



May 6, 2020

Submitted Via Email

The Honorable Alex Azar
Secretary

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Seema Verma
Administrator

Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: **Modifications to Implementation of Medicare Disposable Negative Pressure Wound Therapy Benefit**

Dear Secretary Azar and Administrator Verma:

The undersigned members of the Independence Through Enhancement of Medicare and Medicaid (ITEM) Coalition Steering Committee write to request that the Centers for Medicare and Medicaid Services (CMS) reconsider its implementation of the disposable negative pressure wound therapy (dNPWT) benefit under the home health payment system.

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 providers who serve them, including such conditions as multiple sclerosis, spinal cord injuries, brain injuries, stroke, paralysis, limb loss, cerebral palsy, hearing and speech impairments, visual impairments, vision loss, spina bifida, myositis, and other life-altering conditions.

We have written to CMS before about the complex and burdensome billing requirements associated with the dNPWT benefit that have resulted in decreased patient access to this important treatment. Now more than ever, as policymakers consider next steps in the fight against the COVID-19 pandemic, it is crucial to ensure that beneficiaries are able to access this treatment as intended by Congress.

We suggest that expanded use of this important wound treatment could help protect vulnerable patients (like many of the beneficiaries we represent with mobility impairments that lead to serious skin breakdowns and decubitus ulcers) and the health care providers who treat them from the spread of COVID-19. Specifically, home health agencies should be granted greater flexibility in how they administer and bill for chronic wound treatment. Doing so would keep homebound Medicare patients out of hospitals and physicians' offices, where they may risk a greater exposure to COVID-19. The Congressional Budget Office has [estimated](#) that the current public

health emergency could last through 2021, and dNPWT use will be an important tool to cut down on excess contact between patients and providers to decrease risk of exposure.

We therefore respectfully request that the Centers for Medicare and Medicaid Services (CMS) reconsider its implementation of the congressionally-mandated benefit for disposable negative pressure wound therapy in the home health setting.¹ We have raised concerns before about the complex and burdensome billing requirements that have resulted in decreased patient access to this important treatment. This clinically-proven technology can be used to treat wounds without requiring a patient to return to a physician office or an outpatient facility for dressing changes. Moreover, some models of dNPWT can last for a week or more, meaning fewer visits from home health nurses into a patient's home.

CMS' implementation of the law creates a tremendous administrative burden for home health agencies and has resulted in a barrier to patient access to dNPWT. We urge CMS to use its existing authority to modify the current payment policy for dNPWT to streamline billing and ensure home health agencies get credit for the services they deliver. If beneficiary access to this technology were increased, more patients could stay safely at home. This would also help preserve scarce hospital and physician resources for the fight against COVID-19.

Thank you for your consideration of our request. Should you have any further questions regarding this issue, please contact Joe Nahra, ITEM Coalition coordinator, by email at Joseph.Nahra@PowersLaw.com or call 202-349-6730.

Sincerely,

ITEM Coalition Steering Committee Members

ALS Association
Amputee Coalition
Christopher and Dana Reeve Foundation
Paralyzed Veterans of America
Spina Bifida Association of America
United Spinal Association

CC:

Demetrios Kouzoukas, Principal Deputy Administrator, CMS
John Brooks, Principal Deputy Director, CMS
Kim Brandt, Principal Deputy Administrator for Operations, CMS
Nick Uehlecke, Advisor to the Secretary, HHS
Jim Parker, Senior Advisor to the Secretary, HHS
Sarah Arbes, Acting Assistant Secretary for Legislation, HHS

¹ This benefit was created by Congress as Section 504 of the Consolidated Appropriations Act, 2016 (P.L. 114-113).