



MIMOSA

Pro

Reimbursement
Plan

2023 Reimbursement Associated With The MIMOSA Pro

CPT®1 0640T-0642T are CPT codes for non-contact, near-infrared (NIR) spectroscopy studies of flaps or wounds, representing image acquisition, interpretation, and reporting.

Payment to the Hospital Outpatient Department for CPT 0640T and CPT 0642T is determined on a case-by-case basis. CPT0641T is assigned to OPPS APC 5732.

CPT Code	Descriptor	OPPS SI2	OPPS APC2	OPPS Medicare Payment 2	Provider Payment
0640T	Non-contact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]; image acquisition, interpretation and report, each flap or wound.	M	N/A	Evaluated case-by-case	Evaluated case-by-case
0641T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition only, each flap or wound.	T	5732	Payment Rate: \$34.57	Evaluated case-by-case
0642T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); interpretation and report only, each flap or wound.	M	N/A	Evaluated case-by-case	Evaluated case-by-case

Inpatient Hospital

ICD 10PCS	Descriptor	DRG	Payment	
8E02XDZ	Near Infrared Spectroscopy of Circulatory System, External Approach	Not assigned	N/A	

Abbreviations: APC, Ambulatory Payment Classification; CPT, Current Procedural Terminology; OPSS, Outpatient Prospective Payment System; SI, Status indicator.

Note on SI: M = Not paid under OPSS; T = Significant Procedure, Multiple Reduction Applies, Paid under OPSS; separate APC payment.

Who Should Submit Coding?

Non-Facility Setting (i.e. private office)

- If a provider performs both the image acquisition and the interpretation / report, the provider may submit CPT 0640T.
- If one provider performs only the image acquisition and another provider performs only the interpretation / report of that image, the provider who performed the image acquisition may submit CPT 0641T and the provider who performed the interpretation / report may submit CPT 0642T

Facility Setting (i.e. Hospital Outpatient Wound Healing Center)

- If a provider performs both the image acquisition and the interpretation / report, the provider and the facility may submit CPT 0640T.
- If one provider performs only the image acquisition and another provider performs only the interpretation / report of that image, the provider who performed the image acquisition and the facility may submit CPT 0641T and the provider who performed the interpretation / report and the facility may submit CPT 0642T

Coding Considerations

- Submit one unit of the CPT code per site imaged, regardless the number of images performed of that site
- A site is either a wound or a flap
- Submit multiple units of imaging CPT code if multiple sites are imaged

Coverage and Documentation

Practitioner payment: Will be determined by third party payers on a case-by-case basis. Prior authorization of payment is suggested when available as an option.

Facility payment: CPT 0641T is assigned to the OPPS Fee Schedule under APC 5732 and should be paid as such. Prior authorization of payment is suggested when available as an option.

A National Coverage Determination (NCD), Local Coverage Determination (LCD), or private payer policy have yet to be issued for CPT codes 0640T-0642T. Recommended documentation includes the medical necessity of the imaging, underlying diagnosis, the site(s) imaged, description of the imaging procedure, detailed results for each site, and how the results impact decisions and treatment plans.

Medical necessity of the imaging along with applicable underlying diagnosis examples:

- Assessment of circulation, oxygenation, and or perfusion to wound or flap or graft site at initial presentation and subsequent visits to document trends of tissue health to assess care plan
- Assessment to determine medical necessity of debridement extent / location and adequacy of debridement
- Assessment to determine medical necessity of hyperbaric oxygen and effectiveness of hyperbaric oxygen
- Assessing need for vascular referral / intervention
- To assess adequate wound bed preparation for advanced therapies such as cellular tissue products / skin substitutes
- Assess microcirculation following vascular reconstruction

Sites Imaged:

- Describe in detail the anatomical location of the wound or flap imaged and number of images taken.
- If this is a subsequent image of the same site, describe changes noted from previous images.
- Include description of peri-wound tissue.
- Include other applicable site information (i.e., edema, rubor, inflammation)

NOTE: when describing the characteristics of the site, other sections of the medical record may be referenced: "Image of left posterior lower extremity ulcer were obtained. A full description of this site maybe found in the wound assessment portion of the patient record under "wound #1".

Image Interpretation:

- Address areas of concern i.e., "lower left quadrant of the wound shows diminished microcirculation as evidenced by ..."
- Address areas of change if a subsequent image i.e., "significant improvement in microcirculation and oxygenation post 5 HBO treatments as evidenced by...."

Plan:

Explain in detail how the results of the study will impact the plan of care (see examples below):

- “We will send this patient for vascular consult. This patient may need surgical intervention based upon the diminished microcirculation noted in wound #1, which will likely not support wound healing...”
- “We will begin a trial of HBO therapy for (diagnosis), noting how the results of the imaging have shown diminished oxygenation/microcirculation, but an adequate response to an oxygen challenge examination with the MIMOSA Pro
- “We will continue HBO therapy as these images make it clear there has been increased oxygenation saturation as results of the HBO therapy received so far.”
- “Graft / flap is showing a decrease in oxygenation at 4 hours post-operatively. Will monitor for one hour, and if no improvement or worsening of the microcirculation will start hyperbaric oxygen therapy to attempt graft/flap salvage.”



MIMOSA

Disclaimer: Nothing in this document is intended to reflect or guarantee coverage or payment. The existence of a coverage determination does not guarantee payment for the service it describes. Coverage and payment policies of governmental and private payers vary from time to time and for different areas of the country. Questions regarding coverage and payment by a payer should be directed to that payer. The only person responsible for a provider's coding and documentation is the provider. MIMOSA Diagnostics Inc., its employees, stakeholders, and consultants do not claim responsibility for any consequences or liability attributable to the use of any information, guidance, or advice contained in this document.