COALITION OF

Wound Care Manufacturers

December 31, 2012

Marilyn Tavenner
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–1590–FC
Mail Stop C4–26–05
7500 Security Boulevard
Baltimore, MD 21244–1850

Submitted Electronically

Re: CMS 1590-FC – Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for CY 2013

Dear Acting Administrator Tavenner:

On behalf of the Coalition of Wound Care Manufacturers ("Coalition"), I am pleased to submit the following comments in response to the Revisions to the Payment Policies Under the Physician Fee Schedule for CY 2013 regarding the proposed new Negative Pressure Wound Therapy G Codes. The Coalition represents leading manufacturers of Negative Pressure Wound Therapy (NPWT) as well as surgical dressings and other medical devices and supplies used by Medicare beneficiaries for the treatment of wounds. Since our members have a vested in these newly created G Codes, we appreciate the opportunity to offer our comments.

The Coalition comments will solely focus on the new G codes (G0465 and G0457) created by the Center for Medicare and Medicaid Services (CMS) to report the furnishing of mechanical-powered, not durable medical equipment negative pressure wound therapy services to Medicare beneficiaries. We appreciate the issuance of these new codes; however in these comments we are bringing to CMS's attention the fact that there are new NPWT technologies in the marketplace which also should be considered when creating G codes such as these especially since we understand that the practice of CMS is to be inclusionary when creating new codes. Our comments follow.

Recommendations:

CMS specifically requested comments regarding the appropriate value for the creation of two new Negative Pressure Wound Therapy (NPWT) HCPCS codes: G0465 and G0457. The Coalition recommends that CMS crosswalk to the CPT codes established for NPWT and utilize the values already assigned for those codes. Furthermore, the Coalition recommends that in

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addition to the values assigned for those CPT codes, CMS should include an additional value for the price of the equipment since that is in the code descriptor. Thus, the combined value of the CPT codes plus the cost of the equipment should be the value of the new G codes.

The basis for the Coalition recommendation is as follows:

Rationale

The description of the new G codes G0465 and G0457 closely mirrors the CPT codes for the application and management of a wound using electrically powered NPWT systems – CPT codes 97605, 97606 - as they clearly require the same skills, clinical considerations and time.

> The code descriptors for G0465 and G0457 developed are:
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> *"Negative pressure wound therapy. (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), 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 or greater than 50 sq cm]."*
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> The code descriptions for the CPT codes 97605 and 97606 are:
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> *"Negative pressure wound therapy. (e.g. vacuum assisted drainage collection), 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 or greater than 50 square centimeters]."*

In reviewing the direct practice expenses for the NPWT CPT codes 97605 and 97606, the canister set, drainage, negative pressure (VAC) was set at 0; thus, no value or costs were assigned for the products, thus the supplies and equipment do not get reimbursed in that particular code set. It is noted that the equipment and supplies were not included in the CPT description, but were provided in a different code set (E2402, A6550 and A7000).

On the other hand, the code descriptors for G0465 and G0457 include the product in the description – therefore, CMS needs to take the price of the product into consideration when assigning the value for these CPT codes in addition to crosswalking them to the NPWT CPT codes 97605 and 97606.

In most care settings, the product that the G codes were created for is already included in the bundled payment. For example, in hospital outpatient departments or wound care clinics, the cost of the product has already been built into APC 0016 since the levels are significantly higher than the APC codes that cross to the existing NPWT CPT codes. However in the physician's office the cost of the product has not been included in the CPT codes and hence would need to be added into the non-facility calculation for the G codes.

The Coalition requests that when CMS addresses the value for these two new G codes that the Agency takes into consideration a number of different issues into consideration. It is important for these codes to be valued appropriately since if they are overvalued, it may incentivize prescribers to prescribe one type of negative pressure wound therapy over another which may cost the Medicare program additional dollars.

In addition, CMS should be aware that there are new NPWT technologies that either are now in the marketplace or will be in the near future. These could include such technologies that are electrically powered, disposable or single use devices that can treat a broader indication of wounds. The Coalition requests an opportunity to meet with CMS to review all NPWT products and code sets to ensure their accuracy and discuss their pricing. We would be pleased to discuss any questions that the Agency might have regarding the durability and disposability of the products and at the same time educating staff on the different types of Negative Pressure Wound Therapy systems – mechanical and electrical, canister and noncanister systems as well as different dressing sets.

We appreciate the opportunity to comment on this proposed rule. If you need more information or have any questions, please do not hesitate to contact me. The Coalition would be happy to serve as a resource to CMS.

Sincerely,

Karen S. Ravitz, JD
Senior Policy Advisory