701 Pennsylvania Ave., NW, Suite 800
Washington, DC 20004-2654
Tel: 202 783 8700
Fax: 202 783 8750
www.AdvaMed.org

AdvaMed
Advanced Medical Technology Association

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Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-1648-P
Mail Stop C4-26-05
7500 Security Blvd.
Baltimore, MD 21244-1850

Re: Medicare and Medicaid Program: CY 2017 Home Health Prospective Payment System Rate Update and Other Home Health Issues

Dear Mr. Slavitt:

The Advanced Medical Technology Association (AdvaMed) appreciates the opportunity to comment on the CY 2017 Home Health Prospective Payment, Value-Based Purchasing, and Quality Reporting proposed rule. AdvaMed member companies produce the medical devices and technologies that improve patient care outcomes and quality by reducing the lengths of stay in health care facilities, allowing care to be provided in less intensive and less costly settings, including the patient's home.

Our comments address one set of provisions in the proposed rule: payment policies for negative pressure wound therapy (NPWT) using disposable devices.

Proposed Payment Policies for Negative Pressure Wound Therapy (NPWT) Using a Disposable Device

The Consolidated Appropriations Act of 2016 expanded Medicare's covered benefits to require separate payment for negative pressure wound therapy (NPWT) using a disposable device. This separate payment becomes effective January 1, 2017, and is to be made for disposable devices provided to beneficiaries who qualify for Medicare's home health benefit. The authorizing statute specifies the amount CMS is required to pay for the disposable device: the amount is to be equal to the payment that would be made under Medicare's Outpatient Prospective Payment System (OPPS) if furnished in that setting.

The proposed rule details payment policy that CMS would use for paying for disposable NPWT in instances where a Medicare beneficiary qualifies for Medicare's home health benefit. We believe that the policy laid out in the proposed rule is based on an incorrect assumption about the care needed by beneficiaries for whom disposable NPWT is prescribed. The consequence of the proposed payment policy is that access to an innovative technology could be impeded for patients whose physicians believe it is the most appropriate treatment option for their care and home health agencies will be discouraged from using the technology because the policy does not recognize all of the services and travel associated with application of this therapy in the home setting.

Typically a patient using NPWT, regardless of whether the device is durable or disposable, requires wound assessment and dressing changes--beyond the application of the device--during the course of treatment. Medicare now allows home health agencies to report on the home health PPS claim (bill type 32x) visits associated with assessment and change of dressings when provided in connection with durable NPWT. We also note that, for a patient not qualifying for Medicare's home health benefit and going to a hospital outpatient department for dressing changes related to both disposable and durable NPWT, Medicare will pay separately for those wound assessment (and dressing change) services on those visits.

This proposed payment policy for furnishing disposable NPWT in the home discourages home health care agencies from using disposable NPWT in two ways: First, it prohibits agencies from including time spent traveling to/from the patient's home, furnishing wound assessment and dressing change services associated with disposable NPWT on the home health PPS claim (type of bill 32x), both for the application of the device and also when the application of a new disposable device is not required.

Second, the proposed policy would establish two very different standards for paying for NPWT when a beneficiary has qualified for Medicare's home health care benefit—a more liberal one for the durable device allowing the agency to report a claim for a visit associated with travel to/from the home, application of the device and for assessment and dressing change services, and a more restrictive one for the disposable technology when a visit required for identical services would be prohibited from being reported for a claim. We note that home health agencies that treat beneficiaries in rural areas often travel an hour or more to visit patients in their homes. Without the ability to record this visit on bill type 32x, the resources associated with providing the home health visit will not be captured.

AdvaMed urges CMS to finalize a rule that puts disposable NPWT on equal footing with durable NPWT and allow home health care agencies to report on the home health PPS claim (bill type 32x) all visits associated with the application of the device as well as follow-up visits for assessment and dressing changes, and specify that the agency bill for NPWT performed using a disposable device under type of bill 34x along with the appropriate HCPCS code (97607 and 97608) when the service includes furnishing a new disposable device.

Finally we note that the proposed rule ties the OPPS payment rate required for disposable NPWT to HCPCS codes 97607 and 97608, two codes created for disposable NPWT by the AMA CPT Editorial Panel. AdvaMed recommends that CMS clarify that codes 97607 and 97608 should be reported by home health agencies when they provide disposable NPWT equipment to their patients. AdvaMed also recommends that CMS clarify in the final rule that devices meeting the CPT codes' definitions are applicable devices under the statute that may be billed by home health agencies under this new home health benefit.

Thank you again for providing us the opportunity to comment on this section of the proposed rule. If you have any questions, please contact Richard Price at 202-434-7227 or rprice@advamed.org.

Sincerely,

Donald L. May
Executive Vice President
Payment & Health Care Delivery Policy
AdvaMed