

Wound Care Manufacturers

October 4, 2020

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS- 1734-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Comments Submitted Electronically to <http://www.regulations.gov>

Re: Medicare Program; CY 2021 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies

Dear Administrator Verma:

On behalf of the Coalition of Wound Care Manufacturers (“Coalition”), I am pleased to submit comments in response to the CY 2021 proposed physician fee schedule. The Coalition represents leading manufacturers of wound care products used by Medicare beneficiaries for the treatment of wounds including but not limited to Negative Pressure Wound Therapy (NPWT).

Specific Issues

Telehealth and Disposable Negative Pressure Wound Therapy (dNPWT)

In the proposed rule, CMS specifically requests that stakeholders provide recommendations on codes that should be included on the list of codes eligible for telehealth. The Coalition recommends that CMS add the following codes for negative pressure wound therapy using disposable, non-durable medical equipment to the eligible telehealth list:

97607 Negative pressure wound therapy, (e.g., vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

97608 Negative pressure wound therapy, (e.g., vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters

NPWT refers to the application of negative pressure across a wound and can come in the form of traditional as well as disposable systems. The aim of NPWT is to facilitate wound healing, promote granulation of the wound bed, and provide a bridge to surgical closure. NPWT is ideal for chronic wounds that are “stuck” and unable to progress. NPWT is cost effective by helping certain wounds progress through the healing process which in turn reduces the hospital readmission rates and overall healthcare expenditures.

According to the World Health Organization, negative pressure wound therapy is more effective at healing wounds than wet to dry dressings when used on acute and chronic wounds, as well as burn victims.

Several NPWT manufacturers offer disposable NPWT products for use in patient homes and other non-hospital settings – such as physician offices. These disposable NPWT products offer the same benefits and functionality as the traditional NPWT offered to patients in a hospital setting and aid in patient compliance through portability, discreetness and simplicity of use.

These procedures are not included under the current scope of telehealth services, but they meet the criteria to be added to the list under Category 2. Healthcare professionals can provide proper guidance and training for patients or their caregivers to perform these procedures via 2-way audio-visual telecommunication technology. The ability to deliver the dNPWT services via a telecommunications system allows patients with wounds to benefit from the demonstrated clinical benefits of dNPWT, thereby decreasing the number of subsequent therapeutic interventions and number of future hospitalizations or physician visits.

As such, the Coalition recommends that CMS add the dNPWT codes to the list of telehealth codes available.

Evaluation and Management - 90 Day Global

The Coalition is adamantly opposed to CMS not adopting ALL of the RUC recommended work and time values for the revised office visit E/M codes for CY 2021 including the RUC’s recommendation of commensurately including the updated E/M values in procedure codes with 10 and 90 day global periods.

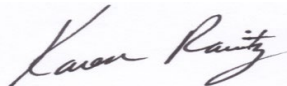
Conclusion

The Coalition is a member of the Alliance of Wound Care Stakeholders and we agree with their more detailed comments on this proposed rule. We urge CMS to adopt their recommendations.

The Coalition appreciates the ability to comment on this proposed rule and hopes that the Agency will consider our requests as it finalizes the CY 2021 Physician Fee Schedule. If there are any questions, I can be contacted at Karen.ravitz@comcast.net or 301 807-5296.

Thank you for your consideration.

Sincerely,



Karen Ravitz, JD
Health Policy Advisor
Coalition of Wound Care Manufacturers

