# Consumer impact statement

The key recommendations from a consumer perspective are summarised in this section of the Report. It aims to make it easier for the general public to better understand and comment on the report’s recommendations.

Patients and clinicians are both expected to benefit from these recommendations. The recommendations address concerns regarding patient safety and quality of care, and they take steps to simplify the MBS and make it easier to use and understand. Patient access to services was considered for each recommendation. The Committee considered each recommendation’s impact on provider groups to ensure that any changes were reasonable and fair. However, if the Committee identified evidence of potential item misuse or safety concerns, recommendations were made to encourage best practice, in line with the overarching purpose of the MBS Review.

Recommended changes to the pain management items covered in this report predominantly serve to improve the value of the services patients receive.

The Committee reviewed the 62 listed MBS items for pain management procedures and the report contains a detailed explanation of the specific changes that have been recommended. In particular, the Committee agreed that there is merit in revising MBS items where pain management items are being claimed alongside a surgical procedure. The Committee recommended removal of the ability to co-claim nerve blocks (for the diagnosis and management of chronic pain) with surgical items in keeping with the philosophy of a complete medical service. The Committee were of the view that, in most instances, the co-claiming of nerve blocks for the diagnosis and management of chronic pain alongside surgical procedure items went against the spirit of the MBS and that where a surgical procedure is being administered the scheduled fee should include the cost of any pain management incurred during the procedure.

The Committee has made a number of recommendations to amend item descriptors to prevent unintended claiming of incorrect items and ensure that item numbers accurately reflect the service being administered. Changes to explanatory notes have also been recommended to guide best practice use of implanted devices for the management of chronic pain.

In addition to recommendations relating to existing pain management MBS items, the Committee has also recommended that urgent consideration is given to the need for the MBS to better reflect contemporary knowledge about persistent pain and evidence supporting the need for a biopsychosocial approach to managing this chronic condition, focussing on management and functional improvement, rather than treating the pain alone. This approach is recommended also in relation to cancer pain and to prevent the progression of acute pain to chronicity.

The Committee makes the point that a shift towards best practice, multidisciplinary pain management within the MBS would also reduce reliance on medications (including opioids) and expensive interventions. Equipping patients with the ability to self-manage their condition effectively, supported by allied health professionals, has the potential to reduce costs for both patients and government.

Accordingly, the report includes recommendations and presents a case for changes to the MBS to align with the best practice model of care. The Committee considered there was a case for:

* More appropriate rebates for specialist pain medicine physician consultations that establishes equity with other specialities.
* The ability for a specialist pain medicine physicians to order a Chronic Disease Care Plan for their patient, with referral to suitably trained allied health professionals  (currently the MBS stipulates this can only be done by the GP which requires the patient to arrange a separate GP consultation. This is unhelpful to the patient, unnecessary, and adds to MBS and patient costs.)
* An increase in the number of allied health visits for eligible patients with chronic pain under the Chronic Disease Care Plan (currently 5 allied health visits). It is recommended that a Chronic Pain Care Plan which allows up to 10 visits to a physio, psychologist or other allied health professional, depending on the patient individual needs, would potentially achieve a better outcome, given the complex nature of chronic pain.
* New MBS items (rebates) to cover accredited pain programs – programs which enable the patient to better understand their condition and learn a range of strategies to support their ability to self-manage chronic pain.
* New MBS items that allow for multidisciplinary assessment and case conferencing for a multidisciplinary team caring for the patient with chronic pain.

Summary for consumers

This table describes the medical service, the recommendations of the clinical experts and why the recommendations have been made.

