

VSI™ COMBINES DURABLE AND DISPOSABLE COMPONENTS TO MAXIMIZE WORKFLOW EFFICIENCY



Reusable endoscopes, come in a variety of lengths and house premium optics, delivering the highest quality images.



VSI™ components that come in contact with a patient are packaged in a **sterile, single-use procedure kit**.



Exam room set up takes no time at all with the **VSI™ PrepPak™**. Just add sterile gloves and local anesthesia and you're ready to go.



bringing diagnostic arthroscopy power into the office

Accurate

Immediate

Convenient

Patient-centric

Cost-effective

Office-based

Safe



IMMERSION HEALTH

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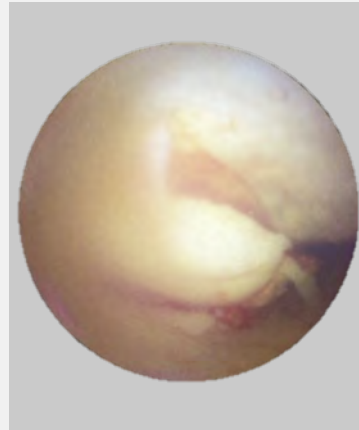
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DIRECT VISUALIZATION ADDS CLARITY TO THE CONVERSATION

For patients who may not benefit from standard diagnostic modalities, VisionScope® Imaging (VSI™) can **enrich the clinical exam and diagnostic discussion in real time.**

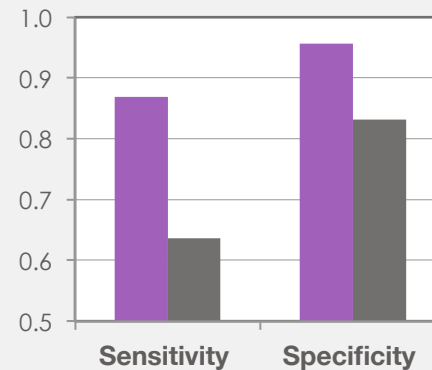
CHOOSE THE RIGHT TOOL FOR THE RIGHT REASON

- Inconclusive MRI
- Articular Surface Assessments
- Meniscal or Cuff Tears
- Post-operative Evaluation
- Surgical Planning
- MRI Contradictions
 - Pacemaker
 - Implants
 - Claustrophobia
 - Obesity



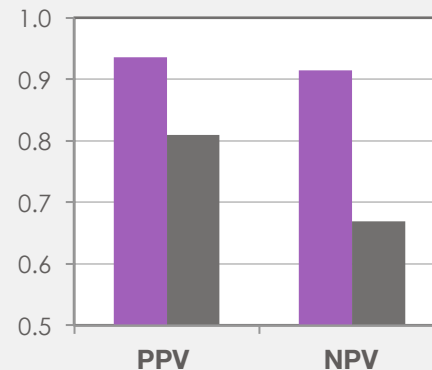
IN-OFFICE CONVENIENCE WITH UNCOMPROMISING QUALITY AND ACCURACY

Only the **VSI™ system** offers a non-surgical, diagnostic option with the **proven accuracy and predictive power** of surgical arthroscopy.



A multi-center, prospective, blinded trial compared the accuracy and efficacy of VSI to MRI and surgical arthroscopy in the diagnosis of knee pathologies.

The result?



VSI is statistically equivalent to surgical diagnostic arthroscopy

VSI is more detailed and accurate than MRI

■ = VSI
■ = MRI

Source

Prospective Multi-Center Clinical Trial to Compare Efficacy, Accuracy and Safety of the VisionScope Imaging System to MRI and Diagnostic Arthroscopy. Xerogeaneas JW MD, Safran M MD, Huber B MD, Mandelbaum B MD, Robertson W MD, Gambardella R MD. AOSSM 2014.



VisionScope®.
Black and white answers. In living color.

MINIATURIZED WITHOUT COMPROMISE

The VisionScope technology is designed to maximize high-definition visualization in minimally-invasive diagnostic applications. Perfectly suited for both office exam room and surgical suite, the VisionScope technology makes arthroscopic imaging achievable in places and spaces that were once unobtainable.

