



**ORAL TESTIMONY PROVIDED TO WISCONSIN PHYSICIANS SERVICE INSURANCE CORPORATION (WPS)
OPEN PUBLIC MEETING
MAY 1, 2017**

My name is Karen Ravitz and I am providing my comment on behalf of the Alliance of Wound Care Stakeholders on WPS's draft wound care LCD ([DL37228](#)). Our members are very concerned that the bibliography published in this draft policy does not substantiate the utilization parameters that are identified in this draft policy. We are concerned that WPS has created arbitrary parameters without clinical or scientific basis. We would like to request that WPS provide the evidence for the utilization parameters identified with respect to debridement as well as Negative Pressure Wound Therapy.

Clinicians have performed debridement of wounds for years. Clinical practice guidelines do exist and they should be utilized. We recommend that WPS work with clinical organizations in order to establish utilization parameters that conform to standards of clinical practice with respect to debridement. Furthermore, NPWT has been utilized as a treatment modality for years. Clinical practice guidelines also exist for NPWT. We recommend that WPS work with not only the clinicians but also the manufacturers to establish correct utilization parameters for Negative Pressure Wound Therapy.

The market place changes rapidly and studies are published often. It is important to review the most recent information especially if coverage policies are based on whether a particular product has a study. Similarly, it is important to review clinical practice guidelines or other clinical evidence to support utilization parameters being established. We are very concerned that WPS has not done a thorough review of the literature that exists. and request - that since the comment period has not officially begun - that WPS provide the specific evidence utilized for utilization parameters contained in this policy prior to the comment period beginning later this month.

We also have concerns with some of the language contained in the policy, which we believe is incorrect or misleading. We will provide you with all of these issues in our formal comments but I did want to highlight at least one examples:

First, WPS lists selective and non-selective forms of debridement. Then the policy states - "While mechanical debridement is a valuable technique for healing ulcers, it does not qualify as debridement services." Mechanical debridement is a form of non- selective debridement, so we are baffled with the language stating that it is not a debridement service.

Finally, the policy states that "Medicare expects that with appropriate care wound volume or surface dimension should decrease by at least 10 percent per month or wounds will demonstrate granulation tissue advancement of no less than 1 mm/wk". There is no broadly recognized standard of care that supports either of the statements above and we suggest that it be removed from the policy.

I appreciate the opportunity to provide our comments. We will be submitting formal written comments prior to the deadline. Thank you.