Table 9: Summary for Consumers

***Recommendation 1: Clarifying item 18213 - intravenous regional anaesthesia***

| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| --- | --- | --- | --- | --- |
| **14209** | Injection into the artery of an arm of leg with a particular medication | Deletion | Pain management specialists would no longer have access to this item. Claims would be made under item 18213 | The item is no longer required as a stand-alone item for use by pain management specialists as current scientific evidence does not support the use of a sympatholytic agent |
| **18213** | Blocking the feeling in an arm or leg using an injection into a vein | The item be amended to allow for item 14209 to be incorporated  The item to read - ‘Intraarterial infusion or Intravenous regional anaesthesia of limb by retrograde perfusion’ | Claims for item 14209 would now be claimed under 18213. | It is more appropriate for pain management specialists to use item 18213  This item remains as contemporary clinical best practice and that the change will clarify that other agents are not supported by the evidence |
| ***Recommendation 2:***  ***Clarifying items 18222 and 18225 - continuous infusion by catheter*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **18222** | Giving medicine continuously to keep a part of the body from having feeling or pain, with the doctor there for 15 minutes or less | Amend item to include ‘*not contrast medium*’ and *‘continuous infusion by catheter*’ | The item can no longer be used for diagnostic purposes | The items should not be used for diagnostic purposes because adequate item numbers already exist for diagnostic radiology practice.  Edits to the item ensures the use of these items are not for diagnostic purposes, improving the value of care provided by the MBS. |
| **18225** | Giving medicine continuously to keep a part of the body from having feeling or pain with the doctor there for more than 15 minutes | Amend item descriptors to include ‘*not contrast medium*’ and *‘continuous infusion by catheter*’ | The item can no longer be used for diagnostic purposes | The items should not be used for diagnostic purposes because adequate item numbers already exist for diagnostic radiology practice |
| ***Recommendation 3: Clarifying item 18230 - intrathecal or epidural injection of neurolytic substance*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **18230** | Injection near the spinal cord of a substance that can damage nerves which is used to provide pain relief in chronic pain | Amend the item to ‘INTRATHECAL or EPIDURAL INJECTION of neurolytic substance (not contrast) by any route including transforaminal for the palliative treatment of chronic pain (Anaes.)’ | The use of this item is not for diagnostic radiology procedures that use contrast | Amending the item will ensure the use is not for diagnostic procedures that use contrast  Additional information in relation to route and treatment clarifies the item scope and encourages appropriate claiming |
| ***Recommendation 4:***  ***Clarifying item 18232 - intrathecal or epidural injection of non-neurolytic substances*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **18232** | Injection near the spinal cord of a substance that is not an anaesthetic (which causes numbness/stops feeling), contrast (which shows up on scans), or a substance that damages nerves which is used to diagnose a problem or provide pain relief in chronic pain | Expand to include epidural injection with local anaesthetic and steroid, specifically including the transforaminal route | Nothing, it is expected that claims are currently being claimed under this item. | Edits to the item are intended to provide clarity that services already being claimed are legitimate |
| ***Recommendation 5:***  ***Recognising best practice in item 18276 - paravertebral nerves*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **18276** | Injection near the nerves that come out of the spinal cord to make them go numb | Change to make the item more specific in its use by including diagnostic medial branch blocks  To be reviewed in 2 years. | Medial branch blocks would now be claimed under item 18276 rather than item 39013 | This will allow 3item 9013 to be used exclusively for intra-articular zygapophyseal or costo-transverse joint blocks |
| ***Recommendation 6:***  ***Clarifying item18284 - ganglion*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **18284** | Injection of an anaesthetic substance into the nerves at the bottom and side of the neck.  This may reduce pain, swelling or sweating and may improve movement | Amend to include to ‘cervical or thoracic sympathetic chain injection of an anaesthetic agent’ | Nothing, thoracic sympathetic chain blocks are currently being claimed under this item | Brings the local anaesthetic items into alignment with the neurolytic sympathetic chain blocks, providing clarity around claiming |
