



Marcia Nusgart's oral remarks
HCPCS Public Meeting for Non-Drug and Non-Biological Items and Services
July 7, 2021

Agenda item #28

Requests 20.120 - Request to establish a new HCPCS Level II code to identify Restrata Wound Matrix. The applicant's suggested language: Q42XX- "Restrata per square centimeter"

My name is Marcia Nusgart and I am the Executive Director of the Alliance of Wound Care Stakeholders, a nonprofit multidisciplinary trade association representing physician specialty societies, clinical and patient associations whose mission is to promote quality care and access to products and services for people with wounds and lymphedema.

I am speaking today to support the need for the CMS HCPCS Workgroup to create a product specific Q code for Restrata and any other product who meets the newly created skin substitute definition that now includes synthetic products. This is the second time that I have served as a 5 minute speaker to request the creation of a new code—the first time was on December 20, 2020. Since Acera Surgical is a member of the Alliance of Wound Care Stakeholders, we do receive financial compensation from the company in the form of membership dues.

The Alliance is concerned with this preliminary coding decision that defers this application to a subsequent coding cycle. This preliminary coding decision was not only given to Restrata but also to the 7 other applicants in this space. For Restrata, this is the second time that the decision was deferred to the next coding cycle. Both the Alliance's clinical associations and business entity members are concerned since this delay in decision making is impacting the commercialization of these products which can be devastating to small companies. For our clinician members, the delay in getting these products to market hampers their ability to use them as one of the treatments for their patients.

We brought our concerns recently to Marge Watchorn and Matthew Levinson and I want to thank them along with their liaisons from the Technology Coding and Pricing Group for meeting with us to discuss this issue. From this call, we understand that CMS is reviewing its approach to coding and payment in general for all skin substitutes. In light of that, we volunteer the Alliance clinical and business entity members as an educational resources to answer any

questions that the Agency might have on these issues since we have conducted such educational in-services on CTPs with CMS coding, coverage and payment staff in past years.

I appreciate the opportunity to speak at this public meeting and urge the CMS HCPCS Workgroup not to delay and instead create a Q code for this product. I am happy to answer any questions.