



June 5, 2020

Dr. Stephen Boren  
Medical Director  
National Government Services  
5000 Brittonfield Parkway  
Suite 100  
East Syracuse, NY 13057

*Sent electronically to [stephen.boren@anthem.com](mailto:stephen.boren@anthem.com)*

Dear Dr. Boren:

On behalf of the Alliance of Wound Care Stakeholders (“Alliance”), we appreciate both your and the Center of Medicare and Medicaid Services tireless efforts in addressing issues during COVID-19 to ensure that patients continue to receive care while at the same time minimizing their risk as well as those of their care providers. We are writing to raise awareness of an issue - specifically the lack of payment for services provided by wound care physicians and non-physician practitioners in home care (POS12), assisted living facilities (POS 13) and nursing facilities (POS 32) which we believe should be provided so that patients can continue to receive appropriate medically necessary care while limiting their risk to exposure.

The Alliance is a nonprofit multidisciplinary trade association which represents not only physician specialty societies, clinical and patient associations but also wound care clinics and business entities (manufacturers, tissue banks/processors, and distributors). Our mission is to promote evidence-based quality care and access to products and services for people with chronic wounds (diabetic foot ulcers, venous stasis ulcers, pressure ulcers and arterial ulcers) through effective advocacy and educational outreach in the regulatory, legislative, and public arenas. A list of our members can be found on our website: <http://www.woundcarestakeholders.org/about/members>.

The Alliance and all its members believe that patients are safer at home and we are dedicated to providing as many services as possible in the home, whether provided by visiting nurses/physicians or via telehealth. This includes a reduced emphasis on hospital-based care and, through triage, a shift in care to less risky sites of service while continuing to provide assessments and escalate the patient’s care when necessary.

Wound care is a national epidemic masked by co-morbidities. Patients with chronic wounds heal differently and require treatment that is individualized. Variations in wound characteristics, such as depth, location, size, presence of ischemia/infection, malnutrition, etc., determine what care and treatment modalities are necessary to heal a specific patient’s wounds. Those with chronic wounds often have multiple co-morbidities such as diabetes, heart failure, chronic kidney and vascular disease, and their bodies respond differently at various times to various wound healing components. The co-morbidities that these patients have are also on the list of conditions that put them at higher risk for COVID 19 so it is imperative that these patients reduce their risk as much as possible.

We recognize and appreciate the extraordinary efforts to expand waivers and flexibilities in these incredibly challenging times. We believe these efforts have made a tremendous difference in supporting America’s overall health in allowing for the continuity of care. However, as a result of the public health emergency (PHE), our member companies and clinicians know many patients have been unable to receive wound care treatments at hospitals or

physician offices. This has prompted us to review Medicare payment policies for physicians in other sites of service and in particular the home (POS 12), assisted living facilities (POS 13), and nursing facilities (POS 32).

The Alliance believes that for travelling physicians or non physician practitioners (i.e. nurse practitioners) providing wound care services, such as the application of cellular and/or tissue products for skin wounds (CTPs), this care should be paid for in the home (POS 12), assisted living (POS 13) or nursing facility (POS 32). Billing both the physician professional service (CPT codes 15271-15278) and the Q code for the CTP product would be appropriate. Similarly, when physician or non-physician practitioners furnish disposable negative pressure wound therapy (CPT codes 97607 & 97608) with POS 12, 13 and 32, the care provided by these physicians/non physician practitioners should also be paid at the applicable Medicare physician non-facility rate.

Chapter 15, Section 30 of the Benefit Policy Manual – which deals with Physician Services, states that, “Professional services of the physician are covered if provided within the United States, and may be performed in a home, office, institution, or at the scene of an accident. A patient’s home, for this purpose, is anywhere the patient makes his or her residence, e.g., home for the aged, a nursing home, a relative’s home.” Physician services are paid at non-facility rates for procedures furnished in the home setting.

Further, with respect to services and supplies furnished incident to a physician’s professional service, the Non-Institutional Setting section of the Benefit Policy Manual states: “Medicare pays for services and supplies (including drug and biologicals which are not usually self-administered) that are furnished incident to a physician’s or other practitioner’s services, are commonly included in the physician’s or practitioner’s bills, and for which payment is not made under a separate benefit category listed in §1861(s) of the Act.” A non-institutional setting is defined as all settings other than a hospital or skilled nursing facility.

We submit that the the above Policy Manual provisions along with the waivers that have been issued support our request. As such, we are bringing this issue to your attention because we are concerned that NGS has not been covering these services in these settings, even though there is a dire need to provide care to these patients. Enabling payment of these proven wound care therapies (already covered by Medicare) would allow access to care while reducing the risk of COVID transmission for vulnerable wound care beneficiaries.

We hope that NGS provides payment for these services so that patients can continue to receive appropriate medically necessary care while limiting their risk to exposure. I would welcome the opportunity to further discuss this policy with you at your earliest convenience.

Thank you so much.

Sincerely,



Marcia Nusgart R.Ph.  
Executive Director