| ***Recommendation 7:***  ***Clarifying item 18286 - pelvic sympathetic blocks*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **18286** | Injection of an anaesthetic substance into the nerves in the upper or lower back near the spine (thoracic or lumbar sympathetic chain).  This may reduce pain, swelling or sweating and may improve movement | Amend to exclude the thoracic region and include the pelvic region of the sympathetic chain | Nothing, pelvic sympathetic blocks are already claimed under this item | Limits any potential unintentional restriction on this item to areas above the pelvis and brings the local anaesthetic items into alignment with the neurolytic sympathetic chain blocks |
| ***Recommendation 8:***  ***Reflecting best practice in items 18290 -18294 - neurolytic agent treatment*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **18290** | Destruction of one of the nerves that come from the brain and go outside the skull to other parts of the body (the cranial nerves).  This can be used to treat chronic pain. One of the nerves, the trigeminal, is not covered here.  “Botox” injections are not covered by this item. | Amend item to include ‘Under image guidance’. | Must now be performed under image guidance | Improves patient safety, and aligns the MBS to best practice |
| **18292** | Destruction of one of the branches of nerves in the body.  This can be used to treat chronic pain. “Botox” injections are not covered by this item. | Amend item to include ‘Under image guidance’ | Must now be performed under image guidance | Improves patient safety, and aligns the MBS to best practice |
| **18294** | Destruction of a network of nerves (coeliac plexus) or particular nerves ( splanchnic nerves) in the abdomen  This may be done to treat chronic or cancer pain | Amend item to include ‘Under image guidance’ | Must now be performed under image guidance | Improves patient safety, and aligns the MBS to best practice |
| ***Recommendation 9:***  ***Clarifying item 18296 - pelvic region of the sympathetic chain*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **18296** | Injection of an anaesthetic substance into a bundle of the nerves in the lower back near the spine (lumbar sympathetic chain)  This may reduce pain, swelling or sweating and may improve movement | Include reference to PELVIC region in item | Nothing, the PELVIC region is currently being claimed under this item. | There is currently no item number which provides access to the pelvic region of the sympathetic chain for neurolytic injection.   This change will reduce confusion with billing practices and will not change the number of claims per year |
| ***Recommendation 10:***  ***Reflecting best practice in item 39013 - intra-articular injection*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **39013** | Injection of contrast (which shows up on a scan), anaesthetic (which makes it go numb), or corticosteroid (which reduces inflammation) into one or more of the small joints at the side of the spine (zygo-apophyseal joints or costo – transverse joints) or one the nerves that come out of the spinal cord (this description of the nerve pretty loose | Delete ‘or 1 or more primary posterior rami of spinal nerves’ and ‘or costotransverse’.  Include ‘under image guidance’ and explanatory notes regarding longer lasting pain management techniques.  This item will only be available to intra-articular injection  Review in 2 years. | Medial branch blocks will now be claimed under item 18276 | There is currently widespread claiming of this item number for diagnostic medial branch blocks and the Committee considered that claiming for this procedure is better suited to item 18276.  Item will now be restricted to the lumbar region of the spine. |
| ***Recommendation 11:***  ***Clarifying item 39100 - trigeminal nerve*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **39100** | Injection of the nerve that is responsible for feeling in the face, and the muscles used for biting and chewing (the trigeminal nerve), with a substance that will damage the nerve (alcohol or phenol) or a substance that will decrease inflammation (cortisone)  This is done to treat chronic pain | Amend to include that the injection should occur under image guidance and to identify the three specific branches | The procedure must be performed under image guidance | Clarifies what is considered as the ‘primary branch’ of the trigeminal nerve as there are three major branches  Adding ‘under image guidance’ improves safety for patients |
