



February 6, 2026

Centers for Medicare & Medicaid Services
Division of Practitioner Services
Mail Stop C4-01-26
7500 Security Boulevard
Baltimore, MD 21244

Re: Potentially Misvalued Code HCPCS G0465 *Autologous platelet rich plasma (PRP) or other blood-derived product for diabetic chronic wounds/ulcers, using an FDA-cleared device for this indication, (includes as applicable administration, dressings, phlebotomy, centrifugation or mixing, and all other preparatory procedures, per treatment)*

Electronically submitted to MedicarePhysicianFeeSchedule@cms.hhs.gov

Dear Administrator Oz:

The Alliance of Wound Care Stakeholders (“Alliance”) appreciates the opportunity to request the nomination of HCPCS code G0465 under the Potentially Misvalued Code process. In addition, the Alliance requests the opportunity to meet with the Centers for Medicare & Medicaid Services (“CMS”) to discuss the request for CMS to consider the work relative value units (“RVUs”) for HCPCS code G0465 as misvalued.

The Alliance is a nonprofit multidisciplinary trade association representing physician specialty societies, clinical and patient associations, wound care provider groups, wound care clinics, and business entities operating in the field of wound care.¹ Our mission is to promote quality care and access to products and services for people with wounds through effective advocacy and educational outreach in the regulatory, legislative, and public arenas. Our members possess expert knowledge in complex chronic wound management and wound care research.

As discussed in detail below, we believe that the work RVUs assigned by CMS for HCPCS code G0465 do not accurately reflect the time, intensity, mental effort and judgment, technical skill, physical effort, and psychological stress associated with the delivery of autologous platelet rich plasma (“PRP”) or other blood-derived products (collectively, “autologous blood-derived products”) for the treatment of chronic, non-healing diabetic wounds. We request that CMS update the work RVUs for HCPCS code G0465 from 1.78 to 5.50 based on the results of an independent survey of physicians and qualified health professionals who have training and experience treating chronic, non-healing diabetic wounds that was performed by a third party in the Fall of 2025. We believe the non-facility practice expense RVUs for HCPCS code G0465 are appropriate and should remain at the current level of 29.91.

¹ www.woundcarestakeholders.org

Further, we believe the application of the Multiple Procedure Payment Reduction (“MPPR”) policy to HCPCS code G0465, as identified by the “Multiple Procedure” indicator included in the 2026 Physician Fee Schedule Relative Value File,² is inaccurate in light of how HCPCS code G0465 is valued in the physician office setting. The application of a 50 percent payment reduction when a second unit of HCPCS code G0465 is billed means that the supply costs associated with the autologous blood-derived products used for this procedure are not covered. The unintended consequence of the 50 percent reduction is that patients with multiple wounds or wounds with large surface areas generally are not treated in the physician office setting. Such patients either need to be treated on separate days or in the hospital outpatient setting, which creates a disparity in access and leads to increased Medicare costs for patients who could have otherwise been treated safely and effectively in the physician office setting on the same day. We request that CMS update its policy to state that no payment adjustment rules for multiple procedures apply to HCPCS code G0465. This would be achieved by changing the “Multiple Procedure” indicator included in the 2026 Physician Fee Schedule Relative Value File from “2” to “0” for HCPCS code G0465.

I. The Work RVUs for HCPCS Code G0465 are Misvalued

CMS adopted an updated national coverage determination (“NCD”) policy on April 13, 2021, identifying wound care treatment services using autologous blood-derived products as medically reasonable and necessary for certain Medicare beneficiaries.³ Coverage is authorized for a period of 20 weeks, and the treatment must be prepared using a device cleared by the Food and Drug Administration (“FDA”). CMS created HCPCS code G0465 after CMS updated the NCD for autologous blood-derived products for chronic, non-healing diabetic wounds. The current descriptor for HCPCS code G0465 includes both the product itself that is used for the wound care treatment as well as the professional time and effort that goes into evaluating the patient, preparing the product, and all of the steps involved with delivering the wound care treatment. There is a considerable amount of physician time, skill and intensity required to prepare and provide the autologous blood-derived product for wound care treatment, which has been shown in published studies to be effective in complex wounds including confirmed Wagner grade 3 with exposed bone and/or tendon, low Ankle-Brachial Index (“ABI”) down to 0.5 and patients who have failed revascularization.^{4, 5, 6}

In the Calendar Year (“CY”) 2025 Medicare Physician Fee Schedule (“MPFS”) Proposed Rule, CMS proposed to establish a national Medicare payment amount for HCPCS code G0465 by using CPT code 15271 (*Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area*) as a crosswalk to determine the work

² CMS, PFS Relative Value Files, Physician Fee Schedule-January 2026 Release, available at <https://www.cms.gov/files/zip/rvu26a-updated-12-29-2025.zip>.

