

Snapshot₂^{NIR}

HOP Panel Meeting
August 22-23, 2022



Snapshot_{NIR} – Device Overview

- **Snapshot_{NIR}** is a non-invasive imaging device that uses NIR light to identify the ratio of oxygenated to deoxygenated hemoglobin.
 - Using multiple NIR wavelengths, Snapshot_{NIR} measures relative amounts of oxygenated and deoxygenated hemoglobin in the microcirculation where oxygen exchange occurs.
 - Provides tissue oxygenation map used in medical decision making, tracking and trending oxygenation, and evaluating tissue viability
- Delivers to healthcare providers a measure of soft tissue oxygenation in a consistent manner across specialties and applications.
- The typical patient is a wound care patient visiting the hospital outpatient department for diagnostic imaging with Snapshot_{NIR}

Tissue Assessment Technology

- Oxyhemoglobin (HbO_2) and deoxyhemoglobin (Hb) have distinct light-absorbing characteristics, or spectral signatures, within the visible and near-infrared (NIR) portions of the electromagnetic spectrum.
- Snapshot_{NIR} sends NIR light that penetrates superficial tissue, and then measures the reflected or absorbed light signals. This measurement determines the relative ratio of oxygen-carrying hemoglobin (HbO_2).
- These measurements create the image or “map” that displays the relative level of tissue oxygenation in different areas of the imaged limb or wound.

Cost Containment

- Prevention of Overutilization of Advanced Therapies
- Hyperbaric Oxygen Therapy
 - HBO patient qualification-if response to initial therapy is inadequate, HBO is not indicated
 - Definitive data for discontinuation of HBO when maximum therapeutic benefit is achieved
- Cellular Tissue
 - Validation of adequate wound bed preparation
 - Data showing efficacy of therapy
 - Definitive testing to indicate maximum benefit achieved

Requested APC Reassignment for CY 2023 (5722)

- Kent has continued to evaluate the resource costs and clinical characteristics of 0641T compared to procedures in other available APCs.
- Kent continues to believe that APC 5722 more appropriately reflects the clinical nature of 0641T and its costs
- **Clinical:** APC 5722 applies to Level 2 Diagnostic Tests and Related Services, and Snapshot_{NIR} is a diagnostic device
 - Snapshot_{NIR} is not applied as a minor procedure but is used for the distinct purpose of diagnostics in wound care, more akin to procedures assigned to APC 5722.
- **Cost:** APC 5722's GMC is \$239.28, compared to APC 5732's lower GMC of \$32.98.
 - Estimated costs for 0641T significantly exceed the GMC for APC 5732 and are more consistent with the resource use for procedures assigned to APC 5722.

Clinical Considerations (cont'd)

- CPT 0641T is more consistent with diagnostic procedures assigned to APC 5722:
- **Example:** MolecuLight Wound Imaging Device (CPT 0598T)
 - Clinical Use: Noncontact real-time fluorescence wound imaging; visualization of bacterial presence in the wound at the point of care.
- **Example:** Transcutaneous Oxygen Evaluation (CPT 93924)
 - Clinical Use: Non-imaging study to establish focal areas of tissue oxygenation at the point of care.

Cost Analysis

- Hospital resources needed to deliver CPT 0641T are more consistent with procedures assigned to APC 5722 than 5732.
- Per-procedure costs for CPT 0641T are more consistent with costs reported for procedures assigned to APC 5722:
 - APC 5722: The lowest major procedure (93924) has a \$167.67 GMC, and the highest major procedure (96132) has a \$322.25 GMC.
 - APC 5732: The lowest major procedure (88104) has a \$27.40 GMC, and the highest major procedure (96910) has a \$53.51 GMC.
- Cost analysis and build-up for 0641T estimates facility per-procedure costs to be approximately \$300.

Statistical Confidence

- Low Volume Code
 - 83 Reported Claims
 - 28 Claims Utilized
- 3 Facilities
 - 49 Arkansas
 - 38 Missouri
 - (capital expense not allocated under management agreement)
 - 10 Michigan
- Cost
 - High \$370.03
 - Low & Median \$17.86

Low Volume Considerations

- CMS definition of low volume is under 100 Claims
- Lack of Homogeneity
 - 5732
 - Provider participation limited
 - Examples: Lab slide preparation, Unsupervised home diagnostic monitors, application of topical acne treatment, telemedicine diagnostics
 - Low staff/overhead, minimal to low capital equipment expense
 - 5722
 - Diagnostic
 - Similar Capital and Staff Expense
 - Compare to MolecuLight (0598T)

Conclusion

- Since the CPT codes for SnapshotNIR became effective July 1, 2021, wound care providers have sought to utilize this innovative technology for their patients, but access has been restricted by the disparity in costs and available Medicare reimbursement.
- The clinical considerations and resource use associated with CPT 0641T are more consistent with the procedures assigned to APC 5722 than APC 5732.
- We request for CY 2023 that CMS utilize these considerations and cost data to assign CPT 0641T to APC 5722 rather than its current assignment of APC 5732.