A CLEAR AND CERTAIN DIAGNOSIS INFORMED BY VSI

INTRA-ARTICULAR IMAGING

A clear view of joint surfaces removes questions or uncertainty in pre-surgical planning or post-operative assessment

DYNAMIC VISUALIZATION

Joint movement and manipulation enhance and inform the subtle details of a patient's clinical profile

CONCLUSIVE DATA

Black and white answers, obtained right in the exam room, can mitigate the need for supplemental diagnostic procedures such as MRI

SURGICAL INSIGHT WITHOUT SURGERY

Joint condition and pathology come to life with surgical precision outside the surgical suite

REAL-TIME RESULTS IN MINUTES

The VSI procedure takes less than 10-minutes to perform, requires no more than a localized analgesic and patients can resume normal activities immediately following the procedure.

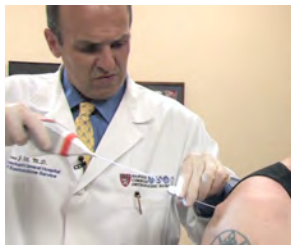
VALIDATING NATURAL HEALING

Patient Profile

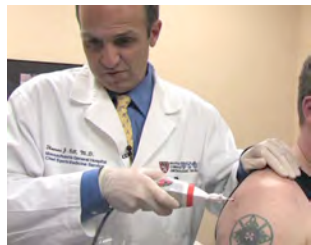
Male patient had undergone a SLAP repair and a rotator cuff repair. He was experiencing recurrent pain nine months post-surgery.

Real-time results

An office visit and VSI procedure determined that the repair had healed completely with no complications or abnormalities. No further surgery was required. With supplemental physical therapy, the pain resolved and the patient returned to work.



Endoscope insertion through the cannula.



Joint pathology evaluated on-screen.



Evidence of complete healing confirmed in a matter of minutes.



Case shown is for illustration of VisionScope procedure only. Individual clinical results may vary.

VisionScope Ordering Information

STERILE PROCEDURE KITS		Small Joints	Knee	Small Shoulder	Large Shoulder
	Part Number	50033-060	50033-095	50033-125	50033-160
	Working Lengths	60mm	95mm	125mm	160mm
	Procedure Kit Contents	(1) Sterile-barrier illumination sheath (1) Targeted-access cannula (1) Trocar			

NEEDLE ENDOSCOPES		Small Joints	Knee	Small Shoulder	Large Shoulder
	Part Number	50006-060	50006-095	50006-125	50006-160
	Working Lengths	60mm	95mm	125mm	160mm
	Endoscope Diameter	1.4mm (17 gauge)			

**For more information on evaluating VisionScope
in your practice, call 1-636-688-7979.**





VisionScope® Arthroscopic Diagnostic Imaging System

SYSTEM OVERVIEW



STERILE PROCEDURE KITS

- Disposable components (sterile-barrier sheath, targeted-access cannula, and trocar)
- Anatomy-specific lengths for the knee, shoulder, elbow, ankle
- Targeted-access cannula, with fluid entry port, to aid in the administration of injectable therapies



NEEDLE ENDOSCOPES

- Anatomy-specific lengths for the knee, shoulder, elbow, ankle
- Scope stays protected within the sterile-barrier sheath
- State-of-the-art high-quality optics are housed within the scope



CAMERA HEAD

- State-of-the-art video imaging sensor
- High luminance LED light source
- Built-in light source eliminates need for external illumination drivers
- Accommodates most OR-based endoscopes (2.7mm - 10 mm)



CAMERA CONTROL UNIT (CCU)

- Compact design ideal for large and small environments
- 1080i imaging, light source and advanced digital recording contained within a single unit
- Touch-screen display for patient record and image capture
- Multiple HDTV, Ethernet and USB outputs to accommodate practice information and communication systems

VISIONSCOPE IN ACTION

VisionScope is indicated for use in diagnostic and operative arthroscopic and endoscopic procedures to illuminate, visualize and capture still and dynamic pictures of an interior cavity of the body.