| ***Recommendation 12:***  ***Clarifying item 39118 - percutaneous neurotomy*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **39118** | Using radiowaves or freezing directed through needles in the skin to temporarily block the nerves that go to one of the small joints at the side of the spine (facet joints).  A scan is done at the same time to guide the procedure.  This is used to treat chronic or cancer pain. | Remove assistant fees associated with this item  Create (6) new items for spine regions and sides of the body  Restrict to three episodes per year for each region of the spine and side of the body  Change wording from ‘facet’ to ‘zygapophyseal’ joint to achieve consistent wording with item 39013  Review in 2 years. | All new items will be created in order to restrict the level of services able to be performed in a 12 month period to left and right sides of the body, and spinal region (Cervical, Thoracic, Lumbar and Sacral). | The surgical three-item rule is designed to encourage procedures are performed over multiple days, therefore restricting claiming for this procedure to four procedures in a calendar year for a specified pain region will encourage quality patient experience and safety and ensure that the MBS aligns with best practice professional standards  There is little evidence to support that pulsed radio-frequency is of lasting benefit for medial branch radio-frequency  The Committee does not believe that an assistant is needed for this procedure and patient safety will be maintained without it. |
| ***Recommendation 13:***  ***Reflecting best practice in item 39323 - percutaneous neurotomy*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **39323** | Using radio waves or freezing directed through the needles in the skin to temporarily block nerves  A scan is done at the same time to guide the procedure. This is used to treat chronic or cancer pain | Limit number of repeat procedures to six procedures in a calendar year for a specified pain region  Exclude ‘medial branch nerve’  Remove assistant fee. | Will only be claimable to a maximum of 6 episodes per year  An assistant will not be allowed to be claimed as part of this procedure | Restrictions on episodes are for patient safety  It is not considered necessary that an assistant is needed for this procedure |
| ***Recommendation 14: Clarifying item 14218 - infusion pump refilling*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **14218** | Refilling the (long term) pump that sits under the skin and delivers medicine to the spinal cord to control chronic or cancer pain | Removing ‘epidural’ and including ‘including cancer related pain’  Inclusion of “accessing the side port” | Accessing the side port can now be claimed under this item rather than item 14221 | The amended item is intended to provide clarity around claiming practices and appropriate use of items  Side-port access is considered equivalent difficulty to item 14218 therefore claiming will move from item 14221 to this item |
| ***Recommendation 15:***  ***Clarifying items 39125 to 39128 and item 39323 - infusion pump*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **39125,  39126 39127, 39128, 39133** | Placing a small, thin tube near the spinal cord that carries medicine from a pump under the skin to that area to control chronic and cancer pain.  Placing the pump under the skin that can deliver the medicine AND placing a small, thin tube near the spinal cord that carries medicine from the pump AND filling the pump  Used to control chronic and cancer pain  Removal of a pump under the skin or the removal or repositioning of the connected small thin tube that delivers medicine to the spinal cord to treat pain | The items be amended to include ‘including cancer related pain’ | Nothing, cancer related pain is not currently excluded by, although there is confusion in some minds about if they are applicable. | The amended items are intended to provide clarity around claiming practices and appropriate use of the items |
| ***Recommendation 16: Clarifying items 39131, 39134, 39135, 39136, 39137 and 39139 - neurostimulator*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **39131** | Adjustment or reprogramming of mild electrical stimulator placed in the epidural or peripheral nerve space | Delete ‘neuropathic’ and ‘intractable’  Amend ‘refractory angina pectoris’ to ‘refractory ischaemic pain’ | Removes restriction of the procedure to only the chest region | The amended items are intended to provide clarity around claiming practices and appropriate use of the item number. |
| **39134** | Placement of mild electrical stimulator or receiver under the skin | Delete ‘neuropathic’ and ‘intractable’  Amend ‘refractory angina pectoris’ to ‘refractory ischaemic pain’ | Removes restriction of the procedure to only the chest region | The amended items are intended to provide clarity around claiming practices and appropriate use of the item numbers |
| **39135** | Removing of mild electrical stimulator in operating theatres | Delete ‘neuropathic’ and ‘intractable’.  Amend ‘refractory angina pectoris’ to ‘refractory ischaemic pain’  Add ‘open surgical removal’ | Removes restriction of the procedure to only the chest region  Prevents the item from being inappropriately claimed when removing or repositioning leads percutaneously | Adding ‘open surgical removal’ or ‘open surgical repositioning’ is designed to prevent the item being inappropriately claimed when removing or repositioning leads percutaneously |
