



### **Wound Care Advocacy: News Update**

*In these quickly changing times, the Alliance of Wound Care Stakeholders is committed to keeping members and media up to date on coding, coverage and payment issues that affect the care that clinicians provide their patients. This update summarizes comments the Alliance recently submitted on key CMS policies impacting access, reimbursement and care.*

#### **Alliance of Wound Care Stakeholders Alerts CMS to the Harmful Impacts of Wound Care Service Payment Reductions Proposed in the CY2022 Physician Fee Schedule and Hospital Outpatient Payment Rules**

***Alliance challenges cuts to surgical procedures, physical therapy services, disposable negative pressure wound therapy and compression payment; barriers to CTPs***

**September 23, 2021, Bethesda, MD** – The Alliance of Wound Care Stakeholders voiced opposition to payment cuts that would negatively impact wound care providers and their patients in recent comments to the Center for Medicare and Medicaid Services' (CMS) proposed CY2022 Physician Fee Schedule and proposed Hospital Outpatient Prospective Payment System (HOPPS) regulations. The Alliance serves as the united voice of the wound care community in the regulatory, legislative and public arenas, protecting quality care and access to products and services for people with wounds and the providers who treat them.

In its [comments](#) addressing the proposed CY2022 [Physician Fee Schedule](#), the Alliance expressed concern to CMS regarding the impacts to providers and their patients, and specifically flagged the following:

- Proposed 9 percent cut to payment for **surgical procedures** and 3.5 percent cut for **physical therapy services**.

*“The Alliance stands in unison with all physician specialty societies and clinical associations in urging CMS to prevent these types of drastic cuts from occurring while the clinical community is still trying to recover and regain their financial footing from the effects of the pandemic.”*

- Proposed reduction to the payment of **Disposable Negative Pressure Wound Therapy (dNPWT)**, CPT codes 97607 and 97608, by 22%, when performed in physician office settings:

*“If CMS moves forward with this decrease, its consequences will force services commonly performed in the physician office or home into the hospital setting, which will result in higher costs to the Medicare system.”*

- Proposed cuts to the CPT code fees for **application of multilayer compression**.

*“A cut in the reimbursement for the application (which must be adequate to purchase the product and to pay the clinician) will make it cost prohibitive for physician offices to provide compression which benefits patients with the most common lower extremity malady, one that primarily affects Medicare beneficiaries. It may also lead to a reduced number of clinicians willing and able to provide this therapy or clinicians choosing a lower-priced, less effective product that may not support appropriate therapeutic compression.”*

In separate [comments](#) submitted to CMS regarding the proposed CY 2022 [Hospital Outpatient Prospective Payment System](#), the Alliance addressed barriers to access for cellular and/or tissue-based products for skin wounds (CTPs, also referred to as skin substitutes) by urging CMS to:

- **Enable Provider-Based Departments (PBDs) to be reimbursed for an adequate amount of CTP products for larger wounds** (between 26 and 99 sq. cm and over 100 sq. cm) by assigning 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. *(Currently, the OPSS does not pay for CTP add-on codes, forcing Provider-Based Departments to absorb the cost themselves or simply not offer CTPs for wounds of this size in this setting.)*
- **Make payment for the application of skin substitutes the same for wounds/ulcers of the same size no matter where they are on the body** by assigning the application of skin substitute codes for wounds/ulcers on the feet to the same APC group as the application of skin substitutes for wounds/ulcers on the legs. *(Currently, these are reimbursed at different levels. This has been problematic in PBDs since the identical amount of product must be purchased regardless of the anatomic location but currently facilities are not being reimbursed the same.)*

“With these updates, patients will have much improved access to CTPs in Provider-Based Departments regardless of the size or location of their wounds. Currently, PBDs are not paid for CTP products when applied to larger wounds. As a result, many Medicare patients are not able to receive the application of a CTP in this setting. Similarly, there is inequity in payment when treating a patient with the same size wound on their leg versus their foot – despite the same amount of resources and product being used. With implementation of the Alliance recommendations, PBDs would be fairly paid when applying CTPs to all wound sizes and locations. As a result, patients will be able to receive medically necessary and appropriate access to CTPs in Provider-Based Departments for all of their wounds,” said Marcia Nussgart, R.Ph., executive director of the Alliance of Wound Care Stakeholders. CMS’ Advisory Panel on Hospital Outpatient Payment [unanimously approved](#) these two recommendations at its August public meeting.

Other issues addressed in comments included coding issues surrounding synthetic resorbable skin substitutes and human cell, tissue, or cellular or tissue-based products (HCT/P). The final CY 2022 Physician Fee Schedule and Hospital Outpatient Prospective Payment System policies are expected to be released by CMS in mid-November 2021.

#### **About the Alliance of Wound Care Stakeholders**

[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.

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