

2020 Coding information

CPT® Code ¹	Description	Physician Fee Schedule Non-Facility (Office) ²	Physician Fee Schedule Facility (Inpatient/Outpatient) ²	Hospital Inpatient* Department ²	Hospital Outpatient Department (HOPD) i.e. ³ Fee Schedule Outpatient Observation Services** (OPPS Payment Status Indicator) ⁶	Ambulatory Surgical Center (ASC) ³ Fee Schedule
97607	Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) utilizing disposable, non-durable medical equipment including provision of exudate management collection system topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters	\$342.85	\$23.46	Included in Diagnosis related group payment (DRG) ⁵ -No separate payment	\$319.48 5052 (T) ⁶	Not available for billing in Ambulatory Surgical Center
97608	Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) utilizing disposable, non-durable medical equipment including provision of exudate management collection system , topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters	\$343.94	\$26.35	Included in Diagnosis related group payment (DRG) ⁵ -No separate payment	\$319.48 5052 (T) ⁶	Not available for billing in Ambulatory Surgical Center

Some commercial insurers have specific HCPCS codes required when billing Disposable negative pressure wound therapy (NPWT). For additional information regarding commercial insurance coverage, please call the KCI Reimbursement Education Hotline at 1-800-668-6812 for assistance. Verification of benefits and coverage for PREVENA™ Incision Management System is highly recommended before services are provided.

*An inpatient stay starts when a patient is formally admitted to a hospital with a doctor's order. [Are you a Hospital Inpatient or Outpatient?](#)

**Observation services are hospital outpatient services given to help the doctor decide if the patient needs to be admitted as an inpatient.

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 consider coverage, it addresses coding and payment amounts only.

For more information, call the KCI Reimbursement Education Hotline at **1-800-668-6812**.

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 Code 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 Correction Notice for Hospital Outpatient Prospective Payment [CMS-1717-FC-2020 Hospital Outpatient Prospective Payment Notice](#)
 4. 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](#)
 5. Medicare Final Rule [Inpatient Prospective Payment Systems \(IPPS\) 2018 CMS-1694-CN2 Final Rule and Correction Notice](#)
 6. CMS assigns an OPPS payment status indicator to every HCPCS code. 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 "T" means - Procedure or Service, Multiple Procedure Reduction Applies. Paid under OPPS; Separate APC Payment. [CMS Addendum D1](#)

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.