³ National Coverage Determination, 270.3 – Blood-Derived Products for Chronic Non-Healing Wounds (effective April 13, 2021), available at <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCID=217>.

⁴ Game F, Jeffcoate W, Tarnow L, Jacobsen JL, Whitham DJ, Harrison EF, et al. *LeucoPatch system for the management of hard-to-heal diabetic foot ulcers in the UK, Denmark, and Sweden: an observer-masked, randomised controlled trial*. Lancet Diabetes Endocrinol. 2018;6(11):870–8.

⁵ Osborne SN, Schmidt MA, Derrick K, Harper JR. *Epidermal micrografts produced via an automated and minimally invasive tool form at the dermal/epidermal junction and contain proliferative cells that secrete wound healing growth factors*. Adv Skin Wound Care. 2015;28(9):397–405.

⁶ Mendivil, Jason M, Henderson, Lorena C, Olivas, Orion S., Deanda, Mia A., Johnson, Martin L.; *Retrospective Data Analysis of the Use of an Autologous Multilayered Leukocyte, Platelet, and Fibrin Patch for Diabetic Foot Ulcers Treatment in Daily Clinical Practice*, ADV SKIN WOUND CARE 2023;36:579–85. DOI: 10.1097/ASW.0000000000000054.

and practice expense RVUs for HCPCS code G0465.⁷ After consideration of public comments submitted in response to the proposed rule, in the CY 2025 MPFS Final Rule, CMS instead used CPT code 15275 (*Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area*) as the crosswalk for HCPCS code G0465.⁸ Although CMS acknowledged that “the service provided under HCPCS code G0465 may differ from skin substitutes”, CMS stated that it considered “the work to be comparable” and therefore determined that CPT code 15275 would be used as the crosswalk to establish RVUs for HCPCS code G0465.⁹

The Alliance appreciates CMS’s efforts to establish a national Medicare payment amount for HCPCS code G0465. However, the Alliance continues to believe that the skin substitute application CPT codes (e.g., CPT codes 15271-15278) do not serve as appropriate crosswalk codes for purposes of establishing RVUs for HCPCS code G0465. These codes do not accurately reflect the time, intensity, mental effort and judgment, technical skill, physical effort, and psychological stress associated with the delivery of autologous blood-derived products for the treatment of chronic, non-healing diabetic wounds. Accordingly, in 2025, the Alliance engaged an independent third party to conduct a Mock RVS Update Committee (“RUC”) Survey. The purpose of the Mock RUC Survey was to seek information from physicians and qualified health professionals with training and experience treating chronic, non-healing diabetic wounds in order to identify the appropriate work and estimated RVUs associated with the procedure described by HCPCS code G0465. The process for collecting data from survey respondents was intended to emulate the American Medical Association (“AMA”) RUC process for surveying and recommending work RVUs for CPT codes to CMS. The Mock RUC Survey only addressed the work RVUs for HCPCS code G0465. The non-facility practice expense RVUs for HCPCS code G0465 should remain at the current level of 29.91, as CMS already has adopted non-facility practice expense RVUs that appropriately reflect the resources and costs associated with the use of autologous blood-derived product in the procedure.

a. Findings from the Mock RUC Survey

JD Lymon Group developed a Mock RUC Survey tool providing survey respondents with a clinical vignette (called a “Description of Procedure” or “DOP”) for a typical patient and seeking information on how the time, work, and intensity of the procedure described by HCPCS code G0465 compares to a reference service list (“RSL”) of similar CPT Category I codes. The Mock RUC Survey identified 8 RSL CPT codes, including 28003, 31255, 31276, 31626, 33289, 36478, 37246, and 50437. These codes were selected as RSL CPT codes because they all have a 000-day global period, they have been surveyed by the AMA RUC within the last 10 years, they have intra-service times between 40-60 minutes, and they have work RVUs between 3.91-7.00.

