



# Reimbursement Plan

## 2026 Coding Associated With The MIMOSA Pro

CPT®<sup>1</sup> 0640T and CPT 0859T are CPT codes that represent noncontact near-infrared (NIR) spectroscopy, including image acquisition, interpretation, and reporting.

For the Hospital Outpatient Department, CPT 0640T is assigned to OPPOS APC 5732. Under the outpatient prospective payment system, there is no separate payment for CPT 0859T as this payment is packaged into the primary code, CPT 0640T<sup>2</sup>.

# 2026 Coding Associated With MIMOSA Pro



CPT Code	Descriptor	OPPS SI <sup>2</sup>	OPPS APC <sup>2</sup>	OPPS Medicare Payment <sup>2</sup>	Provider Payment
0640T	Non-contact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site	T	5732	\$38.16	Evaluated case-by-case
0859T	Non-contact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site <i>(List separately in addition to code for primary procedure)</i>	N	N/A	\$0	Evaluated case-by-case

**Abbreviations:** APC (Ambulatory Payment Classification); CPT (Current Procedural Terminology), OPSS (Outpatient Prospective Payment System), SI (Status Indicator)

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

## Who Should Submit Coding?

- If a provider performs both the image acquisition and interpretation of one anatomic site, submit CPT 0640T.
- If a provider performs only the image acquisition of one anatomic site, submit CPT 0640T with the TC Modifier appended.
- If a provider performs only the image interpretation of one anatomic site, submit CPT 0640T with the 26 Modifier appended.

## Coding Considerations

- When multiple non-contact near-infrared spectroscopy images are performed at one anatomic site, only report one unit of CPT 0640T.
- When taking images pre- and post- treatment/intervention, list CPT 0640T on the claim form twice and append 76 Modifier to the 2nd line.
- When non-contact near-infrared spectroscopy images are performed at more than one anatomic site, report one unit CPT 0640T to represent the first anatomic site and CPT 0859T for each additional anatomic site. The number of units of CPT 0859T reported in this scenario should represent the number of anatomic sites imaged beyond the first site.

<sup>1</sup> Current Procedural Terminology (CPT®) is copyright 1966, 1970, 1973, 1977, 1981, 1983-2025 by the American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association (AMA).

<sup>2</sup> CMS Hospital Outpatient PPS 2026 January Web Addendum B.12.29.25



## 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 0640T 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), or private payer policy have yet to be issued for CPT 0640T and CPT 0859T . 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 Imaging & 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 anatomic site 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 may be 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.”

**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.



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