

2019 Reimbursement Fact Sheet

The Cardinal Health™ devices are intended for patients with chronic, acute, traumatic, subacute and dehisced wounds, partial-thickness burns, ulcers (such as diabetic or pressure), flaps and grafts. The system is intended for use in acute, extended and home care settings. This fact sheet provides general descriptions of payment methods, codes and rates used in NPWT reimbursement processes across care settings and is intended for information purposes only. Criteria for medical necessity and ultimate coverage determination varies by payer and prior-authorization is often required. It is important to review a payer's specific coverage, coding, and payment policy requirements regularly and consult them directly and your practice manager on appropriate submission of claims for NPWT reimbursement.

2019 - Reimbursement Information for all Sites of Care

CPT Code ¹	Description	Product	Physician Fee Schedule Non-Facility (Office) ² Total Relative Value Unit (RVU) ³	Physician Fee Schedule Facility ² Total Relative Value Unit (RVU) ³	Ambulatory Payment Classification Code (APC) Cross Walk (OPPS Payment Status Indicator)*	Hospital Outpatient Department	Home Health Agencies Prospective Payment System (PPS)
97605	Negative pressure wound therapy (e.g. vacuum assisted drainage collection), utilizing durable medical equipment (DME) , including topical application(s), wound assessment and instruction(s) for ongoing care, per session, total wound(s) surface area less than or equal to 50sq centimeters.	CATALYST™ SVED®	\$44.69 (1.24)	\$26.67 (0.74)	5051 Level I Skin Procedure (T)	\$176.45	DME
97606	Negative pressure wound therapy (e.g., vacuum assisted drainage collection), utilizing durable medical equipment (DME) , including topical application(s), wound assessment, and instruction(s) for ongoing care, per session, total wound(s) surface are greater than 50 square centimeters.	CATALYST™ SVED®	\$52.62 (1.46)	\$28.83 (0.80)	5051 Level I Skin Procedure (T)	\$176.45	DME
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	NPWT PRO™ NPWT PRO TO GO™ ALLY™ ALLY TO GO Kit™(ATG)	Carrier priced	Carrier priced	5052 Level II Skin Procedure (T)	\$314.08	\$314.08
97608	Negative pressure wound therapy, (e.g., 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 greater than 50 square centimeters	NPWT PRO™ NPWT PRO TO GO™ ALLY™ ALLY TO GO Kit™(ATG)	Carrier priced	Carrier priced	5052 Level II Skin Procedure (T)	\$314.08	\$314.08

Note: All amounts represent national base payments only. No adjustments for quality reporting, e-prescribing, sequestration or any other reduction are included. Consult your payer regarding coverage coding, payment and specific submission requirements.

Acute care services- hospital inpatient setting

Medicare, Medicaid and many private insurers do not separately reimburse for NPWT when used in the inpatient setting. If covered, reimbursement of NPWT will be included in a prospective payment methodology, like the Medicare Severity Diagnosis Related Group (MS-DRG) system, made to the hospital. Physicians' services are billed separately.

Post-acute care services- skilled nursing facility and long term acute care hospital settings

Medicare, Medicaid and many private insurers do not separately reimburse for NPWT when used in these settings. If covered, reimbursement of NPWT will be included in a prospective payment methodology, like the Resource Utilization Group (RUG) system or the long-term acute care hospitals Diagnosis Related Group (LTCH-DRG) system, made to the facility. Physicians' services are billed separately.

Home Health Agencies

Whether disposable NPWT (dNPWT) is prescribed by a doctor in the office setting or in a Wound Care Clinic, Home Health Agencies can place the dNPWT and bill for it. Even if a different HHA renders the NPWT services, the payment will be issued to the primary HHA.

As of January 1st, 2017, CMS issues a separate payment amount for a disposable NPWT (dNPWT) device for patients under a home health plan of care. Billing for dNPWT is done through CPT® codes 97607 or 97608. The HHA reports the CPT® code with one of three revenue codes, depending on the provider that rendered the service:

Skilled Nurse — 0559

Physical Therapist — 042x

Occupational Therapist — 043x

CPT® Code	CPT® Code Description	Product	Home Health Agencies
			Total Medicare Allowable Rate under OPPS
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	NPWT PRO™ NPWT PRO TO GO™ ALLY™ ALLY TO GO Kit™(ATG)	\$314.08
97608	Negative pressure wound therapy, (e.g., 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 greater than 50 square centimeters	NPWT PRO™ NPWT PRO TO GO™ ALLY™ ALLY TO GO Kit™(ATG)	\$314.08

*Status Indicator "T" paid separately; subject to multiple procedure reduction.

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DME Suppliers

Traditional, non-disposable NPWT systems are considered durable medical equipment (DME) and covered by the Medicare Part B DME benefit. DME products are billed by durable medical equipment suppliers under the patient's insurance DME benefit. Billing for DME is done through HCPCS codes. In situations where a patient is under a home health plan of care and a DME NPWT system is more appropriate, both the Home Health Agency and the DME supplier would bill separately using the appropriate coding systems required by the payer. The documentation requirements for medical necessity for both types of NPWT systems are usually the same in most coverage policies.

HCPCS Codes	HCPCS Descriptions	Cardinal Health Products
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	<ul style="list-style-type: none"> NPWT Black Foam Dressing Kit
A7000	Canister, disposable, used with suction pump, each	<ul style="list-style-type: none"> 300cc Canister w/ gel 500cc Canister w/ gel
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	<ul style="list-style-type: none"> Polyurethane drape SensiSkin™ drape Bridging kit Y-connector SpeedConnect™ tubing set Irrigation tubing with SpeedConnect™ tubing set Irrigation delivery kit NPWT White Foam Dressing <p>CATALYST™/ALLY™/ PRO™ device accessories:</p> <ul style="list-style-type: none"> Carrying case IV pole adapter AC power adapter <p>SVED™ device accessories:</p> <ul style="list-style-type: none"> Carrying case AC power adapter
E2402	Negative pressure wound therapy electrical pump, stationary or portable	<ul style="list-style-type: none"> NPWT CATALYST™ NPWT SVED®

Note: All amounts represent national base payments only. No adjustments for quality reporting, e-prescribing, sequestration or any other reduction are included. Consult your payer regarding coverage coding, payment, and specific submission requirements.

For more information, contact the Cardinal Health Reimbursement Hotline at 866.369.9290 or email to cardinalhealth@thepinnaclehealthgroup.com.

Important note:

The information contained in this document is provided as a general reference. The information is taken from various publicly available documents, is current at the date of publication and is subject to change at any time. Cardinal Health represents no guarantee that reimbursement will be made or any statement or recommendation regarding the appropriate application of the payment methods or use of the codes or rates to specific circumstances or products or services provided. Providers are ultimately responsible for exercising their independent clinical judgement to determine medical necessity for individual patients and the appropriate billing process according to the applicable payer's current policy.

¹ All Current Procedural Terminology (CPT) five digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2016 American Medical Association.

² 2019 Medicare Physician Fee Schedule RVU multiplied by conversion factor 36.04, effective January 1, 2019, www.cms.gov.

³ 2019 Medicare Physician Fee Schedule Relative Value Units (RVUs), effective January 1, 2019, www.cms.gov.

⁴ 2019 Medicare Outpatient Prospective Payment System (OPPS), www.cms.gov.

⁵ 2019 Medicare Home Health Prospective Payment System, www.cms.gov.

⁶ All Healthcare Common Procedure Coding System (HCPCS) Level II alpha-numeric codes, descriptions, instructions, guidelines and other material are copyright 2016 Centers for Medicare & Medicaid Services (CMS). All Rights Reserved.

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