The Mock RUC Survey tool was administered through an electronic format (e.g., Microsoft Forms) over a three-week period in the Fall of 2025. Surveys were sent to 2,789 known contacts¹⁰

⁷ 89 Fed. Reg. 61,596, 61,660-61 (Jul. 31, 2024).

⁸ 89 Fed. Reg. 97,710, 97,806-08 (Dec. 9, 2024).

⁹ *Id.* at 97,807.

¹⁰ Contacts were identified through the customer lists of various autologous blood-derived product manufacturers; physicians and qualified health professionals captured in the Definitive database who have reported the application of skin substitute grafts; and attendees of the Symposium on Advanced Wound Care (“SAWC”) conference in September 2025.

in addition to an unknown number of surveys distributed through the American Association of Nurse Practitioners (“AANP”)¹¹ on September 29, 2025. The survey submission window closed on October 31, 2025. A total of 33 responses from physicians and qualified health professionals with training and experience treating chronic, non-healing diabetic wounds were returned within the survey window. Survey responses were tabulated and the estimated survey results were calculated using the CY 2025 CMS Supplies Worksheet (CMS-1807-F).

The Mock RUC Survey tool provided respondents with a description of a typical patient and a DOP for the procedure described by HCPCS code G0465. Based on these descriptions included in the Survey tool, survey respondents were asked to select an RSL CPT code that most closely represents the work of HCPCS code G0465. 70 percent of survey respondents identified CPT code 28003 (*Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas*) as the RSL CPT code that most closely represents the work of HCPCS code G0465. After selecting an RSL CPT code, survey respondents were asked how the intensity, mental effort and judgment, technical skill, physical effort, and psychological stress of performing the procedure described by HCPCS code G0465 compared to the RSL CPT code that they selected. The survey respondents generally identified the intensity, mental effort and judgment, technical skill, physical effort, and psychological stress of performing the procedure described by HCPCS code G0465 to be the same or more, in comparison to their chosen RSL CPT code.

Further, survey respondents were asked to provide estimated procedure times and estimated work RVUs for the procedure. The mean estimated procedure time for HCPCS code G0465 cited by the survey respondents was 63 minutes, as described in the following table.

Activity	Estimated Time
Day of Procedure	
Pre-service evaluation	15 min
Pre-service positioning	7 min
Pre-service scrub, dress, wait	12 min
Intra-service time	18 min
Immediate post-service time	11 min
Total Procedure Time	63 min

Based on the Mock RUC Survey questions, the survey respondents also provided estimates of the work RVUs for HCPCS code G0465. The 50th percentile of survey responses showed an estimated work RVU value of 5.50 for HCPCS code G0465. A copy of the de-identified raw data from the Mock RUC Survey respondents is included as Attachment A to this request.

b. CPT Code 15275 is Not an Appropriate Crosswalk for HCPCS Code G0465

The third-party independent analysis of the work RVUs for HCPCS code G0465 illustrates why the crosswalk code that CMS used to establish RVUs for HCPCS code G0465 in the CY 2025 MPFS Final Rule was inaccurate. The existing crosswalk code, CPT code 15275, describes the application of the first 25 sq cm of a skin substitute graft to a patient’s face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits for a wound with a total wound

¹¹ The AANP used its own distribution list to distribute the Mock RUC Survey tool to potential survey respondents.

surface area up to 100 sq cm. The following table shows how the description of a typical patient and the DOP for CPT code 15275 compares to HCPCS code G0465.

