



August 7, 2019

Tamara Syrek Jensen, JD, Director, Coverage and Analysis Group
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd., Mail Stop S3-02-01
Baltimore, MD 21244-1850

Dear Director Jensen:

On behalf of the American Academy of Family Physicians (AAFP), which represents 134,600 family physicians and medical students across the country, I write in response to the proposed national coverage determination for acupuncture for chronic low back pain ([CAG-00452N](#)) as announced by the Centers for Medicare & Medicaid Services (CMS) on July 15, 2019.

CMS proposes to cover acupuncture with the support of the Agency for Healthcare Research and Quality (AHRQ). CMS proposes that coverage would be available for Medicare patients with chronic low back pain in clinical trials supported by the National Institutes of Health (NIH) or in CMS approved studies meeting AHRQ criteria.

The AAFP supports this CMS coverage proposal. It aligns with an AAFP-endorsed [guideline](#) developed by the American College of Physicians regarding the diagnosis and treatment of low back pain. Key recommendations of the guideline include:

- Nonpharmacologic treatment, including superficial heat, massage, **acupuncture**, or spinal manipulation, should be used initially for most patients with acute or subacute low back pain, as they will improve over time regardless of treatment.
- When pharmacologic treatment is desired, nonsteroidal anti-inflammatory drugs (NSAIDs) or skeletal muscle relaxants should be used.
- Nonpharmacologic treatment, including exercise, multidisciplinary rehabilitation, **acupuncture**, mindfulness-based stress reduction, tai chi, yoga, motor control exercise, progressive relaxation, biofeedback, low-level laser therapy, cognitive behavioral therapy, or spinal manipulation, should be used initially for most patients who have chronic low back pain.
- For patients who have chronic low back pain and do not respond to nonpharmacologic therapy, NSAIDs should be used. Tramadol or duloxetine should be considered for those patients who do not respond to or do not tolerate NSAIDs. Opioids should only be considered if other treatments are unsuccessful and when the potential benefits outweigh the risks for an individual patient. See full recommendation for further details.

The AAFP urges CMS to consider including massage and other non-pharmacologic treatments for Medicare patients with chronic low back pain since there is some [evidence](#) of benefit.

STRONG MEDICINE FOR AMERICA

President
John Cullen, MD
Valdez, AK

President-elect
Gary LeRoy, MD
Dayton, OH

Board Chair
Michael Munger, MD
Overland Park, KS

Directors
Robert Raspa, MD, *Orange Park, FL*
Leonard Reeves, MD, *Rome, GA*
Ada Stewart, MD, *Columbia, SC*
Sterling Ransone, MD, *Deltaville, VA*
Windel Stracener, MD, *Richmond, IN*
Erica Swegler MD, *Austin, TX*

James Elzy, MD, *Washington, DC*
Dennis Gingrich, MD, *Hershey, PA*
Tochi Iroku-Malize, MD, *Bay Shore, NY*
LaTasha Seliby Perkins, MD (New Physician Member), *Arlington, VA*
Michelle Byrne, MD (Resident Member), *Chicago, IL*
Chandler Stisher (Student Member), *Brownsboro, AL*

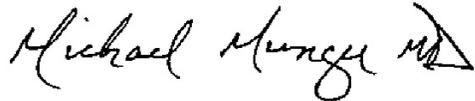
Speaker
Alan Schwartzstein, MD
Oregon, WI

Vice Speaker
Russell Kohl, MD
Stilwell, KS

Executive Vice President
Douglas E. Henley, MD
Leawood, KS

We appreciate the opportunity to make this comment. Please contact Bellinda Schoof, MHA, CPHQ, CAE, Division Director of Health of the Public and Science at 800-274-2237, ext. 6247 or bschoof@aafp.org with any questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Michael Munger MD". The signature is written in a cursive style with a large, stylized "M" at the end.

Michael L. Munger, MD, FAAFP
Board Chair

About Family Medicine

Family physicians conduct approximately one in five of the total medical office visits in the United States per year—more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families, and communities. Family medicine's cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient's integrated care team. More Americans depend on family physicians than on any other medical specialty.

CC: David Dolan