



December 31, 2012

Marilyn Tavenner  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS–1590–FC  
Mail Stop C4–26–05  
7500 Security Boulevard  
Baltimore, MD 21244–1850

*Submitted Electronically*

Re: CMS 1590-FC – Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for CY 2013

Dear Acting Administrator Tavenner:

The Alliance of Wound Care Stakeholders (“Alliance”) is submitting the following comments in response to the “Final Rule with comments to the CY 2013 Physician Fee Schedule”. The Alliance is a 501 (c)(6) multidisciplinary trade association representing 19 physician and clinical organizations whose mission is to promote quality care and patient access to wound care products and services. These comments were written with the advice of Alliance organizations that not only possess expert knowledge in complex acute and chronic wounds, but also in wound care research. A list of our members can be found on [www.woundcarestakeholders.org](http://www.woundcarestakeholders.org).

The Alliance comments will solely focus on the new G codes created by the Center for Medicare and Medicaid Services (CMS) to report the furnishing of mechanical-powered, not durable medical equipment negative pressure wound therapy services to Medicare beneficiaries.

**Recommendations:**

CMS specifically requested comments regarding the appropriate value for the creation of two new Negative Pressure Wound Therapy (NPWT) HCPCS codes: G0465 and G0457. The Alliance recommends that CMS crosswalk to the CPT codes established for NPWT and utilize the values already assigned for those codes. Furthermore, the Alliance recommends that in addition to the values assigned for those CPT codes, CMS should include an additional value for the price of the equipment since that is in the code descriptor. Thus, the combined value of the CPT codes plus the cost of the equipment should be the value of the new G codes.

The basis for the Alliance recommendation is as follows:

## Rationale

The description of the new G codes G0465 and G0457 closely mirrors the CPT codes for the application and management of a wound using electrically powered NPWT systems – CPT codes 97605, 97606 - as they clearly require the same skills, clinical considerations and time.

The code descriptors for G0465 and G0457 developed are:

*“Negative pressure wound therapy. (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area [less than or equal to 50 square centimeters or greater than 50 sq cm].”*

The code descriptions for the CPT codes 97605 and 97606 are:

*“Negative pressure wound therapy. (e.g. vacuum assisted drainage collection), topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area [less than or equal to 50 square centimeters or greater than 50 square centimeters].”*

In reviewing the direct practice expenses for the NPWT CPT codes 97605 and 97606, the canister set, drainage, negative pressure was set at 0; thus, no value or costs were assigned for the products. It is noted that the equipment and supplies were not included in the CPT description.

On the other hand, the code descriptors for G0465 and G0457 include the product in the description – therefore, CMS needs to take the cost of the product into consideration when assigning the value for these CPT codes in addition to crosswalking them to the NPWT CPT codes 97605 and 97606.

In most care settings, the product that the G codes were created for is already included in the bundled payment. For example, in hospital outpatient departments or wound care clinics, the cost of the product has already been built into APC 0016 since the levels are significantly higher than the APC codes that cross to the existing NPWT CPT codes. However in the physician’s office the cost of the product has not been included in the CPT codes and hence would need to be added into the non-facility calculation for the G codes.

CMS should however be aware that there are new NPWT technologies that either are now in the marketplace or will be in the near future. These may be electrically powered, disposable devices that can treat a broader indication of wounds. We recommend that CMS take this information into consideration and come up with coding to address this issue. The Alliance would be pleased to serve as a resource to CMS on this. We recognize that the CMS staff who have responsibility for the Physician Fee Schedule may not be the ones responsible for coding, but we wanted to make CMS aware of this issue.

We appreciate the opportunity to comment on this proposed rule. If you need more information or have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Marcia Nusgart R.Ph." The signature is written in a cursive, flowing style.

Marcia Nusgart R.Ph  
Executive Director