	CPT Code 15275¹²	HCPCS Code G0465¹³
Clinical Example	A 68-year-old male with Type II diabetes presents with a 12.0 sq cm (3.0 x 4.0) clean, granulating, stalled, full-thickness, chronic ulceration of the plantar aspect of the right heel. A recent culture is negative for bacteria. The wound has failed to respond to standard active wound care treatment. A skin substitute graft is applied.	A 72-year-old male with a nine-month history of a chronic, non-healing diabetic foot ulcer presents for advanced wound care. He has previously undergone offloading, repeated sharp debridement, and standard wound care with antimicrobials and advanced dressings, but the wound has failed to progress. His comorbidities include insulin-dependent diabetes, chronic kidney disease stage 3, hypertension, and peripheral neuropathy. After evaluation, the decision is made to apply an autologous blood-derived product to promote wound healing.
Description of Procedure	Simple cleansing of the wound bed is performed and hemostasis achieved. The wound is measured and the appropriate sized skin substitute graft is prepared and applied to the prepared wound surface, including the wound margins, and secured in place.	<u>Pre-Service</u> The provider reviews the patient’s chart, prior wound care notes, and recent laboratory results, including platelet count and coagulation studies as indicated. A detailed interval history is obtained with attention to new diagnoses, medication changes, and recent hospitalizations. The patient’s wound is examined for size, depth, tissue quality, drainage, and evidence of infection. The provider assesses systemic and local factors affecting wound healing, reviews risks, benefits, and alternatives, and obtains informed consent for the procedure. The patient is positioned, the existing dressing is removed, and the wound is cleansed. Baseline wound measurements and staging are documented. A venous access plan is determined, taking into account comorbidities that may complicate phlebotomy, and additional support is requested if necessary. <u>Intra-Service</u> The provider performs focused pre-procedural vascular and infection reassessment. This includes non-invasive imaging to verify adequacy of perfusion and document baseline tissue characteristics,

¹² The Clinical Example and Description of Procedure for CPT code 15275 was published by the AMA in the CPT Changes – An Insider’s View, CPT Changes 2012 – Surgery.

¹³ The Clinical Example and Description of Procedure for HCPCS code G0465 was developed and included in the Mock RUC Survey distributed to potential survey respondents in the Fall of 2025.

	CPT Code 15275 ¹²	HCPCS Code G0465 ¹³
		perfusion and any features concerning for infection. The provider obtains a venous blood sample, which is drawn into specialized tubes and processed in a closed system using a validated centrifugation protocol to concentrate platelets or other specific steps as provided by the manufacturer. The blood-derived product is isolated and activated as indicated by the instructions for use. The provider performs meticulous wound bed preparation. Utilize anesthesia as necessary. Perform sharp or selective debridement down to viable, bleeding tissue, mechanical removal of biofilm and necrotic debris, copious irrigation, and achievement of hemostasis. Debride posterior heel ulcer bed, excising nonviable skin and subcutaneous tissue, if present, and tendon/muscle tissues with forceps, scissors, scalpel and tissue nippers to level of viable tissue. The wound bed is prepared to optimize the wound surface for positioning of the blood-derived product. During and after debridement, repeat wound imaging is performed to capture perfusion changes, assess residual infection risk, and provide visual confirmation of a viable bed suitable for biologic application. The wound is re-measured and staged/classified (e.g. Wagner/WIfI), and findings documented with calibrated planimetry and digital photography. <u>Post Service</u> At the conclusion of the procedure, the provider ensures secure placement of the final dressing and completes the documentation. Customized offloading is performed with a total contact cast. Patient-specific discharge instructions are provided, including wound care at home, pain management, and reinforcement of the importance of systemic disease control in wound healing. The provider assesses psychosocial and logistical barriers to adherence, such as caregiver support or transportation needs, and arranges home health or visiting nurse services if

	CPT Code 15275¹²	HCPCS Code G0465¹³
		appropriate. The encounter is documented in the medical record, progress notes are updated, and the patient's next follow-up visit is scheduled. Communication with the primary care provider or referring provider is performed as needed.

Generally, HCPCS code G0465 represents a distinct clinical service involving the point-of-care preparation and application of an autologous blood-derived product, which is fundamentally different from the placement of a pre-manufactured skin substitute as described by CPT code 15275. Unlike the procedure described by CPT code 15275, HCPCS code G0465 describes a procedure requiring active biologic processing by the clinician, including blood collection, controlled processing, and real-time assessment of biologic integrity prior to application, resulting in greater procedural complexity and clinician involvement. HCPCS code G0465 involves higher clinical decision-making related to patient suitability, biologic processing and risk management, whereas CPT code 15275 is primarily a device placement procedure with standardized workflows. Further, the estimated physician work, resource utilization, and staff intensity for HCPCS code G0465 are greater, as demonstrated by the results of the Mock RUC Survey estimating 63 minutes of physician work time, reflecting the extended procedure time, aseptic biologic handling, and post-application monitoring specific to wound care treatment using autologous blood-derived products. The therapeutic intent of this wound care treatment is to use the patient's own blood to stimulate endogenous wound healing pathways. By contrast, the procedure described by CPT code 15275 primarily provides structural or temporary wound coverage using pre-manufactured skin substitutes that are paid for separately under the MPFS. These distinctions in clinical complexity, workflow, and resource requirements support CMS's establishment of a separate HCPCS code for the application of autologous blood-derived products to treat chronic, non-healing diabetic wounds. These distinctions also support a valuation of physician work for HCPCS code G0465 that is based on an independent, third-party analysis of the procedure, and that is not tied to the physician work associated with CPT code 15275.

