



2020 V.A.C.® THERAPY SYSTEM (DME) CODING INFORMATION

| CPT® Code ¹ | Description | Physician Fee Schedule Non-Facility (Office) ² Total Relative Value Unit (RVU) ³ Physician Work Portion RVU ³ | Physician Fee Schedule Facility (WCC, ASC) ² Total Relative Value Unit (RVU) ³ Physician Work Portion RVU ³ | Ambulatory Payment Classification (APC) Cross Walk ⁴ (Only Hospital Outpt. Depts. can bill APCs) (OPPS Payment Status Indicator) ⁴ | Hospital Outpatient Department (HOPD, i.e. WCC) ² Fee Schedule ⁴ | Ambulatory Surgical Center (ASC) ² Fee Schedule ⁵ |
|------------------------|---|--|--|--|---|--|
| 97605 | Negative pressure wound therapy (eg, 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 square centimeters. | \$44.75 (1.24) ³ Pw 0.55 ³ | \$26.71 (0.74) ³ Pw 0.67 ³ | 5051 (Q1) ⁴ | \$174.71 | Not available for billing in Ambulatory Surgical Center |
| 97606 | Negative pressure wound therapy (eg, 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 square centimeters. | \$52.69 (1.46) ³ Pw 0.60 ³ | \$28.87 (0.80) ³ Pw 0.84 ³ | 5052 (Q1) ⁴ | \$319.48 | 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 KCI 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 SNAP™ Therapy System, PREVENA™ Incision Management System, or V.A.C. VIA™ Therapy System.

Note: All amounts listed do not reflect adjustments for quality reporting, e-prescribing, sequestration or any other reduction. All numbers represent national averages only. The codes discussed on this coding sheet do not address coverage, it addresses coding and payment amounts only.

For more information, call the KCI Reimbursement Education Hotline at **1-800-668-6812** or email: ReimbursementEducation@Acility.com

1. Current Procedural Terminology (CPT®) Copyright 2019 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-1715-F Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2020](#); Corrections estimated the conversion factor at \$36.0896 for January 1, 2020 CMS Conversion Factor
4. Medicare Correction Notice for Hospital Outpatient Prospective Payment System [CMS-1717-FC Hospital Outpatient Prospective Payment- Notice of Final Rulemaking with Comment \(NFRM\)](#). 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-1717-FC [CMS-1717-FC Ambulatory Surgical Center Payment- Notice of Final Rulemaking with Comment \(NFRM\)](#).

Important Note:

The information contained in this document is provided for informational purposes only and represents no statement, promise or guarantee by KCI 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. KCI 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.

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