| **39136** | Removing of lead from the epidural or peripheral nerve space in an operating theatre | Delete ‘neuropathic’ and ‘intractable’  Amend ‘refractory angina pectoris’ to ‘refractory ischaemic pain’  Add ‘open surgical removal’  Replace ‘inserted’ with ‘implanted’ | Removes restriction of the procedure to only the chest region  Prevents the item from being inappropriately claimed when removing or repositioning leads percutaneously | Adding ‘open surgical removal’ or ‘open surgical repositioning’ is designed to prevent the item being inappropriately claimed when removing or repositioning leads percutaneously |
| **39137** | Repositioning of lead including intraoperative test stimulation. | Delete ‘neuropathic’ and ‘intractable’  Amend ‘refractory angina pectoris’ to ‘refractory ischaemic pain’  Replace ‘inserted’ with ‘implanted’  Amend to include ‘open surgical repositioning’ | Removes restriction of the procedure to only the chest region  Prevents the item from being inappropriately claimed when removing or repositioning leads percutaneously | Adding ‘open surgical removal’ or ‘open surgical repositioning’ is designed to prevent the item being inappropriately claimed when removing or repositioning leads percutaneously |
| **39139** | Placement of an epidural lead through the back of the vertebrae, including test stimulation. | Delete ‘neuropathic’ and ‘intractable’  Amend ‘refractory angina pectoris’ to ‘refractory ischaemic pain’ | Removes restriction of the procedure to only the chest region | Focuses on modernising the MBS and ensuring that high-value services are rebated  The amended item is intended to provide clarity around claiming practices and appropriate use of the item numbers |
| ***Recommendation 17:***  ***Clarifying items 39130 and 39138 – small electrical stimulation*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **39130 39138** | These items refer to Percutaneous Electrical Nerve Stimulation (PENS) therapy  Through the skin, putting a small lead near the spine that can deliver a small electrical stimulation to the area. Used in ion the treatment of chronic pain.  Using a cut in the skin, putting a small lead near a nerve that can deliver a small electrical stimulation. Used in the treatment of chronic pain. | Deleting ‘neuropathic’  Amend ‘refractory angina pectoris’ to ‘refractory ischaemic pain’  Deleting ‘to a maximum of four leads’  For item 39138 adding ‘where the leads are intended to remain in situ long term’  Adding explanatory notes to restrict use to appropriately trained practitioners | There would no longer be a 4-lead restriction on the items  Removes restriction of the procedure to only the chest region  Item 39138 restrict the item being inappropriately claimed, e.g. for Percutaneous Electrical Nerve Stimulation procedure (placement of an electrode for 20-30 mins with pulsed therapy delivered and then leads removed) | The three item rule currently being considered at the Principles and Rules Committee will supersede the ‘maximum of 4 leads’ rule  To restrict the item being inappropriately claimed. |
| ***Recommendation 18:*** ***Further review of item 14221 - devices infusing into the venous system*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **14221** | Accessing of a long-term implanted device for the delivery of therapeutic agents | Refer for review | N/A | Further evidence as to the use of this item is required to ensure it is being correctly used |
| ***Recommendation 19:***  ***Better explanation of the use of implanted device items*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **All Implanted Device items** | Various | Better explanation to cover:  Implant procedures should be performed in the context of clinical best practice. Current clinical best practice for use of these item numbers includes:   * All procedures being performed in the context of a comprehensive pain management program with an appropriately qualified team. * Patients should be appropriately selected for the procedure, incorporating assessment of physical and psychological function prior to implantation with findings documented in medical record. * Outcome evaluation using validated measures pre and post implantation. * Ensuring appropriate follow up and ongoing management of implanted medical devices. * Implantable devices require ongoing monitoring and management. If the person providing the implantation service is not the ongoing physician manager of the device, they are responsible for ensuring that ongoing management has been arranged by an adequately trained professional. * The Committee also recommends adding reference to the Faculty of Pain Medicine guidelines (currently starting development) when available. | Outlining high level best clinical practice in the notes would be helpful in guiding clinical practice and patient selection. | Ensuring that high-value services are performed safely and adequately by appropriate professionals |
