



Prevena™

Single Use Negative Pressure
Wound Therapy



2024 Coding Sheet

Care setting		Place of service code	CPT® Code¹ 97607	CPT® Code¹ 97608
			Negative pressure wound therapy (e.g., vacuum-assisted drainage collection) utilizing disposable, non-durable medical equipment, including the 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 sq cm.	Negative pressure wound therapy (e.g., vacuum-assisted drainage collection) utilizing disposable, non-durable medical equipment, including the provision of exudate management collection system topical application(s), wound assessment, and instructions for ongoing care per session. Total wound(s) surface area greater than 50 sq cm.
Inpatient	Inpatient- Hospital Inpatient Department	21	Included in Diagnosis Related Group payment (DRG)⁵ - No separate payment	Included in Diagnosis Related Group payment (DRG)⁵ - No separate payment
	Physician Allowable Facility (F) (Inpatient/ Outpatient)	21, 22, or 23	\$20.63 Total F RVU (0.63)	\$24.23 Total F RVU (0.74)
Outpatient	Hospital Outpatient Department (HOPD) e.g., Fee Schedule Outpatient Observation Services** (OPPS Payment Status Indicator)	22	\$380.32 5052 (T)	\$380.32 5052 (T)
	Physician Allowable Non-Facility (NF) (Office)	11	\$342.18 Total NF RVU (10.45)	\$353.96 Total NF RVU (10.81)
	Ambulatory Surgical Center (ASC)	24	Not available for billing	Not available for billing

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 3M Reimbursement Education Hotline at 1-800-668-6812 for assistance. Verification of benefits and coverage for 3M™ Prevena™ Incision Management System is highly recommended before services are provided.

Are you a hospital inpatient or outpatient?

1. An inpatient stay starts when a patient is formally admitted to a hospital with a physician's order.
2. Observation services are outpatient services provided within the hospital designed to allow the physician time to determine if hospital admission is required.

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 (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-1786-FC Hospital Outpatient Prospective Payment-Notice of Final Rulemaking with Comment Period \(NFERM\)](#).
4. 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](#).
5. [CMS-1785-F Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2024 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Rural Emergency Hospital and Physician-Owned Hospital Requirements; and Provider and Supplier Disclosure of Ownership; and Medicare Disproportionate Share Hospital \(DSH\) Payments: Counting Certain Days Associated with Section 1115 Demonstrations in the Medicaid Fraction \(§ 412.106\)](#)
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](#).

For clinical questions, please contact your local 3M Account Representative. 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.