

Wound Care Stakeholders

September 2, 2008

The Honorable Kerry Weems
Acting Administrator
Centers for Medicare and Medicaid Services
U. S. Department of Health and Human Services
Attn: CMS – 1404 – P
Mail Stop C4- 26- 05
7500 Security Boulevard
Baltimore, Maryland 21244-8018

RE: CMS-1404-P: Proposed Changes to the Hospital Outpatient Prospective Payment Systems and for FY 2009 Rates

Dear Acting Administrator Weems:

I serve as the Executive Director of the Alliance of Wound Care Stakeholders (“Alliance”), a multidisciplinary consortium of over 15 physician, clinical, provider, manufacturer and patient organizations whose mission is to promote quality care and patient access to wound care products and services. These comments were written with the advice of the following organizations who possess expert knowledge in wound care: the Association for Advancement of Wound Care, American Professional Wound Care Association, National Pressure Ulcer Advisory Panel, Society for Vascular Surgery, Wound Healing Society, and the American Association of Wound Care Management.

On behalf of the Alliance, I am submitting the following comments in response to the Centers for Medicare and Medicaid Services [CMS] Proposed Rule published in the July 18, 2008, Federal Register titled, "Medicare Program; Proposed Changes to the Hospital Outpatient Prospective Payment Systems and fiscal Year 2009 Rates".

The Alliance shares CMS's goals of assuring beneficiary access to medical services and technologies – and believes that improving the payment system will help achieve this goal. The Alliance supports your movement toward improved accuracy in reimbursement under the Outpatient Prospective Payment System (OPPS) and appreciates the significant resources devoted to examining changes that would better reflect patient severity. However, the Alliance is concerned with the codes and reimbursement for negative pressure wound therapy as described in Addendum B. Our specific comments follow:

Negative Pressure Wound Therapy (NPWT)

The proposed physician fee schedule includes a consolidation of payment rates for the CPT codes for negative pressure wound therapy. The Alliance is very concerned about this consolidation as it is not consistent with current wound care practice. Negative pressure wound therapy is now being used for increasingly more complicated wounds (i.e., abdominal compartment syndrome, trauma wounds with orthopedic hardware, etc.) requiring greater time and effort than the current higher payment rate for 97606. Moreover, surface area is not the best metric for determining relative complexity of wounds treated with negative pressure wound therapy. For example, a shallow wound with a large surface area may require significantly less time and effort than a deep wound with extensively tunneling which happens to have a small surface area.

As such, the Alliance recommends that CMS maintain the current payment rates for both 97605 and 97606. We also recommend that CMS refer both codes to the CPT Wound Care Work Group for development of new descriptors for both codes.

Conclusion

The Alliance appreciates the opportunity to provide our comments and looks forward to working with you to address the issues discussed in this letter. Please contact me directly if you have any questions or concerns.

Sincerely,



Marcia Nusgart R.Ph.
Executive Director