



3M™ Snap™ Therapy System

CPT/ HCPCS Code ¹	Description	Physician Fee Schedule Non-Facility (Office) ²	Physician Fee Schedule Facility (WCC, ASC) ²	Ambulatory Payment Classification (APC) Cross Walk ³ (OPPS Payment Status Indicator) ³	Hospital Outpatient Department (HOPD, i.e., WCC) ³ Fee Schedule	Ambulatory Surgical Center (ASC) ⁴ Fee Schedule	Home Health Prospective Payment System (PPS) ⁵
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 sq cm.	\$342.18 ⁶	\$20.63 ⁶	5052 (T) ³	\$380.32	Not available for billing in Ambulatory Surgical Center	Not available for billing in Home Health setting
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 sq cm.	\$353.96 ⁶	\$24.23 ⁶	5052 (T) ³	\$380.32	Not available for billing in Ambulatory Surgical Center	Not available for billing in Home Health setting
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each						\$263.25

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.⁷ 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 3M™ Snap™ Therapy System under the patient's Durable Medical Equipment (DME) benefits. Please determine payor code preference when authorizing these procedures.

References

- Current Procedural Terminology (CPT®) copyright 2024 American Medical Association (AMA). All Rights Reserved. CPT is a registered trademark of the AMA.
- 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](#)
- Medicare Correction Notice for Hospital Outpatient Prospective Payment System. [CMS-1786-FC Hospital Outpatient Prospective Payment- Notice of Final Rulemaking with Comment Period \(NFRM\) 2024](#). 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](#).
- 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 \(NFRM\)](#).
- CY 2024 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Requirements; and Home Intravenous Immune Globulin (IVIg) Items and Services. [CMS-1780-F CY 1014 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Program Requirements; and Home Intravenous Immune Globulin \(IVIg\) Items and Services](#).
- 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 the conversion factor at \$32.74 for January 1, 2024. CMS Conversion Factor.
- [Separate Payment for Disposable Negative Pressure Wound Therapy Devices on Home Health Claims](#)

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.

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