August 18, 2026

Electronic Submission via: ProposedLCDComments@novitas-solutions.com

Novitas Solutions, Inc.
Medical Affairs
Suite 100
2020 Technology Parkway
Mechanicsburg, PA 17050

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

To Whom It May Concern:

The American Association of Nurse Anesthesiology (AANA) welcomes the opportunity to comment on the Novitas Solutions, Inc. (Novitas), proposed local coverage determination (LCD) for Facet Joint Interventions for Pain Management (DL34892). This proposed LCD expands coverage by reducing the criteria for repeat facet joint radiofrequency ablation (RFA). If finalized as proposed, this proposed LCD would reduce unnecessary barriers to medically appropriate repeat facet joint RFA, align coverage with clinical practice, and improve timely access to care.

AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs). AANA membership includes more than 69,000 CRNAs and SRNAs, representing about 88 percent of the nurse anesthetists in the United States.[1] CRNAs are advanced practice registered nurses (APRNs) who personally administer more than 58.5 million anesthetics to patients each year in the United States. AANA members have previously served as subject matter experts (SME) on the development of draft LCDs related to chronic pain management as part of Multi-jurisdictional Contractor Advisory Committee (CAC) meetings. CRNAs are recognized for their vital role in providing patient focused, comprehensive pain care in communities throughout the United States.

[1] For further information see: https://www.aana.com/about-us

AANA supports Novitas' proposal to reduce the criteria for repeat facet joint RFA from two requirements to one, allowing either improvement in pain or improvement in the ability to perform previously painful movements and activities of daily living (ADLs), rather than requiring both. Research shows that chronic pain patients do not always experience improvements in pain intensity and functional status simultaneously. A longitudinal study of chronic pain patients found that reductions in pain intensity were only meaningfully associated with improved physical functioning among patients with certain psychological traits (e.g., higher frustration tolerance), and that this association was substantially weaker or absent in other patients, meaning many patients who improve in one domain do not proportionally improve in the other.[2] Similarly, research on neuropsychological function in chronic pain patients found that self-reported and performance-based physical function are influenced by separate mediating factors than those that drive pain intensity itself, underscoring that the two measures can diverge.[3] Indeed, Novitas' own evidence base reflects this same divergence: the 2015 Cochrane review on radiofrequency denervation for chronic low back pain[4], cited in the proposed LCD's Summary of Evidence, found moderate-quality evidence that RFA reduces pain but only low-quality evidence that it improves function, confirming that pain and functional outcomes do not move in lockstep even within the RFA literature that Novitas has already reviewed and accepted.[5]

Given this evidence, a coverage standard requiring simultaneous, threshold-level improvement in both pain and function does not reflect how chronic facet-mediated pain patients actually respond to treatment. A patient who regains meaningful functional capacity, such as the ability to walk, dress, work, or perform household tasks should not be denied a clinically indicated repeat procedure solely because their subjective pain score did not decline by a specific margin, and vice versa. Therefore, allowing patients to qualify based on either criterion better reflects the varied multidimensional nature of the chronic pain experience and prevents clinically appropriate patients from being denied coverage due to a rigid dual-requirement standard.

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[2] Suso-Ribera, C., Camacho-Guerrero, L., Osma, J., Suso-Vergara, S., & Gallardo-Pujol, D. (2019). A Reduction in Pain Intensity Is More Strongly Associated With Improved Physical Functioning in Frustration Tolerant Individuals: A Longitudinal Moderation Study in Chronic Pain Patients. *Frontiers in psychology, 10*, 907. https://doi.org/10.3389/fpsyg.2019.00907

[3] Pulles, W. L., & Oosterman, J. M. (2011). The role of neuropsychological performance in the relationship between chronic pain and functional physical impairment. *Pain medicine (Malden, Mass.), 12*(12), 1769–1776. https://doi.org/10.1111/j.1526-4637.2011.01266.x

[4] Maas ET, Ostelo RWJG, Niemisto L. et al. Radiofrequency denervation for chronic low back pain. *Cochrane Database of Systematic Reviews*. 2015;10.

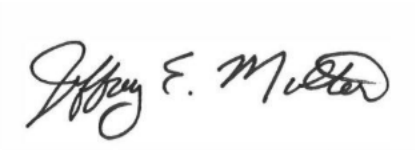
[5] Maas, E. T., Ostelo, R. W., Niemisto, L., Jousimaa, J., Hurri, H., Malmivaara, A., & van Tulder, M. W. (2015). Radiofrequency denervation for chronic low back pain. *The Cochrane database of systematic reviews*, *2015*(10), CD008572. https://doi.org/10.1002/14651858.CD008572.pub2

When patients who meet one but not both criteria are denied a timely repeat procedure, research suggests the consequences extend well beyond persistent pain. Research on opioid use in older adults found that prescribed opioid use for chronic pain was independently associated with significantly increased emergency department visits and hospitalizations over a 12-month period.[6] Facet RFA is found to be an effective, durable alternative to escalating pharmacologic management where longitudinal outcome studies report sustained reductions in both pain and analgesic/opioid use following RFA;[7] comparative studies show RFA provides more durable pain and functional benefit than other alternatives.[8] When access to a clinically indicated repeat RFA is delayed or denied due to an overly restrictive dual-criteria standard, patients are more likely to be managed instead with escalating opioid therapy, additional physician visits, and emergency department utilization, all of which carry greater cost and risk to the Medicare program and its beneficiaries than a timely, evidence-based repeat procedure.

For these reasons, AANA urges Novitas to finalize the proposed change allowing repeat facet joint RFA coverage based on improvement in either pain or functional/ADL status, rather than requiring both. This approach is well supported by the clinical literature on the pain-function relationship, reduces unnecessary coverage barriers, and helps ensure Medicare beneficiaries receive medically necessary repeat procedures without delay.

We thank you for the opportunity to comment on this draft LCD. Should you have any questions regarding these matters, please feel free to contact Romy Gelb-Zimmer, AANA Director of Regulatory Affairs, at rgelb-zimmer@aana.com.

Sincerely,



Jeff Molter, MBA, MSN, CRNA
President, AANA

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[6] Ge, S., Tian, C., Wu, L., Liu, M., & Lu, H. (2022). Prescribed opioid use is associated with increased all-purpose emergency department visits and hospitalizations in community-dwelling older adults in the United States. *Frontiers in psychiatry*, *13*, 1092199. https://doi.org/10.3389/fpsyt.2022.1092199

[7] McCormick, Z. L., Marshall, B., Walker, J., McCarthy, R., & Walega, D. R. (2015). Long-Term Function, Pain and Medication Use Outcomes of Radiofrequency Ablation for Lumbar Facet Syndrome. *International journal of anesthetics and anesthesiology, 2(*2), 028. https://doi.org/10.23937/2377-4630/2/2/1028

[8] Arumugam, K. A., Madhusudhanan, R., & Govindasamy, J. (2026). A Comparative Study of Radiofrequency Ablation and Steroid Injection Therapy for Lumbar Facet Joint Pain: Clinical Efficacy and Outcomes. *Annals of African medicine*, 10.4103/aam.aam_12_26. Advance online publication. https://doi.org/10.4103/aam.aam_12_26

cc: William Bruce, MBA, CAE, AANA Chief Executive Officer