AMA
AMERICAN MEDICAL ASSOCIATION

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December 4, 2025

The Honorable Mehmet C. Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Proposed Local Coverage Determination – Peripheral Nerve Blocks and Procedures for Chronic Pain

Dear Administrator Oz:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to express our concerns regarding the proposed Local Coverage Determinations (LCDs) for Peripheral Nerve Blocks (PNBs) and Procedures for Chronic Pain, which classify these medically indicated procedures as experimental and investigational. These policies have been proposed by multiple Medicare Administrative Contractors (MACs), including CGS Administrators, LLC (DL40261), National Government Services (DL40267), Noridian Healthcare Solutions (DL40265), Palmetto Government Benefits Administrator (DL40263), and Wisconsin Physicians Service Insurance Corporation (DL40300). **We respectfully urge the Centers for Medicare & Medicaid Services (CMS) to direct the MACs to rescind the LCDs to protect patients' access to medically necessary and appropriate treatment for chronic pain conditions.** These LCDs would put physicians in an ethically and clinically compromised position because they would not be able to recommend what is optimal and be forced to try other treatments including opioid therapy or other pharmacologic or non-pharmacologic options. Patients, as a result, would likely face higher risks, increased potential for complications, and sub-optimal pain relief. **If rescission is not feasible at this time, we respectfully urge CMS to direct the MACs to postpone issuance of the LCDs and work with the AMA and other interested societies to develop evidence-based policies that reflect the most current research and important clinical considerations needed to establish appropriate coverage criteria for these procedures.**

The AMA's overarching position is to emphasize that PNBs restore quality of life, have demonstrated clinical efficacy, and offer an important option for physicians and patients to consider as part of the treatment and management of chronic pain. PNBs that have helped patients include:

- Greater Occipital Nerve Blocks, which are effective interventions for the management of various headache disorders, including migraine, cluster headache, cervicogenic pain, occipital neuralgia, and medication overuse headaches. These blocks are especially valuable for pregnant patients who have very limited medication options.
- Stellate Ganglion Block and Sympathetic Blocks, which help treat post herpetic neuralgia, upper extremity Complex Regional Pain Syndrome, and certain visceral pain syndromes.
- Other peripheral nerve blocks, which are used to treat multiple neuropathic pain syndromes, including those involving the intercostal nerves and paravertebral region, as well as chest wall pain and postherpetic neuralgia.

- Lateral Femoral Cutaneous Nerve Blocks and Ilioinguinal and Iliohypogastric Nerve Blocks, which have been essential in the diagnosis and management of groin, lower extremity, and pelvic pain syndromes.
- Genicular Nerve Blocks and Radiofrequency Ablation, which have demonstrated statistically and clinically significant reductions in pain and improved function for osteoarthritis patients. These procedures also provide a safe and effective option for treating knee osteoarthritis pain and pain following total knee arthroplasty.

These interventions are among those supported by the 2022 Centers for Disease Control and Prevention Clinical Practice Guideline for Prescribing Opioids for Pain, which recommended prioritizing non opioid and non-pharmacologic therapies. They were also recognized by the Department of Health and Human Services Pain Management Best Practices Interagency Task Force as core components of comprehensive pain management. These are the types of modalities supported by the AMA Substance Use and Pain Care Task Force to make certain that patients receive pain care that addresses their individualized needs. There is no one-size-fits-all approach to treating chronic pain, and PNBs provide important options that must be protected.

The proposed LCDs, however, would negatively impact large numbers of Medicare patients who rely on these interventions. They would also shift treatment options away from non-opioid and non-pharmacologic approaches and toward therapies that are not initially recommended by their physicians. While the AMA supports opioid therapy and other pharmacologic interventions when they are clinically indicated, these medications carry different risk profiles that may increase harm for Medicare patients due to their side effects. In practice, the proposed LCDs function as a "fail first" protocol that removes evidence-based options from patients and directs them toward modalities that may be less effective for their individual condition. **The AMA strongly opposes removing these evidence-based pain care options from Medicare patients and urges withdrawal of the draft LCDs in full.**

The AMA is Supportive of Patient Access to Appropriate Use of PNBs

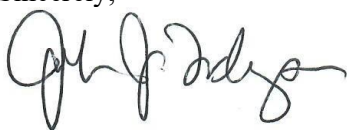
The AMA also supports the development of appropriate clinical parameters for the use of PNBs. Evidence based guidelines for indications, repeat injections, and frequency support responsible clinical practice and promote optimal patient outcomes. The AMA welcomes collaboration with CMS and the MACs to develop coverage criteria that reflect current evidence, incorporates professional medical society research and guidelines, and prioritizes safe and appropriate patient access.

The AMA further urges continued discussion on the appropriate use of evidence when developing LCDs. Moderate and low certainty evidence can be clinically meaningful in pain disorders. Pain is a complex and subjective experience that encompasses not only pain intensity but also function, sleep, and overall quality of life. No single clinical trial can fully capture these multidimensional outcomes. For these reasons, guidance from medical societies and expert consensus is often more clinically relevant than relying solely on data from individual randomized controlled trials, which do not always capture the full range of clinical or functional outcomes experienced by patients with chronic pain. The AMA would be pleased to help convene key medical society stakeholders for this discussion, including the American Society of Regional Anesthesia and Pain Medicine, the American Academy of Pain Medicine, the American Society of Interventional Pain Physicians, and the International Pain and Spine Intervention Society.

The AMA strongly supports individualized patient care decisions for patients with pain. While some patients may benefit from opioid or other pharmacologic therapy, others may benefit more from non-opioid options.

Thank you for your commitment to these issues. We look forward to continued collaboration with CMS and the MACs to develop evidence-based LCDs that reflect current research and support patient access to necessary procedures while incorporating appropriate coverage criteria. Please reach out to me directly at 312-464-5288 or John.Whyte@ama-assn.org if you have questions or need further information.

Sincerely,



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