Fact Sheet on Medicare Coverage of Chronic Pain Management
Provided by Certified Registered Nurse Anesthetists

On Nov. 1, 2012, the Centers for Medicare & Medicaid Services (CMS) published a final rule on Medicare coverage of chronic pain management and other services provided by Certified Registered Nurse Anesthetists (CRNAs) within their state scope of practice. Answers to common questions:

Q: **What is chronic pain management and how important is it?** Chronic pain management is an evolving field that deals with the treatment of pain. The Institute of Medicine (IOM) reported in “Relieving Pain” (2012) that 100 million Americans suffer from chronic intractable pain at an annual cost exceeding $600 billion from healthcare expenditures and lost productivity. The IOM also reported that currently an insufficient supply of healthcare professionals is available to treat pain patients, and that more professionals and more training are needed.

Q: **What is a Certified Registered Nurse Anesthetist (CRNA)?** A CRNA is a type of advanced practice registered nurse (APRN), prepared at the master’s or doctoral level, with specialized education in anesthesia and pain management. About 90 percent of America’s CRNAs are members of the 45,000-member American Association of Nurse Anesthetists (AANA), practicing in every setting that requires anesthesia. In 24 percent of all U.S. counties, CRNAs are the sole anesthesia professionals. Some CRNAs provide chronic pain management.

Q: **How is it that CRNAs provide chronic pain management?** CRNAs have been providing chronic pain management services and reimbursed by Medicare for those services for well over a decade. Most commonly, CRNAs provide interventional services such as epidural steroid injections or injections of medication into a muscle or near a nerve in order to relieve pain. These services are similar to the types of services CRNAs provide in anesthesia settings. An epidural steroid injection, for example, is similar to a labor epidural a CRNA might provide to a mother during childbirth. CRNAs provide these services in hospitals, outpatient settings, and in multidisciplinary clinics, in urban, suburban and rural parts of the country. Physicians and other qualified healthcare professionals may refer a patient to a CRNA for chronic pain management, who then delivers the care. In frontier America, where CRNAs are often the only anesthesia or pain professionals, CRNAs ensure patient access to chronic pain management care. Without CRNA pain management, patients face much costlier options impairing quality of life, including long travel to other providers, surgery, or institutionalization.

Q: **What are CRNA qualifications for providing chronic pain management?** Nursing and role-specific advanced practice education provides CRNAs with the foundation of knowledge and skill required to deliver chronic pain management services. CRNAs develop their expertise through multiple routes that frequently include one or more aspects of formal fellowship, informal fellowship, mentorship and direct supervised practice. Methods employed to impart this knowledge involve didactic education, continuing education, hands-on supervised laboratory experience, practicums in imaging and radiation safety, and other educational methods. By virtue of education and individual clinical experience, a CRNA possesses the necessary knowledge and skills to employ therapeutic, physiological, pharmacological, interventional, and psychological modalities in the management and treatment of acute and chronic pain.
Q: How is chronic pain management determined to be within CRNA scope of practice? Some say that this type of care is solely the practice of medicine, and that only MDs/DOs can provide it. The professional scope of practice of any healthcare professional is determined by his or her profession, and governed by state statute through a professional board such as a Board of Nursing. Neither Medicare nor the federal government determines scope of practice for healthcare professionals. States define scope of practice generally, in order to reflect that populations, patient needs and access issues, healthcare technology and professional education change over time. Of the 50 states, only one (Louisiana) prohibits CRNAs from providing chronic pain management services. Like many healthcare services including anesthesia itself, chronic pain management is a service provided by both CRNAs and physicians, and so it is both the practice of nursing and of medicine.

Q: Why did Medicare publish a new final rule on coverage of pain management by CRNAs now? Even though Medicare long covered CRNA chronic pain management services, and Medicare regulations and payment manuals for 20 years identified “pain management” among the CRNA “medical and surgical services” that Medicare covers, two Medicare Administrative Contractors (MACs) issued bulletins in 2011 denying Medicare direct reimbursement for CRNA chronic pain management services. This action affected delivery of care and patient access to care in the 17 Western and Midwestern states those MACs serve. The MACs, one of which has an anesthesiologist as its medical director, stated that Medicare did not cover CRNA chronic pain management services, and would only pay for such CRNA services billed “incident-to” a physician, a practical impossibility in many rural parts of the country. The MACs’ policy change without advance notice or public comment drove Medicare to issue a uniform national policy.

Q: What does the Medicare final rule say? At the request of several patient, hospital and healthcare professional organizations, the Medicare agency proposed for public comment a national policy on this topic in July 2012 as part of the 2013 physician fee schedule proposed rule. The final rule, published Nov. 1, 2012, states that, “Anesthesia and related care means those services that a certified registered nurse anesthetist is legally authorized to perform in the state in which the services are furnished.” The agency also said in its descriptive preamble, “In addition, we agree with commenters that the primary responsibility for establishing the scope of services CRNAs are sufficiently trained and, thus, should be authorized to furnish, resides with the states.” The policy would restore direct reimbursement of CRNA chronic pain management services in the states served by the MACs that stopped reimbursing CRNAs, and continue to ensure reimbursement for CRNA chronic pain services in all states where CRNAs are permitted to furnish such services. The final rule takes effect Jan. 1, 2013.

Q: What is the cost of this policy? Medicare states, “Our final rule clarification recognizes local variation in state scope of practice, which does not diverge significantly from current practice. Therefore, we estimate no significant budgetary impact from this proposed change.”

Q: Does Medicare coverage of CRNA pain management services relate to efforts to combat diversion and misuse of prescription drugs and “pill mills?” No. On the contrary, CRNA chronic pain management services help combat this significant public health and law enforcement problem in several ways. First, the chronic pain management services provided by CRNAs – injections of various types, most commonly – often alleviate patient need for prescription medications. Second, Medicare payment policy does not affect whether CRNAs may prescribe medications; that policy, known as prescriptive authority, is governed by the states, which have long overseen CRNA anesthesia and pain management services. Third, the AANA is a contributing partner to Drug Enforcement Agency (DEA) and other government agency efforts to advance evidence-based risk evaluation and mitigation strategies (REMS) to combat drug diversion and misuse. Well aware of this growing problem of “pill mills” and trafficking of prescription drugs, the AANA and CRNAs are committed to patient and public safety.