

SUGGESTED DOCUMENTATION GUIDELINES

Reimbursement For Snapshot_{NIR}[®]

Medical necessity for any diagnostic procedure is dependent upon one critical point: The provider must believe that the information gleaned from the procedure could impact the course of treatment for the patient.

The following points may help to establish the validity of testing for your patients.

Indication for utilizing the Snapshot_{NIR}:

- **Why?**
 - Appropriate diagnosis coding (may include but are not limited to)
 - Graft/Flap
 - Wound/Ulcer
 - Underlying factors
 - PAD
 - Diabetes with microcirculatory manifestations
 - Vascular disease mixed etiology (arterial and/or venous)
 - Signs and Symptoms
 - Document any signs of compromised microcirculation/perfusion
 - Dusky color
 - Decreased temperature
 - Skin changes
 - Ulcer without improvement > two weeks
 - Reason for testing along with applicable underlying diagnosis (some examples listed below):
 - Assessment of micro-circulation, oxygenation, and or perfusion to wound and peri-wound or flap or graft site at start of care and subsequent visits to document trends of healing or change the plan of care.
 - Assessment to determine medical necessity for debridement and adequacy of debridement to take a chronic wound from the inflammatory stage back to the acute phase.
 - HBO Qualification or prospective evaluation to determine if HBO is effective or if patient requires a vascular intervention.
 - To assess adequate wound bed preparation for advanced therapies such as cellular tissue products.
 - Assess the need for a vascular intervention.
 - Assess micro circulation for 4-6 weeks post vascular reconstruction.
 - Oxygen challenge.

- **Where?**
 - Describe in detail the anatomical location of the wound or flap, and number the sites if appropriate where the images were taken.
 - If this is a subsequent image on the same site, describe changes noted from previous images.
 - Include description of peri-wound tissue.
 - Include other applicable site information (i.e., excessive edema, rubor, inflammation)
 - **NOTE:** *when describing the characteristics of the site, other sections of the medical record may be referenced: "Image of L posterior lower extremity ulcer were obtained. A full description of this site may be found in the wound assessment portion of the patient record under "wound #1".*
 - If this is a subsequent image on the same site, describe changes noted from previous study(ies)
 - Include description of peri-wound tissue
 - Include other applicable site information (i.e., excessive edema, rubor, inflammation)
 - **NOTE:** *when describing the characteristics of the site, other sections of the medical record may be referenced: "Image of L posterior lower extremity ulcer were obtained. A full description of this site may be found in the wound assessment portion of the patient record under "wound #1"*

- **Results:**
 - Detail the results (image interpretation) for each site
 - 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...."

- **How?**
 - How will the results of testing impact your treatment plan? (see the following examples):
 - "We will send this patient for vascular consult. He/she may need surgical intervention based upon the diminished microcirculation noted in wound #1, which in my experience would not support wound healing..."
 - "We will begin a trial of HBO therapy for (diagnosis code), noting how the results of the imaging have shown diminished oxygenation/microcirculation, but an adequate response to an oxygen challenge examination with Snapshot_{NIR}."
 - "Graft 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 send to HBO for graft/flap salvage."



- **Plan**
 - What are the next steps? (The answers to the below questions may assist with this portion of the documentation.):
 - Will further images be planned post intervention?
 - Will ongoing testing be indicated to monitor patient progress?
 - If frequent imaging is required, why?
 - Example:
 - This graft will be reimaged Q2 hours for 24 hours to assure adequate perfusion/identify any change in perfusion

FURTHER QUESTIONS?

Reach out to the Kent Imaging Reimbursement Team

Toll-free Hotline: 1-833-SEE-KENT (1-833-733-5368)

Email: reimbursement@kentimaging.com

Additional resources: <https://www.kentimaging.com/reimbursement>