January 27, 2014

Marilyn B. Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-1600-FC Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2014; **Spinal Injections (CPT Codes 62310, 62311, 62318, and 62319)**

Dear Administrator Tavenner,

The undersigned physician societies participating in the Multi-Society Pain Workgroup (MPW), which has worked tirelessly with the Centers for Medicare and Medicaid (CMS) Contractor Medical Directors to draft recommendations for multiple pain-related Local Coverage Determinations (LCDs) to improve patient care and reduce abuse of pain procedures through the implementation of strict performance, documentation, and patient selection criteria, would like to express serious concerns with the new values for Epidural Interlaminar Procedure Codes: 62310-62319.

The MPW society representatives have spent countless hours forging compromises on multiple controversial issues in order to deliver innovative recommendations to the Contractor Medical Directors in a very short timeframe. The MPW supported CMS and the Contractor Medical Directors when the new LCD language drew criticism from our membership as well as other physician associations. Indeed, the entire process was groundbreaking in its approach in the number of societies participating, and in its close collaboration with the CMDs.

As responsible societies who have worked in a conscientious fashion to assist CMS in developing coverage policies, we implore CMS to delay implementation of the cuts in values of the interlaminar epidural injection codes (CPT 62310-62319). The MPW strongly believes that the new restrictions in coverage set in motion through the MPW-supported LCDs, will help reign in overutilization and in some cases fraud and abuse. However we are concerned that these new restrictions combined with the proposed unprecedented CMS value reductions for these

codes will severely impact patient access to care. These fee reductions are so severe that we fear that they will lead to a shift to a more expensive site of service (ASC or Hospital).

When the proposed rule was released, these RVU reductions (over 50% for 3 of 4 procedures) were not published, and therefore an adequate comment period was not available. While we recognize that it is within CMS's statutory authority to make such decisions, we believe that changes of this magnitude should not be implemented without sufficient notice to practicing physicians, and certainly not until a comment period is concluded.

The MPW recognizes that the Coverage Group at CMS is distinct from the Payment Group. However, the changes that have been recommended by CMS will undermine our ability to work with the CMD's, despite an excellent prior mutually respectful and productive relationship. We have valued the close working relationships with the CMDs and CMS over the past year, and sincerely appreciate the cooperative relationship that we have been able to develop.

We respectfully request that CMS revert to the 2013 fee schedule, until a comment period has been offered and concluded. We sincerely appreciate the consideration of this request.

Respectfully submitted,

American Academy of Pain Medicine (AAPM)

American Academy of Physical Medicine and Rehabilitation (AAPM&R)

American Pain Society (APS)

American Society of Anesthesiologists (ASA)

American Society of Neuroradiology (ASNR)

American Society of Spine Radiology (ASSR)

American Society of Regional Anesthesia (ASRA)

International Spine Intervention Society (ISIS)

North American Spine Society (NASS)

North American Neuromodulation Society (NANS)

Society of Interventional Radiology (SIR)