March 1, 2018

Electronic Submission via DraftLCDComments@novitas-solutions.com

Novitas Solutions
Medical Policy Department
Union Trust Building
Suite 600
501 Grant Street
Pittsburgh, PA 15219

RE: Draft Local Coverage Determination for Facet Joint Interventions for Pain Management (DL34892)

To Whom It May Concern:

The American Association of Nurse Anesthetists (AANA) welcomes the opportunity to comment on the draft local coverage determination (LCD) for Facet Joint Interventions for Pain Management (DL 34892). The AANA offers comments in the following areas:

PROVIDER QUALIFICATIONS SECTION

- Ensure that training requirements recognize nurse anesthesia education programs and certification
- Include provider neutral language in the final LCD

Background of the AANA and CRNAs

The AANA is the professional association for CRNAs and student registered nurse anesthetists (SRNAs), and AANA membership includes more than 52,000 CRNAs and SRNAs representing over 90 percent of the nurse anesthetists in the United States. CRNAs are advanced practice registered nurses (APRNs) who personally administer more than 43 million anesthetics to patients each year in the United States. Nurse anesthetists have provided anesthesia in the United States for 150 years, and high-quality, cost-effective CRNA services continue to be in high demand. CRNAs are Medicare Part B providers and since 1989, have billed Medicare directly for 100 percent of the physician fee schedule amount for services.
CRNA provide every aspect of the delivery of anesthesia services including pre-anesthesia patient assessment, obtaining informed consent for anesthesia administration, developing a plan for anesthesia administration, administering the anesthetic, monitoring and interpreting the patient's vital signs, and managing the patient throughout the surgery. CRNAs also provide acute and chronic pain management services. CRNAs provide anesthesia for a wide variety of surgical cases and in some states are the sole anesthesia providers in nearly 100 percent of rural hospitals, affording these medical facilities obstetrical, surgical, trauma stabilization, and pain management capabilities. CRNAs play an essential role in assuring that rural America has access to critical anesthesia services, often serving as the sole anesthesia provider in rural hospitals, affording these facilities the capability to provide many necessary procedures.

The services listed in the draft LCD relate to techniques that reflect current evidence based, pain management practice. Pain management is central to the scope and practice of a CRNA, and CRNAs play a vital role by providing patient focused, comprehensive pain care in communities throughout the United States. As APRNs, CRNAs are uniquely skilled to deliver pain treatment in a compassionate and holistic manner. By virtue of education and individual clinical experience and competency, a CRNA may practice chronic pain management utilizing a variety of therapeutic, physiological, pharmacological, interventional, and psychological modalities in the management and treatment of pain. Fellowship training along with subspecialty certification, although not required for a CRNAs’ pain management practice, is available to those who like further recognition in the field of pain management. Several chronic pain education pathways are available to the CRNA including formalized education and mentored practice. The AANA has partnered with academia to develop an Advanced Chronic Pain Management Fellowship that are accredited by the Council on Accreditation of Nurse Anesthesia Programs (COA) to attain focused learning and recognition as advanced, subspecialty practitioners beyond that required for initial certification of nurse anesthetists.¹ Furthermore, the National Board of Certification and

Recertification for Nurse Anesthetists (NBCRNA) offers a voluntary nonsurgical pain management (NSPM) subspecialty certification for CRNAs.\(^2\)

**ENSURE THAT TRAINING REQUIREMENTS RECOGNIZE NURSE ANESTHESIA EDUCATION PROGRAMS AND CERTIFICATION**

The AANA appreciates that the draft LCD does acknowledge “accredited non-physician practitioner educational program[s]” as acceptable training and certification for this draft LCD. However, it is not clear what educational programs meet Novitas’ definition, and we request that Novitas recognize nurse anesthesia programs and certification. To include education, training, and certification of certain physician specialties as requirements for reimbursement, but not for all types of healthcare professionals who currently provide these services is arbitrary and discriminatory. Qualified healthcare professionals include those from the specialty of nursing in addition to medicine. Therefore, each profession’s education program accrediting and credentialing bodies should be recognized as part of the LCD.

The AANA remains concerned that this draft LCD could limit the types of healthcare professionals, such as CRNAs, who currently provide these services by not recognizing their education and certification. As drafted, Novitas Solutions could limit chronic pain practice to physicians by specifically identifying and recognizing physician education and certification, which is unsupported by evidence and inconsistent with Medicare policy.\(^3\) Lack of reimbursement for CRNA provided pain management services would limit access to necessary chronic pain management services for Medicare beneficiaries, especially in rural areas.

**INCLUDE PROVIDER NEUTRAL LANGUAGE IN THE FINAL LCD**

We also request that provider neutral language be used in the final LCD. We note that the draft LCD states “accepted standards of medical practice” in the first paragraph in the section entitled “Place of the Service” and states in the second paragraph under the “Provider Qualifications”

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\(^2\) See: [http://www.nbcrna.com/NSPM/Pages/NSPM.aspx](http://www.nbcrna.com/NSPM/Pages/NSPM.aspx)

section, “procedures to remedy pain…must be established by a medical provider trained in the specific discipline.” The AANA is concerned that the use of this language in this LCD fails to recognize qualified non-physician healthcare professionals. Many professional organizations outside of medical practice have developed and promulgated rigorous pain management standards. Furthermore, qualified healthcare professionals who provide facet joint injections include those from the specialty of nursing in addition to medicine.

We thank you for the opportunity to comment on this draft local coverage determination. Should you have any questions regarding these matters, please feel free to contact the AANA Senior Director of Federal Government Affairs, Ralph Kohl, at 202.484.8400, rkohl@aanadc.com.

Sincerely,

Bruce A. Weiner, DNP, MSNA, CRNA
AANA President

cc: Randall D. Moore, DNP, MBA, CRNA, AANA Chief Executive Officer
Ralph Kohl, AANA Senior Director of Federal Government Affairs
Romy Gelb-Zimmer, MPP, AANA Senior Associate Director Federal Regulatory and Payment Policy