| ***Recommendation 20 –***  ***Reflecting best practice in items 39130, 39134, 39135, 39136 and 39137 – use of assistants*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **39130, 39134,**  **39135, 39136,  39137** | Placement, repositioning or removal of neurostimulators, leads or receivers that were inserted for pain treatment. | The items be considered for use of an assistant fee, noting that the assistant fee is currently being discussed by the Principles and Rules Committee for restructuring around the mechanisms of claiming | An assistant would be claimable under the MBS for these procedures. | These procedures are considered to be two person procedures and there is a higher rate of complications when insertion is performed alone.  Therefore for safety reasons an assistant support item is recommended |
| ***Recommendation 21:***  ***Restriction of items 18228, 18232, 18238, 18244, 18252, 18254, 18262, 18264, 18266, 18280 and 18288 - diagnosis and management of chronic pain*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **18228, 18232, 18238, 18244, 18252, 18256, 18262, 18264, 18266,**  **18280, 18288.** | Various | These items should not be co-claimed with a surgical procedure and restricted for use in the diagnosis and management of chronic pain  Amended to add ‘for the diagnosis or treatment of chronic pain or cancer pain’  For item 18228, this should also include the management of acute chest wall injury (e.g. rib fractures)  For item 18264, this should also include the management of acute pain related to labour/delivery | These items will not be able to be co-claimed with a surgical procedure | Many of the pain management items under consideration are being inappropriately co-claimed with a surgical procedure.  The Committee believes that this is an unethical practice which goes against the spirit of the MBS and that the principle of providing ‘complete medical services’ should be encouraged where possible  The pain management items should not be co-claimed with a surgical procedure when intraoperative analgesia should be an integral part of the surgical procedure |
| ***Recommendation 22: Clarifying items 18234 and 18236 - trigeminal nerve*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **18234**  **18236** | Injection of anaesthetic into primary and peripheral branches of the trigeminal nerve. | These two items cannot be co-claimed with each other  These items cannot be co-claimed with any surgical procedure. | These two items can no longer be claimed together or with a surgical procedure | In nearly all identified situations, it is only appropriate to claim one of the item numbers, and generally these items should be claimed as part of the surgical procedure. (see complete medical service definition) |
| ***Recommendation 23:***  ***Future review item 18278 – sciatic nerve co-claiming*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **18278** | Treatment of the sciatic nerve by injection of anaesthetic agent | Identified as requiring further future review | N/A | Further investigation is required to ensure correct claiming |
| ***Recommendation 24:***  ***Deletion of items 18274, 39115 and 39140 - outdated and not best practice*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **18274** | Injection of a single nerve that comes out of the spinal cord to make it go numb. | Delete as it refers to outdated procedures and is no longer used for pain management | This item will no longer be able to be used | This is not necessary because a multi-level injection is required to block even a single facet joint |
| **39115** | Temporarily blocking/interrupting by any method the nerves that come out of the spinal cord | Delete as it refers to outdated procedures and is no longer used for pain management | This item will no longer be able to be used | This item is very rarely used, with a decrease of 42% between 2016/2017 and 2017-2018  This item is a historical number used for an outdated procedure and should be deleted to modernise the MBS |
| **39140** | Inserting an epidural catheter under image control to remove soft scar tissue. | Delete as it refers to outdated procedures and is no longer used for pain management | This item will no longer be able to be used | This item is to be deleted as the epidural lysis of adhesions is not evidence based |
| ***Recommendation 25:***  ***Referrals of items 18258, 18260, 18270, 18272 and 18282*** | | | | |
| **Item** | **What it does** | **Committee recommendation** | **What would be different** | **Why** |
| **18258, 18260,**  **18270,**  **18272, 18282** | Various | Referral to other clinical committees. | N/A | These items are not used in volume by Pain Medicine Specialists, therefore the committee has referred these items to the Vascular Clinical Committee and the Thoracic Surgery Clinical Committees. |