VisionScope Imaging System

Specifications

STERILE PROCEDURE KITS

	Small Joints	Knee	Small Shoulder	Large Shoulder
Part Number	50033-060	50033-095	50033-125	50033-160
Working Lengths	60mm	95mm	125mm	160mm
Procedure Kit Contents	(1) Sterile-Barrier Sheath (1)Cannula (1)Trocar			
Illumination Sheath Diameter	1.8mm (15 gauge)			
Cannula Diameter	2mm (15 gauge)			
Trocar Diameter	1.8mm (15 gauge)			
Sterilization	Shipped sterile			

NEEDLE ENDOSCOPES

	Small Joints	Knee	Small Shoulder	Large Shoulder
Part Number	50040-060	50040-095	50040-125	50040-160
Working Lengths	60mm	95mm	125mm	160mm
Endoscope Diameter	1.4mm (17 gauge)			
Field of View	75° in air			
Focus Distance	8mm from distal tip window			
Depth of Field	4mm - 25mm			
Sterilization	Shipped non-sterile.			

CAMERA CONTROL UNIT

Part Number	50038-001
Functions	4-in-1: Camera, Light, mini-PACS, Touch screen Display Unit
Video Output	Compatible with all HDTV surgical displays: DVI (1), HD-SDI (2), 1920 x 1080px
Built-in LCD Display	21cm (8.4in) diagonal touch screen / 400:1 contrast, 400 cd/m ² brightness
Accessory Ports	USB (3), SD multimedia card, Ethernet, WiFi
Dimensions & Weight	33cm (w) x 33cm (d) x 20cm (h), 5.9kg

CAMERA HEAD

Part Number	50036-001
Functions	Camera Head with Illumination Source
Imager/Resolution	3-chip HDTV high sensitivity & low noise Full 1920 x 1080px without interpolation
Video Output	HDTV serial digital interface
Light Output Port	1.5mm diameter fiber optics
Dimensions	4.4cm (w) x 7.6cm (d) x 5.1cm (h), 180g

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ONE

evaluation
answer
plan

- Diagnostic results in the exam room
- Fewer tests and appointments
- Real-time answers in a matter of minutes
- Diagnosis using current, specific information
- One-on-one treatment planning
- Personalized care that includes your patient

QUESTIONS PATIENTS MAY ASK ABOUT VSI

Q: What is the VisionScope system?

A: The VisionScope system provides similar information to surgical diagnostic arthroscopy – using a minimally-invasive technique. The exam takes place in the office exam room and requires only a local anesthetic (Lidocaine). The system’s small needle endoscope houses a miniature camera and when it is inserted into a joint it captures real-time images and video – providing a thorough evaluation with higher quality information and improved reliability compared to static MRI images. Patients are able to get a clear diagnosis during the same office visit and the need for additional diagnostic tests/procedures and follow-up visits may be eliminated.

Q: What are the benefits?

A: A VSI exam can accurately diagnose and confirm meniscus, tendon and labral tears, chondral defects, loose bodies, arthritis, partial tears and any joint trauma that is not always clear on MRI scans. The VisionScope system provides an accurate and efficient way to confirm a clinical diagnosis and to provide an appropriate, immediate treatment plan during the same visit.

Q: What are the risks?

A: Complications associated with a VSI exam are minimal. The most common discomfort is a slight pressure from needle insertion. The least common is mild bleeding in and around the joint area. And although rare, there is always a risk of infection from the introduction of a foreign object into the body.

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WHAT TO EXPECT ON THE DAY OF YOUR VSI

Q: How long does a VSI exam take?

A: A standard examination appointment should take about 30-45 minutes. The VSI exam is included in that time period and lasts about 5-10 minutes.

Q: What should I expect during a VSI exam?

A: The VSI exam is performed by your doctor in an office exam room. Your joint will be sterilized with iodine and numbed with a local anesthetic (via a small needle). The purpose of the exam is to capture diagnostic information. Still images and video will be taken to immediately show you the results of the exam and allow you to discuss treatment options with your physician.

Q: Does the procedure hurt?

A: A VSI exam typically does not hurt or cause pain. Some patients occasionally feel a slight pressure (it feels like someone is pressing on your joint) during the exam and some feel mild soreness the next day.

Q: Will I need a ride home?

A: This exam requires only a local anesthetic (not general anesthesia). Therefore, you will be able to walk or use your arm/hand after the procedure without any assistive devices such as crutches, a brace or a sling. You will be able to drive yourself home and carry on with all of your daily activities.

Q: Will I need stitches to close the wounds?

A: The VSI exam is performed through a very small needle endoscope. Once the procedure is complete, steri-strips and a band-aid will be applied. No sutures or stitches are required.

