ALLIANCE OF
WOUND CARE
STAKEHOLDERS
POWER THROUGH COLLECTIVE ADVOCACY

COMMENTS AT AUGUST 26, 2015 SURGICAL DRESSING LCD PUBLIC MEETING

My name is Marcia Nusgart and I serve as the Executive Director for the Alliance of Wound Care Stakeholders ("Alliance.")The Alliance is a nonprofit multidisciplinary trade association of physician medical specialty societies and clinical associations whose mission is to promote quality care and access to products and services for people with wounds through effective advocacy and educational outreach in the regulatory, legislative, and public arenas. All of the members use surgical dressings in their practices and thus have a vested interest in ensuring patient access to these important supplies. I appreciate the opportunity to speak today but would have welcomed an opportunity to engage in a conversation with you before the policy have been released to take advantage of our expertise, which could have perhaps resolved some of our concerns.

The surgical dressing LCD and policy article has great meaning for me since I was fortunate to be asked by Dr. Adrian Oleck one of the original DMERC medical directors to work with him, WOCN and the NPUAP to help craft the original policy in 1994.

Kara Couch spoke eloquently on many of the Alliance issues in general; my time will be spent on elaborating of some of those issues.

Our overarching concern is that the 50% standard must be removed from the policy article because it is unsupported by evidence, too complicated to implement, and was inappropriately adopted by a Correct Coding article before this LCD and article were finalized.

In addition, another concern is there is conflicting language in the draft policy and article. For example, if one compares the language used in both the policy article and the LCD regarding coverage for such ingredients as medical grade honey and silver it is unclear whether the DMEMAC will cover any dressing which contains them in a multi component dressing if the amount is under 50% by weight.

The language in the LCD states:

Dressings containing multiple components are classified based upon the clinically predominant component. Multi- component dressings predominantly comprised of materials not recognized as effective are not considered reasonable and necessary even if there is some minor proportion of effective materials included in the composition of the complete product. Claims for surgical dressings

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composed predominantly of materials not listed as reimbursable in the policy will be denied as not reasonable and necessary

Yet the policy article states,

Products where a single material comprises greater than 50% (by weight) of a product's composition are coded based upon the applicable specific HCPCS code for that material. If a specific HCPCS code does not exist for the predominant component, HCPCS code A4649 is used

So, if a multi component dressing has an ingredient such as medical grade honey, silver or PHMB component that is less than 50% and is being coded with the applicable specific HCPCS code for that material, will these dressings be reimbursed? Furthermore, if a multicomponent dressing has an ingredient such as medical grade honey or silver that is less than 50 % and there is a component that is more than 50 % that is a covered component will the dressing be reimbursable? We have had multiple conference calls with our members and other clinicians, and no one has a definitive answer with the language that is used.

Another example of language that needs to be clarified is collagen dressings. The language in the policy states, "a collagen dressing can stay in place up to 7 days, depending on the specific product". Does this mean that only 1 collagen dressing can be used in a 7 day period? In their instructions for use, collagen products have ranges from daily dressing changes to once every 7 days. According to your language, the providers have the flexibility to submit claims based on the products' instructions for use. The provision is not clear in this regard and as such, we question if this is the intent of the policy language. We have heard from our members' customers that perhaps they may like more specific utilization guidelines and either we or they will provide them to you in the formal written comments.

We also would like to have clarification on the definition of foam. The definition reads in part that "It has a nonadherent property over the wound site." We seek clarity on what this means---does it mean that there is a nonadherent layer?

There are several other examples of this type of confusing or contradictory language which we will be providing in our comments and hope the DMEMAC will provide clarity prior to finalizing this LCD. I appreciate the opportunity to speak with you today on this important issue.