AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: (Assigned by HOD)
(I-25)

Introduced by: American Society of Regional Anesthesia and Pain Medicine, American Academy of Pain Medicine, American Association of Neurological Surgeons, Congress of Neurological Surgeons, American Society of Interventional Pain Physicians, American Society of Anesthesiologists, North American Neuromodulation Society, American Academy of Physical Medicine and Rehabilitation, North American Spine Society, International Pain and Spine Intervention Society, California Medical Association, Montana Medical Society, Washington State Medical Association

Subject: Preserve Coverage for Peripheral Nerve Blockade in Chronic Pain

Referred to: Reference Committee (Assigned by HOD)

Whereas, multiple Medicare Administrative Contractors (MACs) have released draft Local Coverage Determinations (LCDs), "Peripheral Nerve Blocks and Procedures for Chronic Pain," that would newly deem many peripheral nerve blockade (PNB) procedures "not reasonable and necessary," with five of seven MACs (CGS, NGS, Noridian, Palmetto, WPS) issuing aligned proposals; examples identified for noncoverage include genicular, suprascapular, pudendal, thoracic and other peripheral nerve blocks and denervations; and these changes are now out for public comment, signaling a substantial shift in Medicare coverage policy[1,2,3,4,5]; and

Whereas, restricting coverage for established PNB procedures (e.g., trigeminal, stellate ganglion, occipital, genicular) would significantly limit physicians' ability to deliver appropriate, evidence-based, non-opioid care consistent with American Medical Association (AMA) policy supporting access to the full range of multidisciplinary and interventional pain treatments[6]; and

Whereas, PNBs enable targeted, localized analgesia and can reduce reliance on systemic opioids in appropriate settings; national guidance emphasizes prioritizing non-opioid and multimodal strategies, and federal evidence reviews note that PNBs can reduce opioid consumption and improve pain control in selected populations, although effects vary by indication and technique [7,8,9,10]; and

Whereas, beyond therapeutic benefit, PNBs are widely used as diagnostic and prognostic tools that guide escalation to radiofrequency ablation (RFA), peripheral nerve stimulation (PNS), Spinal Cord Stimulation (SCS), and surgical interventions, with practice standards commonly requiring a successful prognostic block before genicular RFA and emerging data supporting block-guided selection for neuromodulation [11, 12]; and

Whereas, the *CDC Clinical Practice Guideline for Prescribing Opioids for Pain* (2022), *AMA Substance Use and Pain Task Force* (2021), and *Pain Management Best Practices Inter-Agency Task Force Report* (2022) underscores a multimodal, multidisciplinary approach to pain management, within which interventional options such as PNBs may play an important role when clinically appropriate [6,7,13]; and

Whereas, removing coverage for these procedures would undermine effective, compassionate, and patient-centered care for chronic pain, reduce access to evidence-based non-opioid

therapies, and risk reversing progress toward safer, multimodal pain care envisioned by federal guidance and existing AMA policy; therefore be it

RESOLVED, that our American Medical Association oppose the draft LCD and advocate for withdrawal of the draft Local Coverage Determinations issued by Medicare Administrative Contractors (MACs) that restrict coverage of peripheral nerve blockade procedures for chronic pain; and be it further

RESOLVED, that our American Medical Association reaffirm and apply existing AMA policy—H-185.931 “Workforce and Coverage for Pain Management” and H-120.922 “Improved Access and Coverage to Non-Opioid Modalities to Address Pain”—to oppose efforts that limit the use of peripheral nerve blockade and associated interventional pain procedures as evidence-based treatment options; and be it further

RESOLVED, that our American Medical Association advocate with the Centers for Medicare & Medicaid Services (CMS) and the Medicare Administrative Contractors to preserve—and, where supported by evidence, expand—coverage of peripheral nerve blockade within a comprehensive, multimodal pain-management framework aligned with the federal guidelines.

Fiscal Note: (Assigned by HOD)

Received:

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RELEVANT AMA POLICY

Workforce and Coverage for Pain Management H-185.931

1. Our AMA supports efforts to improve the quality of care for patients with pain, ensuring access to multiple analgesic strategies, including non-opioid options and interventional approaches when appropriate, with a focus on achieving improvement in function and activities of daily living.
2. Our AMA supports guidance on pain management for different clinical indications developed by the specialties who manage those conditions and disseminated the same way other clinical guidelines are promoted, such as through medical journals, medical societies, and other appropriate outlets.
3. Our AMA will advocate for an increased focus on comprehensive, multidisciplinary pain management approaches that include the ability to assess co-occurring mental health or substance use conditions, are physician led, and recognize the interdependency of treatment methods in addressing chronic pain.
4. Our AMA supports health insurance coverage that gives patients access to the full range of evidence-based chronic pain management modalities, and that coverage for these services be equivalent to coverage provided for medical or surgical benefits.
5. Our AMA supports efforts to expand the capacity of practitioners and programs capable of providing physician-led interdisciplinary pain management services, as well as an expanded behavioral health workforce to improve the availability of services to address the psychological, behavioral, and social aspects of pain and pain management within multidisciplinary pain clinics. Patients and their caregivers should be involved in the decision-making process.

6. Our AMA supports an expanded availability of comprehensive multidisciplinary pain medicine clinics for patients in both urban and rural areas, and an improvement in payment models for comprehensive multidisciplinary pain clinics services such that such services can become more financially viable.

Improved Access and Coverage to Non-Opioid Modalities to Address Pain H-120.922

7. Our American Medical Association will advocate for increased access and coverage of non-opioid treatment modalities including pharmaceutical pain care options, interventional pain management procedures, restorative therapies, behavioral therapies, physical and occupational therapy, and other evidence-based therapies recommended by the patient's physician.
8. Our AMA will advocate for non-opioid treatment modalities being placed on the lowest cost-sharing tier for the indication of pain so that patients have increased access to evidence-based pain care as recommended by the HHS Interagency Pain Care Task Force; and
9. Our AMA will encourage the manufacturers of pharmaceutical pain care options to seek United States Food and Drug Administration approval for additional indications related to non-opioid pain management therapy.