c. Request to CMS

Based on the independent, third-party analysis of physician and qualified health professional responses to the Mock RUC Survey, the Alliance requests that CMS update the work RVUs for HCPCS code G0465 from 1.78 to 5.50. As described herein, the crosswalk code that CMS used to establish work RVUs for HCPCS code G0465, CPT code 15275, does not accurately reflect the time, effort, and resources associated with furnishing autologous blood-derived products to patients suffering from chronic, non-healing diabetic wounds. CPT code 15275 should not have been used as the crosswalk code for establishing the work RVUs for HCPCS code G0465.

In summary, the Alliance requests that CMS update the work RVUs for HCPCS code G0465. The Alliance is not requesting any changes to the non-facility practice expense or malpractice RVUs for HCPCS code G0465 at this time. Accordingly, the Alliance requests that the non-facility RVUs for HCPCS code G0465 be updated as follows:

	Work RVU	Non-Facility Practice Expense RVU	Malpractice RVU	Total Non-Facility RVUs
G0465	5.50	29.91	0.15	35.56

II. The MPPR Policy Should Not Apply to HCPCS Code G0465

CMS has applied the MPPR policy to HCPCS code G0465 by assigning this code a value of “2” in the “Multiple Procedure” column of the 2026 Physician Fee Schedule Relative Value File. An indicator of “2” has the following definition:

2=Standard payment adjustment rules for multiple procedures apply. If procedure is reported on the same day as another procedure with an indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, 50%, 50%, 50% and by report). Base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount reduced by the appropriate percentage¹⁴

This means that, under the MPPR policy, payment is generally based on 100 percent of the highest valued procedure and 50 percent of the fee schedule amount for any subsequent billed procedures.

a. Application of the MPPR Policy to HCPCS Code G0465 is Inappropriate

The MPPR policy was generally designed to realize payment efficiencies when there is overlap in either the professional work, the practice expense, or both, when services are furnished together. However, this concept cannot similarly apply to HCPCS code G0465 for several reasons.

There is nothing in the NCD for autologous blood-derived products that prohibits clinicians from treating multiple wounds during the treatment period, or that prohibits multiple applications of an autologous blood-derived product to treat a wound with a large surface area. Multiple wounds are not an anomaly for wound care patients. Patients with diabetic foot ulcers (“DFUs”) have a mean of 1.7 DFUs but a total of 2.7 wounds and ulcers because these patients do not just have DFUs. Similarly, patients with venous leg ulcers (“VLUs”) have a mean of 1.8 VLUs but a total of 2.5 wounds because these patients do not just have VLUs. Approximately 40 percent of both patient groups get a new ulcer before the one being treated is resolved.¹⁵

Although there are clinical reasons to bill more than one unit of HCPCS code G0465 on a single date of service, applying a 50 percent payment reduction to the second unit of HCPCS code G0465 under the MPPR policy makes it economically infeasible for a clinician to treat multiple wounds or wounds with large surface areas in the physician office setting. As demonstrated in the table below (which reflects the CY 2026 MPFS National Payment Amount for non-Qualifying Participants and Qualifying Participants), application of a 50 percent payment reduction for

¹⁴ CMS, PFS Relative Value Files, Physician Fee Schedule-January 2026 Release, RVU26AR, available at <https://www.cms.gov/files/zip/rvu26a-updated-12-29-2025.zip>.

¹⁵ Natural History Analysis; Wound Care Collaborative Community, presented May 2, 2025 at the Symposium on Advanced Wound Care.

