

# Wound Care Manufacturers

September 6, 2016

Mr. Andrew Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1656-P  
7500 Security Boulevard  
Baltimore, MD 21244-1850

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

**Re: [CMS-1656-P] Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Certain Off-Campus Outpatient Departments of a Provider; Hospital Value-Based Purchasing (VBP) Program**

Dear Acting Administrator Slavitt,

On behalf of the Coalition of Wound Care Manufacturers (“Coalition”), I am pleased to submit the following comments in response to the proposed rule regarding the Hospital Outpatient Prospective Payment System (HOPPS). The Coalition represents leading manufacturers of wound care products used by Medicare beneficiaries for the treatment of wounds. Our members manufacture products that are included in this proposed rule including but not limited to negative pressure wound therapy (NPWT) and skin substitutes – now referred to as Cellular and/or Tissue Based Products for Skin Wounds (CTP).

Our comments will focus solely on the packaging of CTPs. For years, the Coalition has informed CMS that the rate setting for CTPs is based on flawed data. However, CMS continues to ignore recommendations to implement an edit and to issue a MedLearn Matters article regarding the accurate coding of CTP products. Thus the rate setting for this product sector is severely flawed and inaccurate.

CMS’s ability to calculate appropriate payment rates depends on the accuracy and completeness of the claims data. To ensure that the Agency has the data it needs, the Coalition continues to urge CMS to require complete and correct coding for packaged services for CTPs. Facilities are more likely to report all codes – and the correct number of units when there is a requirement to do so. This will ensure that appropriate thresholds are being established. CMS should never see one unit being billed for these products. CMS and its contractors do reviews for these services continually. If one unit is billed

the claim should kick out of the system the same way that it would for an overpayment and the contractor, in this case, should request that the billing facility correctly bill for the products. Until CMS requires correct coding for CTPs, there will continue to be an issue with the accuracy of the data submitted and as such the rate-setting for these products will continue to be flawed. **The Coalition would again recommend that CMS require correct coding for CTPs and issue an edit to ensure that the correct number of units is being billed on claim forms.**

Additionally the Coalition again **requests that CMS issue a MedLearn Matters (MLM) to describe the proper billing of these products.** This will ensure that accurate, appropriate billing is being submitted – which in turn will ensure accurate, appropriate thresholds being established for CTP products.

Furthermore, CMS categorizes CTPs based on the size of the product (greater or less than 100 sq. cm) and pays differently depending on the wound location on the body. However, when the same size CTP is applied to a wound – regardless of its anatomic location, the same resources are utilized. In this case, CMS pays differently when applying a CTP that is 100 sq. cm or larger to a wound that is on the foot versus the same size is applied on the leg. Whether a CTP is designated as “high cost” or “low cost” the same amount of product is needed for the same size wound no matter what anatomic location receives the CTP. As such, the **Coalition recommends that CMS align the payment of applying a 100 sq. cm wound on the foot to the payment of applying the same 100 sq. cm on the leg.**

Finally, The Coalition is a non-clinical, non-voting member of the Alliance of Wound Care Stakeholders (Alliance). The Alliance represents most of the major clinical specialty societies/organizations in wound care. Their clinical expertise in the area of wound care is second to none. We are aware that the Alliance is submitting comments on proposed hospital outpatient prospective payment system not only regarding CTPs but general policy concerns. We have reviewed their comments and support the issues raised and the recommendations provided. We request that CMS implement their recommendations prior to the final rule being issued.

### **Conclusion**

The Coalition appreciates the opportunity to provide our comments. If the Agency needs further information or has any questions, please do not hesitate to contact me.

Sincerely,



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