

**3M™ Coban™ 2 Two-Layer Compression System and  
3M™ Coban™ 2 Lite Two-Layer Compression System**



CPT® Code <sup>1</sup>	Description	Physician Fee Schedule Non-Facility (In Office) <sup>2</sup>	Physician Fee Schedule Facility (WCC, ASC) <sup>2</sup>	Ambulatory Payment Classification (APC) Codes (OPPS Payment Status Indicator)	Hospital Outpatient Department (HOPD, i.e., WCC) <sup>3</sup>	Ambulatory Surgical Center (ASC) <sup>4</sup>
<b>29581</b>	Application of multi-layer compression system; Leg (below knee), including ankle and foot.	\$86.44	\$25.87	5101 (T)	\$150.29	\$66.47
<b>29584</b>	Application of multi-layer compression system; Upper arm, forearm, hand and fingers.	\$78.59	\$15.06	5101 (T)	\$150.29	\$66.80

**References**

1. Current Procedural Terminology (CPT®) copyright 2024 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 list](#).
3. Medicare Correction Notice for Hospital Outpatient Prospective Payment System. [CMS-1786-FC Hospital Outpatient Prospective Payment-Notice of Final Rulemaking with Comment Period \(NFRM\)](#).  
CMS assigns an OPSS payment status indicator to every HCPCS code. The status indicator identifies whether the service described by the HCPCS code is paid under OPSS and if so, whether payment is made separately or packaged. Status Indicator (SI) "T" means — Procedure or Service, Multiple Procedure Reduction Applies. Paid under OPSS; 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-1786-FC Ambulatory Surgical Center Payment-Notice of Final Rulemaking with Comment Period \(NFRM\)](#).
5. Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2024. [CMS-1784-F Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2024](#). Estimated conversion factor at \$32.74 for January 1, 2024.

**For clinical questions, please contact your local 3M Account Representative. To connect with us on reimbursement questions, please email us at [Reimbursementeducation@mmm.com](mailto:Reimbursementeducation@mmm.com) or call 1-800-668-6812.**

**The reimbursement information provided by 3M Health Care and its representatives is intended to provide general information relevant to 3M products. Insurers' reimbursement policies can vary and the use of the codes discussed here does not guarantee that an insurer will cover or pay at any particular level.**

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

1-800-228-3957  
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