HCPSC code G0465 under the MPPR policy would not allow for full payment of the autologous blood-derived product supply cost when multiple units of HCPSC code G0465 are billed on the same day under the MPFS.

	CY 2026 National Payment Amount (Non-Facility)	50% Payment Reduction (Non-Facility)	SD343 Supply Code
G0465	\$1,063.49 (Non-QP) \$1,068.79 (QP)	\$531.75 (Non-QP) \$534.40 (QP)	\$770.83

In the context of other wound care treatment, such as with the application of a skin substitute, the CPT codes for these treatments tend to have an initial code plus an add-on code to account for additional work and practice expense required based on the size of the wound being treated. The CPT code for the initial application of the product generally has a Multiple Procedure indicator of “2”, but the add-on code will have a Multiple Procedure indicator of “0”. Specifically, an indicator of “0” has the following definition:

0=No payment adjustment rules for multiple procedures apply. If procedure is reported on the same day as another procedure, base the payment on the lower of (a) the actual charge, or (b) the fee schedule amount for the procedure.¹⁶

HCPSC code G0465 does not have an add-on code, and therefore it does not follow the same construct as other wound care treatment products that have both an initial code plus an add-on code that can be billed multiple times and not be subject to the 50 percent payment reduction under the MPPR policy. Further, the skin substitute application CPT codes (e.g., CPT codes 15271-15278) describe the application of pre-manufactured skin substitutes, but the RVUs for these CPT codes do not include the skin substitute product itself. The skin substitute products used in these procedures are paid separately under the MPFS on a per sq cm basis. By contrast, payment for the autologous blood-derived product used to treat patients with chronic, non-healing diabetic wounds is accounted for in the non-facility practice expense RVUs for HCPSC code G0465.

When multiple wounds are treated on the same date of service, each wound requires individual assessment, measurement and classification, patient positioning, debridement, wound preparation, preparation and application of the autologous blood-derived product (involving the use of multiple product kits), wound dressing and offloading, documentation, etc. (i.e., the steps required to treat the first wound must largely be repeated when treating additional wounds on the same date of service; there is little to no overlap in the steps that must be performed). A table identifying the steps required to treat the first wound in comparison to each additional wound is included as Attachment B to this request. Further, multiple product kits may be needed to produce an adequate amount of autologous blood-derived product to treat multiple wounds and/or wounds with a large surface area. Requiring that an additional application of autologous blood-derived product be subject to a 50 percent reduction in reimbursement for the code means that the cost of the product is not covered. Accordingly, clinicians are not able to furnish multiple applications of autologous blood-derived product on the same date of service in the physician office setting, even when it is

¹⁶ See *supra* note 17.

medically necessary and appropriate to do so. Patients with multiple wounds or wounds with large surface areas either need to be treated on separate days or in the hospital outpatient setting, which creates a disparity in access and leads to increased Medicare costs for patients who could have otherwise been treated safely and effectively in the physician office setting on the same day.

b. Request to CMS

The Alliance requests that CMS review, revise, and clarify its billing policies for multiple applications of an autologous blood-derived product when used to treat a large surface area wound and/or to treat multiple wounds on the same date of service or over the course of the patient's treatment period. To allow for adequate payment when multiple autologous blood-derived product kits are needed to treat the patient, CMS should change the value of the "Multiple Procedure" column of the PFS Relative Value File for 2026 from "2" to "0" for G0465.

Conclusion

For the reasons discussed above, the Alliance respectfully requests that HCPCS code G0465 be considered under the Potentially Misvalued Code process. In particular, we request that the work RVUs for HCPCS code G0465 be updated to 5.50. Further, we request that the "Multiple Procedure" indicator for HCPCS code G0465 be changed from "2" to "0" to indicate that the 50 percent payment reduction does not apply when multiple units of HCPCS code G0465 are billed. We appreciate the opportunity to submit this request and we hope to have the opportunity to discuss this request with you further in a meeting. Should you require any additional information please feel free to contact Marcia Nusgart at marcia@woundcarestakeholders.org or our Health Policy Advisor, Karen Ravitz at karen@woundcarestakeholders.org.

Thank you for your consideration.

Sincerely,

Marcia Nusgart, R.Ph.
Chief Executive Officer