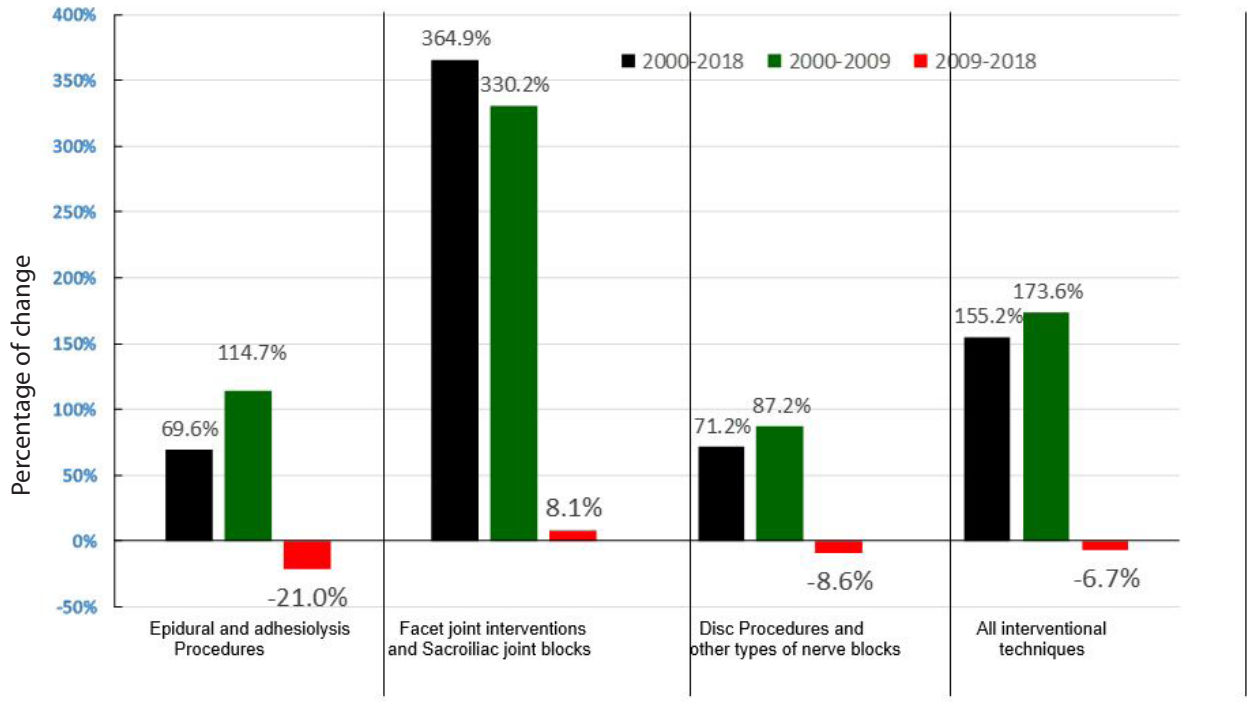

Fig. 6. Comparative analysis of sacroiliac joint blocks, lumbar facet joint interventions, lumbar/caudal epidural procedures, disc procedures and other types of nerve blocks, all interventional techniques.

- Percutaneous adhesiolysis: a procedure performed after failure of other modalities, declined 53.2%, at an annual rate of 10.3% from 2009 to 2016.
- Epidural injections.
- Lumbar Interlaminar epidural injections declined 25%, at an annual rate of 4%.
- Multiple other procedures also declined.

However, there has been a small increase in certain procedures such as radiofrequency neurotomy and transforaminal epidural injections. (**Fig. 6**).

ABOUT ASIPP, NANS, AND SIPMS

The American Society of Interventional Pain Physicians (ASIPP) is a not-for-profit professional organization founded in 1998 which now comprises 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.

The North American Neuromodulation Society (NANS) is a 1600-member multidisciplinary medical specialty society founded in 1994 and dedicated to the field of neuromodulation.

The Society of Interventional Pain Management Surgery Centers (SIPMS) is a national organization devoted exclusively to the issues of providing Interventional Pain Management procedures in the Ambulatory Surgery Center (ASC) setting.

If you have any questions, please feel free to contact us one of us: Laxmaiah Manchikanti, MD, at **drm@asipp.org**; Amol Soin, MD at **ohiopainclinic@gmail.com**; Tim Hutchinson at hutchinsont@gtlaw.com; Monica Prahl Schulteis at **schulteism@gtlaw.com**; Ed Whitfield at **ewhitfield@farragutpartners.com**; Jeff Mortier at jmortier@rmvbllp.com; or Jeff MacKinnon at **jmackinnon@rmvbllp.com**.