



New York Society of Interventional Pain Physicians

Minutes from Cigna meeting 09-12-2023

09/12/2023 via WEBEX

In attendance:

<u>From Cigna</u>	<u>Society Officers</u>
Dr. David E Mino -Director Cigna	Dr. Robert L. Tiso: President Elect, NYSIPP / New York Spine and Wellness Center, Syracuse
Dr. Gregory Przybylski-Neurosurgery Spine	Dr. Ken Chapman: President, NYSIPP/ Northwell Health, Staten Island
Michelle Stavish, RN Cigna	Dr. Hemant Kalia: Chair, NY Advocacy and Policy Consortium/Secretary, NYSIPP/ Councilor, 7th District, MSSNY /President, MCMS (Monroe County Medical Society)
Dr. Nick Singh PM & R Senior Director Cigna	Dr. Ed Rubin: Current Treasurer and past President of NYSIPP/ Pain Management, Long Island
Jennefer Decker?	

Cigna BVNA Policy Points of Discussion:

Restriction of 2 VB treatment:

- Single level (2 vertebral body) treatment restriction is of the most concern. It increases the risk of poor patient outcomes in patients that suffer from multi-level disease.
 - Physicians may choose to treat only the ‘worst’ levels, despite data that shows the amount of Modic change (MC) does not correlate with outcomes, only the presence of MC
- The published regression analyses demonstrated that patients treated at 3 or 4 vertebral bodies have the same outcomes as patients with treated at 2 VBs.
 - 65% of patients had 2 VBs treated; 25% had 3 treated; and 10% had 4 treated.
- Unlike fusion, BVNA does not contribute to adjacent level disease.

Dr Przybylski : it is the same population being treated for single level decompression surgery

Dr Kalia: these pts have vertebrogenic pain and should not be applied to the discogenic axial low back criteria

Dr Mino: They spoke to NASS and they will be meeting with NASS soon to discuss 2 levels verses 1 and will let us know the outcome. NASS brought up the same concerns.



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CBT Requirement:

- CBT doesn't eliminate pain; it helps patients with anxiety and depression to reduce pain amplification. BVNA has been demonstrated to significantly reduce and, in one-third of patients, eliminate the pain beyond 5-years after a single treatment.
- CBT resources are not readily available in all communities and the cost of co-pay inordinately disadvantages lower socio-economic patients.
- Limited availability of CBT resources may cause a delay in patients receiving BVNA treatment and significantly increases the healthcare costs in these patients.

Dr Przybylski : it is the same criteria for decompression surgery

Dr Kalia: CBT is not going to be easy to locate --you have to be specially trained

Dr Mino: the CBT can be done by a Physical therapist.

Dr Tiso: Policy lists PT – he clarified again that a PT can administer CBT

Dr Mino: Confirmed yes. PT can teach pt about CBT

Mental health requirement:

Statement from a primary care physician, neurologist, physiatrist, psychiatrist, psychologist, or other licensed behavioral and/or medical health care provider attesting to the absence of untreated, underlying mental health conditions/issues (e.g., depression, drug, alcohol abuse) as a major contributor to chronic back pain.

- No other ablation procedure has this requirement.
- In the RCTs, Beck's Depression Index (BDI) was the only psychological screen performed. Out of 1,483 patients screened, only 23 (1.6%) were excluded for a BDI >24. Such a low incidence does not warrant a requirement.

Dr Tiso mentioned the above.

Dr Mino: The statement can be done by inhouse provider.

Dr Mino reassured us he would let us know the outcome of the NASS meeting.