

AMERICAN ASSOCIATION OF
NEUROLOGICAL SURGEONS

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American
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CONGRESS OF
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August 14, 2019

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Office of Clinical Standards and Quality
Centers for Medicare & Medicaid Services
7500 Security Blvd.
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SUBJECT: Comments on Proposed National Coverage Determination for Acupuncture for Chronic Low Back Pain (CAG-00452N)

Dear Ms. Jensen:

On behalf of the American Association of Neurological Surgeons (AANS), the Congress of Neurological Surgeons (CNS), the AANS/CNS Section on Disorders of the Spine and Peripheral Nerves (DSPN) and the AANS/CNS Section on Pain, we appreciate the opportunity to provide our comments on the Centers for Medicare & Medicaid Services' (CMS) National Coverage Determination (NCD) for Acupuncture for Chronic Low Back Pain (CAG-00452N).

Need for Additional Clinical Data

We believe that in many cases, conservative management is appropriate for patients with chronic pain before considering surgical intervention, and there may be a role for acupuncture for patients with chronic low back pain. Therefore, we are not opposed to coverage for acupuncture treatment for Medicare patients enrolled in clinical trials supported by the National Institutes of Health or in CMS-approved studies meeting Agency for Healthcare Research and Quality (AHRQ) criteria. The data appear to be conflicting regarding the benefit of acupuncture for chronic low back pain, but it may play more of a role for acute low back pain. As such, we believe that it is reasonable to support the NCD for coverage of acupuncture for acute, and possibly chronic, low back pain patients enrolled in clinical trials. Although CMS has received numerous comments from providers stating that acupuncture has been in existence for thousands of years, anecdotal claims are not equal to scientific evidence.

Importance of Timely Intervention for Patients with Treatable Structural Disease

We would also like to emphasize the importance of exhaustive diagnostic imaging and comprehensive neurological assessment to identify those individuals who would benefit most from timely surgical intervention, as opposed to non-operative measures. For some patients with a structural element to their pain, such as scoliosis, spondylolisthesis, metastatic or primary neoplastic disease, the literature demonstrates the cost-benefit of timely intervention. Delaying surgery could potentially cause harm to these patients, and no amount of acupuncture will address the underlying structural cause of the pain.

Other Non-opioid Options for Pain Care

We would also like to highlight studies that demonstrate patient and cost-benefit to timely access to neuromodulation for chronic pain patients. We appreciate the recognition in the recently released *HHS Pain Management Best Practices Inter-Agency Task Force Report* of high-quality evidence for

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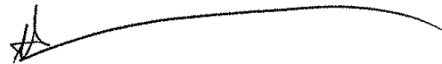
neuromodulation, including spinal stimulation, new waveforms, and spinal infusion pumps and the recognition regarding difficulty with insurance coverage for these procedures. This is an area of growth and innovation for chronic pain treatment. Spinal cord stimulation and dorsal root ganglion stimulation, collectively, have five level-1 studies demonstrating their efficacy in low-back and lower extremity pain. Peripheral nerve stimulation has gained popularity and effectiveness with the recognition of peripheral nerve entrapments, increased use of ultrasound and improvement in technology.

Thank you for considering our recommendations on the proposed NCD for Acupuncture. If you have any questions or need additional information, please contact us.

Sincerely,



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American Association of Neurological Surgeons



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