



Wound Care Advocacy Update

Alliance of Wound Care Stakeholders Opposes Payment Cuts for Physician and Physical Therapy Services as Proposed in CMS' CY2021 Physician Fee Schedule

October 16, 2020, Bethesda, MD – In its [comments](#) submitted to the Center for Medicare and Medicaid Services (CMS) last week, the Alliance of Wound Care Stakeholders, the united voice of the wound care clinical community protecting quality care and access to products and services for people with wounds, voiced its opposition to payment cuts from five to nine percent for surgical procedures and nine percent for physical therapy services as CMS proposes in its [CY2021 Physician Fee Schedule](#).

The Alliance also called on CMS to:

- Adopt all of the American Medical Association's RUC recommendations including updated Evaluation and Management Service (E/M) values in procedure codes with 10- and 90-day global periods;
- Maintain a patient's home as an originating site even when the public health emergency (PHE) expires;
- Create an MVP for Chronic Wound Management and utilize the QCDR measures that already exist for wound care in the US Wound Registry; and
- Include many additional telehealth codes for physical therapy services.

"We believe CMS's actions will negatively impact patients," said Marcia Nusgart, executive director, Alliance for Wound Care Stakeholders, in response to CMS's proposed CY2021 Hospital Outpatient Prospective Payment System. "We join physician specialty societies and clinical associations in calling on CMS to prevent drastic cuts from occurring. This is a critical moment for wound care policy as our members recover from the financial burdens of Covid-19, embrace innovation and learn from recent successes such as expanded telehealth reimbursement."

CY2021 Hospital Outpatient Prospective Payment System: CTP Coding & Payment Concerns Flagged

The Alliance called on CMS to replace the clinically and technically inaccurate term "skin substitutes" with the more inclusive descriptor "Cellular and/or Tissue based Products" (CTPs) for skin wounds – a term that more accurately describes all technologies in this sector and that is inclusive of both current and future technology. The Alliance supported inclusion of Synthetic CTPs in the definition of "skin substitutes"/CTPs but expressed significant concerns with the Agency's proposed establishment of a unique C code (pricing code) to define an entire class of non-branded products and the placement of these products in the OPPS high cost payment package. Alliance [comments](#) to these updates in CMS' proposed [CY2021 updates to the Hospital Outpatient Prospective Payment System](#) alerted the agency to the confusion this could result in and offered recommendations for more consistent coding process for CTPs.

About the Alliance of Wound Care Stakeholders

[The Alliance of Wound Care Stakeholders](#), a 501(c)(6) nonprofit, is a multidisciplinary trade association of medical specialty societies and clinical associations that unites leading wound care organizations and business entities to advocate on public policy issues that may create barriers to patient access to treatments or care. Focusing on coding, coverage and reimbursement, quality measures, and wound care research, its mission is to promote quality care and access to products and services for people with wounds. Since its founding in 2002, the Alliance has educated its members, businesses, private and public payers and regulators, and legislators about the impact that policies have on the quality of wound care. For more information, please visit <https://www.woundcarestakeholders.org>.

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See full text of comments [here](#)