



February 2020

**2020 Medicare 'Fee-For-Service' CPT and APC Rate Updates Impacting  
3M™ Coban™ 2 Two-Layer Compression Systems  
Application Procedures**

The Medicare 'Fee-For-Service' Physician Fee Schedule for CPT procedure codes and On Campus-Outpatient Hospital APC rates have been updated for 2020. The CPT codes and descriptions used for the application of high compression systems, CPT 29581 and 29584, are below.

CPT Code	CPT Description
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot
29584	Application of multi-layer compression system; upper arm, forearm, hand and fingers

Comparisons of 2020 to 2019 Medicare National Average Payments for Physician<sup>1,2</sup> and the On Campus-Hospital Outpatient Department Facility<sup>3,4</sup> for these procedures are illustrated in the following table. The cost of supplies is included in the payment for the procedure. Both CPT codes map to APC 5101.

CPT Code	Physician Payment In Office <sup>1,2,5,6,7,8,9</sup>			Physician Payment In Facility <sup>1,2,5,6,7,8,9</sup>			APC	On Campus-Outpatient Hospital Facility Payment <sup>3,4,10,11</sup>		
	2020	2019	YOY Change	2020	2019	YOY Change	5101 (SI T)	2020	2019	YOY Change
29581	\$91.67	\$89.02	+\$2.65	\$28.87	\$28.83	+\$0.04		\$133.74	\$135.62	-\$1.88
29584	\$85.53	\$82.53	+\$3.00	\$16.96	\$16.94	+\$0.02				

**Physician CPT Payment Notes:**

- CPT 29581 and 29584 have a 'Bilateral Indicator of 1.' This means procedures that are performed bilaterally should be identified by adding modifier 50 to the appropriate 5-digit code.<sup>5</sup> A 150% payment adjustment applies.<sup>6</sup>
- A 'Multiple Procedure Indicator of 2' also applies to these codes. When multiple procedures are performed on the same day, a modifier of 51 should be added to the code. Based on the lower fee schedule amount, payment will be reduced by 50%.<sup>7</sup>
- CPT 29581 and 29584 are classified as 'minor procedures with a global period of zero-day post-operative period.'<sup>8</sup> Generally minor procedures may not be billed with an Evaluation and Management (E & M) office visit.<sup>9</sup>

**Hospital Outpatient APC Payment Notes:**

- Payment Status Indicator (SI) of T indicates 'Multiple Procedure Reduction Applies.'<sup>10</sup> Additional procedures with SI of T are paid at 50% when performed on same patient on the same day.<sup>11</sup>

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.

Please contact me directly if you have any questions.

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1. 2020 CMS Physician Fee Schedule, Final Rule (CMS-1715-F)
2. 2019 CMS Physician Fee Schedule, Final Rule (CMS-1693-IFC)
3. 2020 Hospital Outpatient Prospective Payment, Final Rule (CMS-1717-FC) Addendum B
4. 2019 Hospital Outpatient Prospective Payment, Final Rule (CMS-1695-CN2) Addendum B
5. 2020 CMS Physician Fee Schedule Search on 29581 & 29584 'BILT' indicator of 1 confirmed 2-6-20
6. MLN Matters SE1422 Revised, January 17, 2018
7. 2020 CMS Physician Fee Schedule Search on 29581 & 29584 'MULT SURG indicator of 2' confirmed 2-6-20
8. 2020 CMS Physician Fee Schedule Search on 29581 & 29584 'Global' 000 confirmed 2-6-20
9. CMS.gov 0032 – E&M Coding within a Procedure Code with 0 Day Global Period 2017-12-12
10. 2020 Hospital Outpatient Prospective Payment, Final Rule (CMS-1717-FC) Addendum D1
11. Medicare Claims Processing Manual Chapter 14 Section 40.5