Q: Will I need to miss work for this exam?

A: VSI is a minimally-invasive procedure and should not cause you to miss work. You are able to walk and drive immediately following the exam and carry on with your normal course of business.

ONE

evaluation
answer
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- Diagnostic results in the exam room
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IDENTIFYING THE VSI PATIENT

Q: When should I consider using VSI?

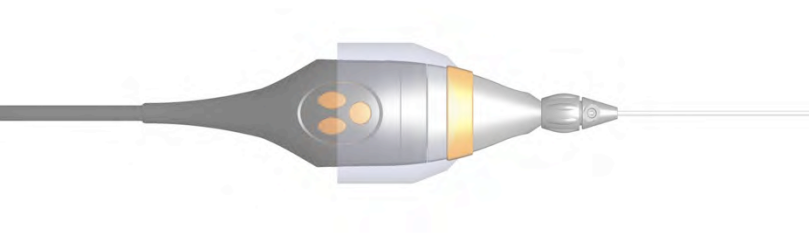
A: Generally speaking, VSI is ideal for:

- Replacing “second look” surgical arthroscopy for patients with continued pain, swelling or disability post surgical intervention
- Assessing persistent pain and/or swelling despite non-operative treatment (knee, shoulder, ankle)
- Negative MRI but persistent pain despite extensive non-operative treatment
- Non-diagnostic MRI
- When MRI is not an option
 - Obesity
 - Claustrophobia
 - Pacemaker
 - Metal Implants

Q: What are appropriate **knee** applications?

A: Overall, any time you would consider surgical diagnostic arthroscopy, VSI would be a minimally-invasive and efficient alternative. Specifically:

- Establishing **cartilage regeneration** procedure candidacy
 - Size, depth, and location of articular cartilage injury
- Determining appropriate **arthritis** intervention
 - Arthroscopy
 - High Tibial Osteotomy
 - Unicompartamental Replacement
 - Total Knee Replacement
- Evaluating **suspected pathologies**
 - Meniscal Tears
 - Articular Cartilage Defects
 - Loose Bodies
- Evaluating/verifying **healing post surgery**
 - Above pathologies



For more VSI information – and to see VSI patient videos – visit our website.

myvsi.com

Or call us directly at 1 888 808 8357.

IDENTIFYING THE VSI PATIENT

Q: What are appropriate **shoulder** applications?

A: Any time you would consider surgical diagnostic arthroscopy, VSI would be a minimally-invasive and efficient alternative. Specifically:

- Assessing the **degree of glenoid bone loss** following dislocation and determining the best intervention.
 - Arthroscopic Stabilization
 - Open Bone Restoration (e.g. Latarjet)
- **Replacing MRI Arthrogram**
- Evaluating **suspected pathologies**
 - Articular Cartilage Damage
 - Latarjet Appraisals
 - SLAP Tears (Type 3 & 4)
 - Rotator Cuff Tears (Partial and Complete)
- Evaluating/verifying **healing post surgery**
 - Above pathologies

Q: What are appropriate **ankle** applications? **A:** VSI can be used to **rule out chondral injury** or **soft tissue impingement** for patients with >3 months of continued ankle pain following a sprain

Q: What are appropriate **elbow** applications? **A:** VSI can quickly help you **rule out loose bodies** in the elbow.

