



April 12, 2019

VIA ELECTRONIC SUBMISSION

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Ensuring Patient Access to Disposable Negative Pressure Wound Therapy in the Home Setting

Dear Administrator Verma:

The undersigned steering committee members of the Independence Through Enhancement of Medicare and Medicaid (“ITEM”) Coalition write to express our concern that the Medicare billing requirements for home health agencies providing *disposable* negative pressure wound therapy could limit beneficiary access to this important therapy.

The ITEM Coalition is a national consumer and clinician-led coalition advocating for access to and coverage of assistive devices, technologies, and related services for persons with injuries, illnesses, disabilities, and chronic conditions of all ages. Our members represent individuals with a wide range of disabling conditions, as well as the clinicians and providers who serve them, including such conditions as multiple sclerosis, paralysis, hearing and speech impairments, cerebral palsy, visual impairments, spinal cord injuries, brain injury, stroke, spina bifida, myositis, limb loss, Osteogenesis Imperfecta (OI), and other life-altering conditions.

As a coalition comprised largely of consumer organizations, many of which represent individuals with mobility impairments that lead to serious skin breakdowns and decubitus ulcers, we have long recognized the value of negative pressure wound therapy for Medicare beneficiaries with injuries, illness, disabilities, and chronic conditions. When advances in technology produced a disposable version of this therapy, we supported Medicare coverage of this innovative treatment. We believe that the disposable format of this therapy provides a cost-effective, convenient, and patient-centered alternative to traditional negative pressure wound therapy.

Prior to 2015, Medicare reimbursement for disposable negative pressure wound therapy provided to Medicare beneficiaries under a home health plan of care was included in the home health episodic payment rate, although traditional negative pressure wound therapy is separately reimbursed as durable medical equipment (DME). This was because the disposable version of this treatment was not considered “durable” and, therefore, it did not qualify for separate reimbursement under the DME benefit. In 2015, Congress created a statutory benefit to reimburse home health agencies separately for disposable negative pressure wound therapy to

ensure patient access to this treatment.¹ The Centers for Medicare and Medicaid Services (“CMS”) implemented this statutory benefit by establishing billing requirements set forth in the CY 2017 Home Health Prospective Payment System (“HH PPS”) final rule.²

It has come to our attention that since the introduction of this benefit in 2017, disposable negative pressure wound therapy remains underutilized by Medicare beneficiaries in the home setting due to burdensome billing requirements imposed by CMS on home health agencies. Specifically, CMS requires home health agencies to bill for disposable negative pressure wound therapy using non-standard forms with which home health agencies have no prior experience. This creates confusion that often prompts home health agencies to simply not utilize this valuable treatment. In addition, CMS will not allow a home health visit to be reimbursed under the prospective payment system if the visit is solely for the purpose of providing disposable negative pressure wound therapy, and not other needed home health services.

As CMS prepares the CY 2020 home health PPS proposed rule, we encourage the agency to consider alternative billing methods that will remove any barriers to patient access. Such alternative billing methods include permitting home health agencies to use the standard form when billing for disposable negative pressure wound therapy, and allowing a home health visit exclusively for the purpose of furnishing disposable negative pressure wound therapy to be appropriately billed under the home health prospective payment system.

If reimbursement barriers for this technology cannot be remedied, we have concerns about patient access to disposable negative pressure wound therapy in the home setting. We also believe this may serve as a further disincentive for physicians and medical technology manufacturers to innovate in disposable technologies, the exact opposite of what Congress set out to accomplish in enacting the disposable negative pressure wound therapy statute.

We greatly appreciate your attention to this important issue. Should you have further questions regarding the information contained in our letter, please contact the ITEM Coalition coordinator, Peter Thomas, at Peter.Thomas@powerslaw.com or call 202-466-6550.

Sincerely,

ITEM Coalition Steering Committee Members

Amputee Coalition
Christopher and Dana Reeve Foundation
National Multiple Sclerosis Society
Paralyzed Veterans of America
United Spinal Association

¹ Consolidated Appropriations Act, 2016, Pub. L. No. 114-113, § 504, 129 Stat. 2242, 3022.

² Medicare and Medicaid Programs; CY 2017 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements, 81 Fed. Reg. 76,702 (Nov. 3, 2016).