



## 2020 Disposable NPWT Coding

CPT® Code <sup>1</sup>	Description	Physician Fee Schedule Non-Facility (Office) <sup>2</sup>	Physician Fee Schedule Facility (WCC, ASC) <sup>2</sup>	Ambulatory Payment Classification (APC) Cross Walk <sup>3</sup> (OPPS Payment Status Indicator) <sup>3</sup>	Hospital Outpatient Department (HOPD, i.e., WCC) <sup>3</sup> Fee Schedule	Ambulatory Surgical Center (ASC) <sup>4</sup> Fee Schedule	Home Health Prospective Payment System (PPS) <sup>5</sup>
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 wound(s) surface area less than or equal to 50 square centimeters	\$342.85 <sup>6</sup>	\$23.46 <sup>6</sup>	5052 (T) <sup>3</sup>	\$319.48	Not available for billing in Ambulatory Surgical Center	\$319.48
97608	Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) utilizing disposable, non-durable medical equipment including provision of exudates management collection system , topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	\$343.94 <sup>6</sup>	\$26.35 <sup>6</sup>	5052 (T) <sup>3</sup>	\$319.48	Not available for billing in Ambulatory Surgical Center	\$319.48
A9272	Wound Suction, disposable, includes dressing, all accessories and components, any type, each	Not Paid Under Medicare	Not Paid Under Medicare	(E1) <sup>3</sup>	Statutorily Excluded by Medicare	Statutorily Excluded by Medicare	Not paid by Medicare

The two codes of 97607 and 97608 should only be used when ALL of the services described in the code descriptors are performed and provided. Furnish NPWT using a disposable device is interpreted by CMS to mean when the provider is either initially applying an entirely new disposable NPWT device, or removing a disposable NPWT device and replacing it with an entirely new one as clinically required.<sup>7</sup> These codes may not be used if only a dressing change is performed for a disposable NPWT system. Providers can choose to bill any code, however this does not mean that coverage or payment will be received. Use of 97607 or 97608 when appropriate is important to ensure proper coding, cost reporting and documentation of all care rendered to a patient.

Some payors medical policies provide benefits for SNAP™ Therapy System under the patient’s Durable Medical Equipment (DME) benefits. Please determine payor code preference when authorizing these procedures.

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 Code (POS) 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, ASC-24, and SNF Part A-31. [CMS Place of Service Code Sheet](#)
3. Medicare Correction Notice for Hospital Outpatient Prospective Payment System [CMS-1717-FC-2020 Hospital Outpatient Prospective Payment Notice](#) 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 (SI) “T” means - Procedure or Service, Multiple Procedure Reduction Applies. Paid under OPPS; Separate APC Payment. Status Indicator (SI) “E1” means- Not paid by Medicare when submitted on outpatient claims ( any outpatient bill type). Not covered by any Medicare outpatient benefit category; Statutorily excluded by Medicare; Not reasonable and necessary The Relative Value Units and Related Information Used in CY. [CMS Addendum D1](#)
4. Medicare Ambulatory Surgical Center (ASC) Payment-Notice of Final Rulemaking (NFRM) with comment period [CMS-1717-FC Ambulatory Surgical Center Payment-Notice](#)
5. CY 2020 Home Health Prospective Payment System Rate Update; Home Health Value Based Purchasing Model; and Home Health Quality Reporting Requirements. [CMS-1711-FC CY 2020 Home Health Prospective Payment System Rate Update; Home Health Value -Based Purchasing Model; Home Health Quality Reporting Requirements and Home Infusion Therapy Requirements](#)
6. Medicare Final Rule CMS-1715-F CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B [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](#). Estimated the conversion factor at \$36.0896 for January 1, 2020. [CMS Conversion Factor](#)
7. [MLN Matters Number: SE17027 Clarification of Billing and Payment Policies for Negative Pressure Wound Therapy \(NPWT\) Using a Disposable Device](#) <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE17027.pdf>

For additional information, please contact your local representative or contact the Reimbursement Education Hotline at 800-668-6812; email [ReimbursementEducation@mmm.com](mailto:ReimbursementEducation@mmm.com).

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