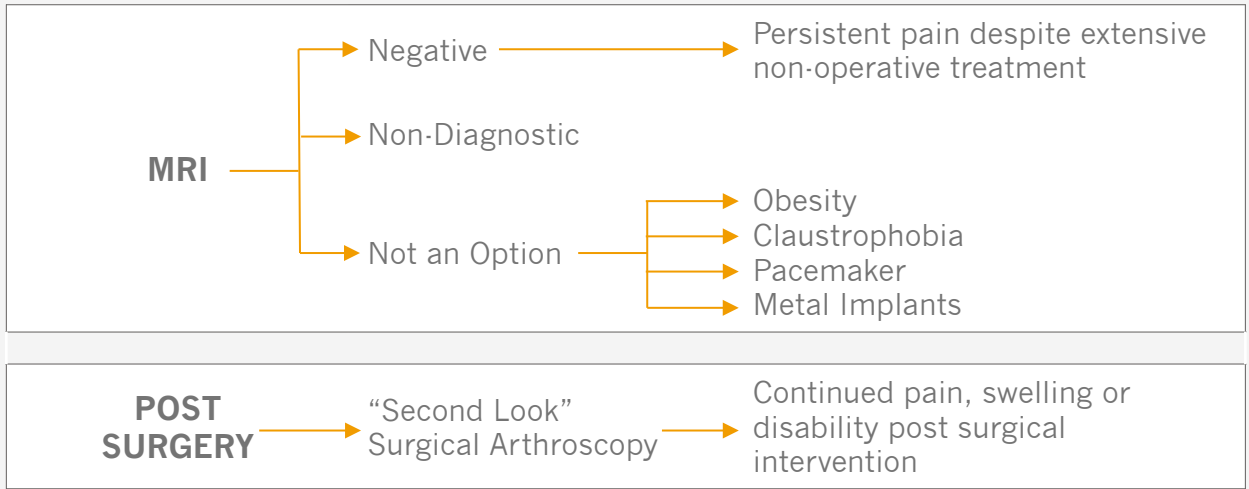


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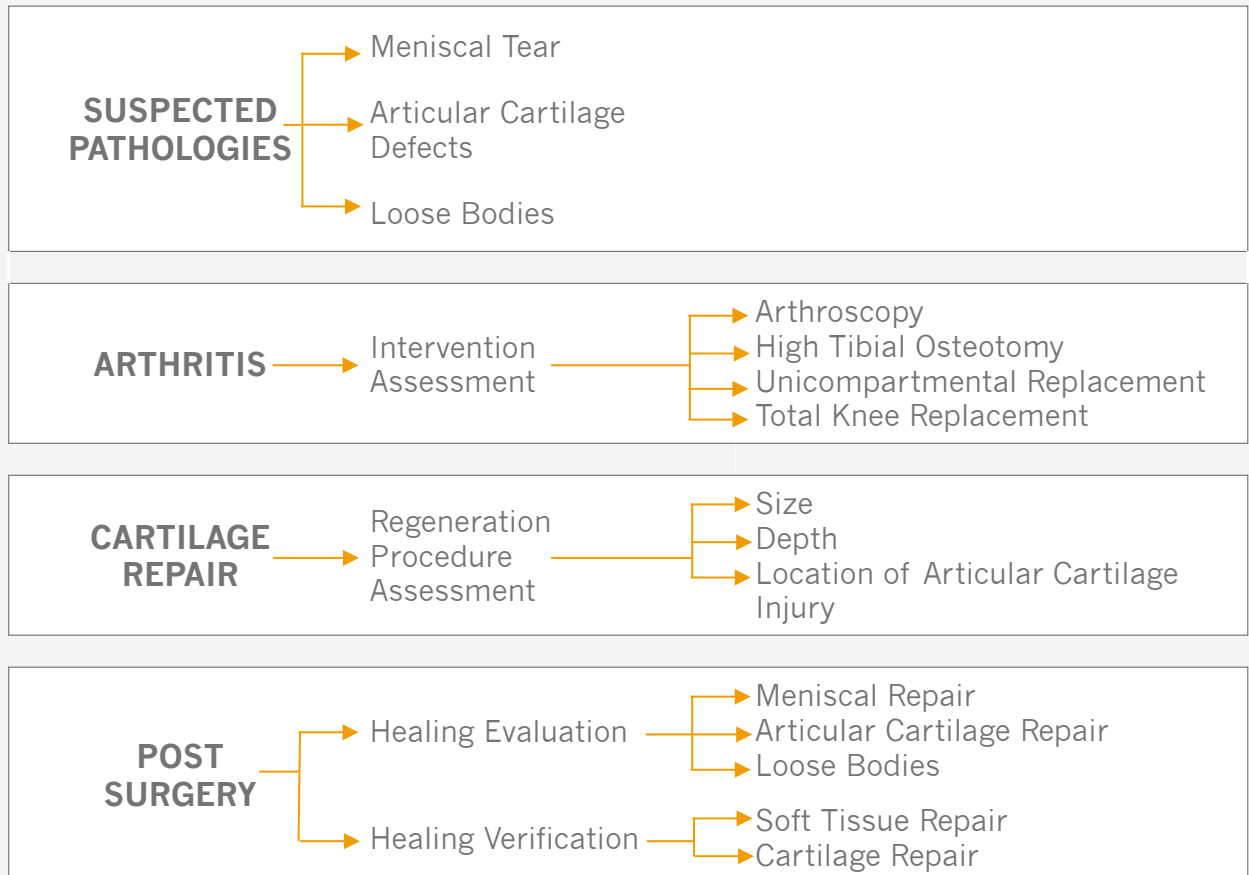
VSI: IDENTIFYING THE IDEAL PATIENT

There are many clinical applications where the VisionScope system can positively impact your patients' clinical experience and care path. Use this guide to help inform your VSI discussions and identify those who may benefit from a VSI exam.

