

Wound Care Stakeholders

April 6, 2009

First Coast Service Options
Medical Policy
532 Riverside Ave
ROC 19T
Jacksonville, FL 32202

RE: Local Coverage Determination for Skin Substitutes, reference numbers (DL29895, DL29237, DL29279, DL29393)

First Coast Medical Policy Department:

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.

On behalf of the Alliance, I am submitting the following comments in response to the First Coast Service Options (“First Coast”) draft Local Coverage Determination (LCD) on skin substitutes. This LCD will have a major impact on our Alliance organizations and as such appreciate the opportunity to offer our comments.

As a general comment, as Medicare is transitioning to the Medicare Administrative Contractors (MACs), the MACs are reissuing LCDs. While we understand, for consistency sake, the MACs are required to reissue LCDs that are coming under their jurisdiction, many MACs are substantively changing existing LCDs. Some of these changes are significant and are impacting coverage – without the ability of the provider community to offer their comments. We appreciate that First Coast has issued its LCD with the ability to provide our comments.

Specifically, we have one main concern with the draft LCD on Skin Substitutes – First Coast seems to be changing the current requirement for surgical fixation. The language drafted recommends that in order for skin substitutes to be billable, they have to be anchored with surgical fixation. Specifically, the draft LCD states, “*Codes 15002-15005 describe burn and wound preparation or incisional or excisional release of scar contracture resulting in an open wound requiring a skin graft. Codes 15100-15431 describe the application of skin replacements and skin substitutes. These codes are not intended to be reported for simple graft application alone or application stabilized with*

dressings (e.g., by simple gauze wrap) without surgical fixation of the skin substitute/graft. The skin substitute/graft is anchored using the surgeon's choice of fixation. Surgical fixation must be medically reasonable and necessary. Graft replacement codes include simple debridement of the recipient area. Separate debridement codes cannot be billed unless there is extensive debridement."

The Alliance disagrees since this language is not consistent with the current CPT Code Manual which states, "*These codes are not intended to be reported for simple graft application alone or application stabilized with dressings (e.g., by simple gauze wrap.) The skin substitute/graft is anchored using the surgeon's choice of fixation. When services are performed in the office, the supply of the skin substitute/graft should be reported separately.*"

We are interested to know why First Coast would want to deviate from language contained above in the current CPT code manual. The Alliance participating organizations would be happy to serve as a resource to address this issue with you and provide information to help you as you determine your final policy.

The Alliance appreciates the opportunity to provide First Coast with our comments on the draft LCD for wound care. If you have any questions or would like additional information, please feel free to contact me.

Sincerely,



Marcia Nusgart, R.Ph.
Executive Director