



Cures 2.0: Improve Patient Access to Disposable Negative Pressure Wound Therapy

On behalf of the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition, we appreciate the opportunity to provide feedback as you develop the legislative reforms included in Cures 2.0. We thank you for considering our recommendations and look forward to working with your offices.

Request: Reform Payment System for Disposable Negative Pressure Wound Therapy

In keeping with your stated goals of modernizing coverage of innovative medical products and reforming Medicare coding, coverage, and payment, we ask that you include language in the Cures 2.0 package requiring the Centers for Medicare and Medicaid Services (CMS) to reform payment regulations for disposable negative pressure wound therapy (disposable NPWT), in keeping with Congressional intent. Current coding and payment requirements implemented by CMS act as barriers to patient access for this important therapy and increase unnecessary provider burden. Disposable NPWT is often more cost effective, preferred by patients due to its ease of use, and efficacy in treating intractable wounds.

Background

Prior to 2015, Medicare reimbursement for disposable NPWT provided to Medicare home health beneficiaries was included in the home health episodic payment rate, although traditional NPWT is separately reimbursed under the Durable Medical Equipment (DME) benefit. In 2015, Congress created a statutory benefit to reimburse home health agencies (HHAs) separately for disposable NPWT in order to ensure patient access to this treatment, which provides a cost-effective, convenient, and patient-centered alternative to traditional NPWT. In fact, this legislation was originally included in the House-passed draft of the 21st Century Cures Act, and was enacted through the Consolidated Appropriations Act of 2016.

Despite clear congressional intent to increase access to disposable NPWT, CMS' implementation of this benefit has led to underutilization by Medicare beneficiaries in the home setting due to burdensome billing requirements imposed on HHAs. CMS requires HHAs to bill for disposable NPWT using non-standard forms with which HHAs have no prior experience, creating confusion that often prompts providers to avoid using this treatment altogether. Additionally, CMS does not allow home health visits to be reimbursed if the visit is solely for the purpose of providing disposable NPWT, regardless of the patient's need for such treatment.

Rationale for Legislative Action

These burdensome requirements, which result in disparate regulatory treatment of two similar technologies, not only decrease patient access but run counter to Congress' intent in 2015. CMS has refused calls from stakeholders to consider alternative billing methods that would remove these unnecessary barriers to access, thereby creating a further disincentive for physicians and medical technology manufacturers to innovate in disposable technologies. As a coalition comprised largely of consumer and clinical organizations, many of which represent individuals whose conditions may lead to the development of serious skin breakdowns and decubitus ulcers, we are keenly aware of the critical importance of access to appropriate wound therapy.

We urge you to consider including language in the Cures 2.0 package to require CMS to accept charges for disposable NPWT on the standard payment form, and to treat the application of disposable NPWT as a home health visit, the same way that the agency treats traditional NPWT.

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. Should you have any further questions, please contact the ITEM Coalition coordinators by email at Peter.Thomas@PowersLaw.com or Joseph.Nahra@PowersLaw.com or by phone at 202-466-6550.