December 2, 2025

VIA ELECTRONIC TRANSMISSION

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7500 Security Boulevard
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RE: Request for Meeting Regarding Medicare Policies Denying Coverage for Medically Necessary Treatments for Chronic Pain

Dear Dr. Hughes and Acting Director Baldwin,

On behalf of the Pain Medicine Coalition, which includes the undersigned medical societies and our physician members who are committed to the evidence-based, ethical, reasonable, and necessary treatment of chronic pain, we are writing to urge you and your leadership team at CMS to intervene and work with the Medicare Administrative Contractors (MACs) to withdraw recently proposed Medicare local coverage determinations (the Draft LCDs[1]) that will deny access to proven non-opioid treatments for chronic pain and undermine our collective fight against the opioid crisis.

The Pain Medicine Coalition, comprised of the American Society of Anesthesiologists, the American Society of Regional Anesthesia and Pain Medicine, International Pain & Spine Intervention Society, and the American Academy of Physician Medicine and Rehabilitation, represents more than 75,000 physicians dedicated to advancing evidence-based pain management for patients. Specifically, the Pain Medicine Coalition strongly supports patient access to safe and effective non-opioid pain management therapies for Medicare beneficiaries, such as peripheral nerve blocks, to treat pain resulting from surgery, traumatic injury, or chronic diseases, and patient access requires insurance coverage. We have attached letters from the American Society of Anesthesiologists and the Multisociety Pain Workgroup (MPW) that detail the challenges with the proposed LCDs and provide support for coverage of these procedures.

We have appreciated the leadership and partnership of federal agencies and Congress in promoting adoption of multimodal pain management strategies, which rely on the integrated use of multiple therapies to better relieve patients' chronic pain and reduce the use of opioids. These strategies have been proven to help people suffering from chronic pain to reduce pain-related

[1] Draft LCDs titled "Peripheral Nerve Blocks and Procedures for Chronic Pain" (DL40267, DL40265, DL40263, DL40261, DL40300) were published by five MACs (Palmetto GBA, WPS, CGS, National Government Services (NGS), and Noridian) on Sept. 25, 2025.

disability and co-morbidities, prevent long-term opioid use, and delay or avoid last-line surgical interventions.

Unfortunately, Medicare contractors covering more than 70% of the country have proposed Draft LCDs that will **deny access to necessary tools in many multimodal pain strategies**: diagnostic and therapeutic peripheral nerve blocks and denervation therapies.

- ***Diagnostic nerve blocks*** are used to confirm the underlying diagnoses contributing to a patient's pain and to accurately identify patients who would benefit from other procedures for long-term pain relief, after failing to respond to conservative care.
- ***Therapeutic nerve blocks and denervation procedures*** (e.g., radiofrequency ablation, cryoneurolysis) provide powerful, nerve target-specific therapeutic effects, founded in principles of precision medicine, and without systemic opioid or pharmacologic use.

Federal policymakers have recognized the need for appropriate patient access and payment for non-opioid pain relief options like these treatments through reports and legislation, including the *HHS Pain Management Best Practices Interagency Task Force Report* (2019), the SUPPORT Act (2018), and the NOPAIN Act (adopted in 2023). By denying Medicare coverage for nearly all uses of nerve blocks and denervation procedures, we fear the Draft LCDs conflict with these federal recommendations and undermine Congress's actions, leaving many Medicare patients with debilitating pain no other option except long-term opioid use.

In addition to the serious national policy issues and patient safety concerns, as described below and in the attached comments, our organizations and clinician members identified substantive errors and deficiencies with the scope, process, and determinations in the Draft LCDs:

1. **They fail to consider high-quality, published evidence demonstrating safe and effective use of nerve blocks and denervation procedures;**
2. **They conflict with consensus clinical guidelines and evidence-based treatment recommendations, including from the US Preventive Task Force and CDC;**
3. **They deny coverage for anesthesia used with denervation procedures, despite anesthesia being necessary for certain interventions to ensure patient comfort;**
4. **They include incorrect information about the treatments and conditions discussed in the Draft LCDs, resulting in mischaracterizations on the utility of the treatments;**
5. **They fail to consider access for patients without any other treatment options, such as people experiencing chronic knee pain unable to go undergo knee replacement surgery or following knee replacement surgery; and**
6. **They combine coverage evaluations for diagnostic and therapeutic nerve block procedures, which have dramatically different uses and roles in pain management.**

These deficiencies are so fundamental that we believe the only appropriate recourse is to withdraw the Draft LCDs. We fear that attempting to correct or substantially revise these Draft LCDs in "final" form would violate the notice-and-comment process mandated by Congress in the 21st Century Cures Act for adopting new Medicare coverage criteria in the LCD process. Restarting the LCD process will enable the MACs to design new policies that incorporate the evidence missing in the current drafts, respond to forthcoming guidelines on genicular

denervation for knee osteoarthritis, and – if desired – collaborate with representatives of the medical societies representing physicians who deliver this care and want to work with you.

* * *

We agree with and applaud attempts to reduce wasteful or inefficient healthcare expenditures. The PMC and our members appreciate the opportunity to inform coverage criteria that reflect the state of the clinical evidence and preserve appropriate patient access. We have the utmost respect for the MACs and their work to design Medicare policies, but we fear these Draft LCDs will have the unintended effects of worsening patient health, encouraging use of opioids and higher-cost interventions, and increasing overall Medicare spending.

We respectfully request the opportunity to meet with you to discuss these concerns and the undersigned societies' request to withdraw the Draft LCDs. We believe a broader discussion would be helpful to facilitate communication and ensure there is a shared understanding of the clinical and patient access issues implicated by these Draft LCDs.

Please contact Elizabeth Smith at esmith@asra.com and Allison Kronback at a.kronback@asahq.org with any questions or to arrange a meeting.

Sincerely,

The Pain Medicine Coalition, made up of the following organizations:

American Society of Anesthesiologists

American Society of Regional Anesthesia and Pain Medicine

International Pain & Spine Intervention Society

American Academy of Physical Medicine and Rehabilitation