

July 1, 2025

BlueCross of BlueShield of Massachusetts
101 Huntington Avenue, Suite 1300
Boston, MA 02199-7611

Dear BlueCross BlueShield of Massachusetts,

On behalf of the Pain Medicine Coalition, whose members include American Society of Anesthesiologists (ASA), the American Society of Regional Anesthesia and Pain Medicine (ASRA Pain Medicine), the International Pain & Spine Intervention Society (IPSIS), and the American Academy of Physical Medicine and Rehabilitation (AAPM&R), we are writing to express serious concerns regarding the addition of several CPT codes regarding fascial plane blocks to the medical policy, BCBS of Massachusetts, Medical Technology Assessment Investigational (Non-Covered) Services List¹. The addition of these CPT codes – 64466, 64467, 64468, 64469, 64473, 64474 – creates significant concern among the pain medicine societies given the increasingly important role that fascial plane blocks play in the care of patients who suffer from acute and chronic pain.

The Pain Medicine Coalition, comprised of ASA, ASRA Pain Medicine, IPSIS, and AAPM&R, represents more than 75,000 physicians dedicated to advancing evidence-based pain management for patients. Specifically, the Pain Medicine Coalition strongly supports patient access to safe and effective non-opioid pain management therapies, such as fascial plane blocks, to treat pain resulting from surgery, traumatic injury, or chronic diseases, and patient access requires insurance coverage.

The CPT codes 64466, 64467, 64468, 64469, 64473, and 64474 that describe thoracic and lower extremity fascial plane block procedures were published in January 2025 in the 2025 Current Procedural Terminology (CPT) Professional manual after nearly two years of rigorous vetting through the American Medical Association's CPT and valuation processes and incorporation into the Medicare physician fee schedule. To establish new Category I CPT codes such as 64466, 64467, 64468, 64469, 64473, and 64474, applicants must prove a robust evidence basis and sufficient volume of procedures as justification.

Fascial plane blocks are performed with ultrasound guidance and involve the injection of local anesthetic medication into compartments that contain sensory nerves that are responsible for pain transmission [1,2]. These block techniques target specific regions of the body to provide pain control without significant risks and decrease the need for opioids as part of a multimodal pain management regimen.

Thoracic fascial plane blocks with ultrasound guidance are well-established techniques for chest wall pain after breast, cardiac and thoracic surgeries and injuries [3] that have been regularly practiced since at least 2011 [4]. The highest level of evidence, systematic reviews and meta-analysis of randomized clinical trials, demonstrates that the use of thoracic fascial plane blocks reduces pain intensity and decreases opioid consumption after various chest wall surgeries [5-10].

Lower extremity fascial plane blocks have been used for pain management in patients who undergo lower limb surgery or suffer from injuries such as hip fracture since the 1980s [11], predating the use of ultrasound imaging for regional anesthesia. Systematic reviews and meta-analyses support the efficacy of lower extremity fascial plane blocks in decreasing pain, opioid consumption, and opioid-related complications [12-16].

Based on the above evidence, thoracic and lower extremity fascial plane blocks are proven modalities for non-opioid pain management and not investigational procedures. We urge BCBSMA to reconsider their designation of fascial plane blocks as investigational and remove the above listed CPT codes regarding fascial plane blocks from the policy, Medical Technology Assessment Investigational (Non-Covered) Services List. We appreciate your company's consideration of the evidence cited above, as well as our concern for our patients if these important pain management procedures become unavailable. If you have

any questions or comments about this letter, please do not hesitate to contact Elizabeth Smith at esmith@asra.com and Allison Kronback at a.kronback@asahq.org.

Thank you in advance for your time and attention.

Sincerely,



Donald E. Arnold, MD, FACHE, FASA
President, American Society of Anesthesiologists



Steven Cohen, MD
President, American Society of Regional Anesthesia and Pain Medicine



Joshua Rittenberg, MD,
President, International Pain & Spine Intervention Society



Scott R. Laker, MD, FAAPMR
President, American Academy of Physical Medicine and Rehabilitation

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ⁱ BlueCross BlueShield of Massachusetts, Medical Technology Assessment Investigational (Non-Covered) Services List. Available at [400 Medical Technology Assessment Investigational](#).