



Wound Care Advocacy Update

CMS' Advisory Panel on Hospital Outpatient Payment Unanimously Approves Alliance of Wound Care Stakeholders' Recommendations that Would Correct Inadequacies in CTP Payments, Remove Barriers to Access

Make your voice heard: Submit comments to CMS to help ensure recommendations get adopted

August 26, 2021, Bethesda, MD – At its public meeting on August 23, the Advisory Panel on Hospital Outpatient Payment unanimously approved two recommendations made by the Alliance of Wound Care Stakeholders that, if accepted and implemented by CMS, would positively impact wound care by correcting flaws in the payment that have negatively impacted reimbursement for cellular and tissue-based products for wounds (CTPs, also known as skin substitutes) and removing barriers to access for these important wound care products.

The wound specific recommendations were submitted to the Panel in advance of the meeting by the Alliance of Wound Care Stakeholders in an Aug. 6 [letter](#). The Panel's unanimous decision to elevate these recommendations to CMS was made after Alliance Executive Director Marcia Nusgart, R.Ph., presented them at the meeting. As such, among the roster of recommendations that the Panel forwarded to the Centers for Medicare & Medicaid Services (CMS) include:

- **Recommendation 1: CMS assign the existing CPT add-on codes (15272 and 15276; 15274 and 15278) to an appropriate APC group allowing for payment and issue an exception for the payment of CTP add-on codes.**
 - ***Why this matters to wound care:*** As the Outpatient Prospective Payment System ([OPPS](#)) currently does not pay for most add-on codes and because the payment for the CTP is packaged into the base application code, OPPS does not provide adequate payment for Provider Based Departments (PBDs) to purchase an adequate amount of CTP products for wounds between 26 and 99 sq. cm, and over 100 sq. cm. Therefore, the Alliance requested that the OPPS be updated so add-on codes are paid and include adequate payment to purchase the additional sq. cm of CTPs for the various wound sizes.
- **Recommendation 2: CMS assign APCs for the same size wound regardless of anatomical location.**
 - ***Why this matters to wound care:*** CMS currently has assigned the application of CTPs applied to 100 sq. cm or greater wounds on the feet to a lower paying APC Group than the same size wounds/ulcers on the legs. As a result, the OPPS currently does not provide equal payment for wounds that are 100 sq. cm or more on the feet. Therefore, the Alliance requested that the OPPS be adjusted so that all anatomic locations of the same size wound be paid the same because they require the same amount of product to be purchased.

Impact to Patients and Providers

"If CMS accepts the Advisory Panel's recommendations and revises these policies, patients will have much improved access to CTPs in provider-based departments regardless of the size of their wounds," said Marcia Nusgart, R.Ph., executive director of the Alliance of Wound Care Stakeholders. "Currently, PBDs are not paid for the CTP products for larger wounds. As a result, many Medicare patients with larger wounds are not able to receive CTP treatment in the PBD setting. With implementation of the Alliance's and the Advisory Panel's recommendations, PBDs would be fairly paid for the sizes of CTPs purchased to apply to all wound sizes and locations and clinicians will be able to treat all of their wound care patients with the most appropriate treatment, independent of wound size."

Take Action: Submit Comments to CMS Supporting These Recommendations

While the Advisory Panel submits recommendations to CMS for consideration, the Agency is not obligated to move its recommendations forward. That is why **now** is the time for the wound care community to make its voice heard to CMS so that these recommendations are included in the OPSS policy as it is revised and finalized.

Help ensure that CMS adopts these recommendations by showing the Agency that our diverse multi-specialty wound care community supports them. Here's how:

1. See CMS' proposed [CY 2022 OPSS policy \(CMS-1753-P\)](#) for context. (Note, it's 800+ pages! Provisions specific to wound care are few and far between, which is why it is key to give visibility to the importance of this issue by submitting comments.)
2. Review the Alliance's [submitted recommendations in its letter to the HOPSS panel](#). (You can repurpose language from this letter for your own statement of support.)
3. Articulate your support of the recommendations and your role in wound care in a brief letter/comment statement. (Reference "file code CMS-1753-P" in your letter.) Statements of support can come from individual clinicians, practice groups, clinics, hospitals, patients and patient groups, clinical associations, organizations, manufacturers, businesses, and any other stakeholder in the wound care space.
4. Submit your letter online directly to the OPSS docket [here](#),
5. Comments are due **by Sept.17, 2021**. The final OPSS rule is expected to be published by CMS in November.

About the Alliance

[The Alliance of Wound Care Stakeholders](#) is an association of medical specialty societies, clinical and patient associations whose mission is to promote quality care and access to products and services for people with wounds. Through advocacy and educational outreach in the regulatory, legislative, and public arenas, the Alliance unites leading wound care organizations and experts to advocate on public policy issues that may create barriers to patient access to treatments or care. Our key focus areas are coding, coverage and reimbursement; quality measures and wound care research. Since its founding in 2002, the Alliance has enabled the wound care clinical community to collectively and collaboratively engage on issues of commonality, elevating the visibility and united voice of wound care providers to regulators and policy makers.