



3M™ V.A.C.® Therapy System

CPT® Code¹	Description	Physician Fee Schedule Non-Facility (Office)² Total Relative Value Unit (RVU)³ Physician Work Portion RVU³	Physician Fee Schedule Facility (WCC, ASC)² Total Relative Value Unit (RVU)³ Physician Work Portion RVU³	Ambulatory Payment Classification (APC) Cross Walk⁴ (Only Hospital Outpatient Department can bill APCs) (OPPS Payment Status Indicator)⁴	Hospital Outpatient Department (HOPD, i.e., WCC)² Fee Schedule⁴	Ambulatory Surgical Center (ASC)² Fee Schedule⁵
97605	Negative pressure wound therapy (e.g., vacuum assisted drainage collection), utilizing Durable Medical Equipment (DME), including topical application(s), wound assessment, and instructions(s) for ongoing care, per session. Total wound(s) surface area less than or equal to 50 sq cm.	\$43.27 (1.24)³ Pw 0.55³	\$25.47 (0.73)³ Pw 0.67³	5051 (Q1)⁴	\$179.55	Not available for billing in Ambulatory Surgical Center
97606	Negative pressure wound therapy (e.g., vacuum assisted drainage collection), utilizing Durable Medical Equipment (DME), including topical application(s), wound assessment, and instructions(s) for ongoing care, per session. Total wound(s) surface area greater than 50 sq cm.	\$51.29 (1.47)³ Pw 0.60³	\$27.91 (0.80)³ Pw 0.85³	5052 (Q1)⁴	\$345.84	Not available for billing in Ambulatory Surgical Center

Level II HCPCS Codes	Product Description
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
A7000	Canister, disposable, used with suction pump, each
E2402	Negative pressure wound therapy electrical pump, stationary or portable

The two CPT® codes of 97605 and 97606 can only be used when Durable Medical Equipment (DME) Negative Pressure Wound Therapy (NPWT) such as the 3M™ ActiV.A.C.™ Therapy System is being used. Do not use these two codes for application of disposable Negative Pressure Wound Therapy (dNPWT) Systems such as 3M™ Snap™ Therapy System, 3M™ Prevena™ Incision Management System, or 3M™ V.A.C.® Via Therapy System.

References

1. Current Procedural Terminology (CPT®) Copyright 2021 American Medical Association (AMA). All Rights Reserved. CPT is a registered trademark of the AMA.
2. Place of Service (POS) Code for non facility includes: Office-11, Prison/Correctional Facility-09, Skilled Nursing Facility (SNF) Part B-32, and Independent Clinic-49. POS for facility includes: Off-Campus-Outpatient Hospital-19, Inpatient Hospital-21, On-Campus-Outpatient Hospital-22, Ambulatory Surgical Center (ASC) -24, and SNF Part A-31. [CMS Place of Service Code Sheet](#)
3. Medicare Final Rule [CMS-1734-F- Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2021](#); Corrections estimated the conversion factor at \$34.89 for January 1, 2021 CMS Conversion Factor.
4. Medicare Correction Notice for Hospital Outpatient Prospective Payment System. [CMS-1736-FC-Hospital Outpatient Prospective Payment- Notice of Final Rulemaking with Comment Period \(NFRM\)](#). The status indicator identifies whether the service described by the HCPCS code is paid under OPPS and if so, whether payment is made separately or packaged. Status indicator (SI) "Q1" means Packaged Services Subject to Separate Payment Under OPPS Payment Criteria. Separate APC payment based on OPPS payment criteria. The Relative Value Units and Related Information Used in CY. [CMS Addendum D1](#)
5. Medicare Ambulatory Surgical Center (ASC) Payment - Notice of Final Rulemaking (NFRM) with comment period CMS-1736-FC. [CMS-1736-FC- Ambulatory Surgical Center Payment- Notice of Final Rulemaking with Comment Period \(NFRM\)](#)

For clinical questions, please contact your local 3M Account Manager. To connect with us on reimbursement questions, please email us at Reimbursementeducation@mmm.com or call 1-800-668-6812.

Important Note: The information contained in this document is provided for informational purposes only and represents no statement, promise or guarantee by 3M concerning the levels of reimbursement, payment, calculations, eligibility, charges or that these policies and codes will be appropriate for specific services or products provided or that reimbursement will be made. Information is current as of the date of publication and is subject to change at any time. 3M recommends that you consult your local CMS contracted carrier, Medicaid carrier or other applicable payor organization with regard to specific reimbursement policies, coverage, documentation, payment and criteria. Individual circumstances and situations may vary.

Note: All amounts listed do not reflect adjustments for quality reporting, e-prescribing, sequestration or any other reduction. All numbers represent national averages only.

3M Company
2510 Conway Avenue
St. Paul, MN 55144-1000 USA

1-800-228-3957
3M.com/Medical