GENERAL CONSIDERATIONS

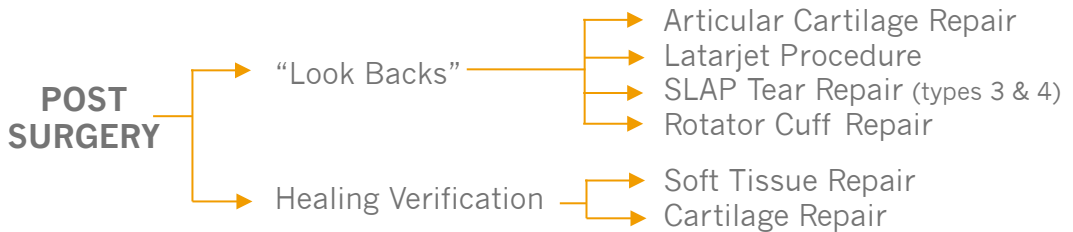
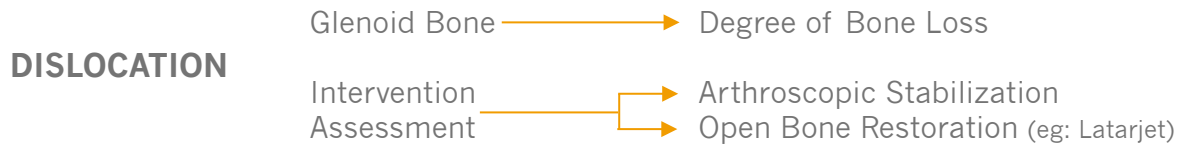
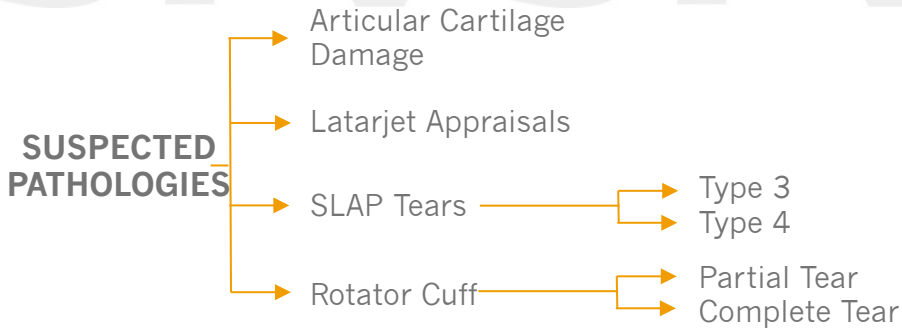


KNEE



VSI: IDENTIFYING THE IDEAL PATIENT

SHOULDER



ANKLE & ELBOW



This document is not intended to dictate or dispense medical care direction, but rather to offer guidance on framing the VSI conversation and integrating the VisionScope system into clinical practice.

We recognize that only physicians and clinical staff will know what is best for their patients.



Why VSI?

The HD quality of VSI results could potentially allow your physician to eliminate ordering an expensive MRI or recommending a diagnostic surgery. This can save you time and money. And the treatment process can proceed rapidly. It's a little scope that could have a very big impact on your care path.

What is a VSI exam?

A VSI exam involves a miniature endoscope (a needle with a narrow 1.4mm diameter) that houses camera optics. The endoscope is gently inserted into your joint and pictures/video are projected onto the VSI monitor.

What does VSI feel like?

Patients who have had a VSI exam have reported no pain. The area around your joint is numbed with Lidocaine (similar to a Novacaine shot at the dentist's office). You may feel a pinch from the Lidocaine needle. Once your joint area is numb, you might feel slight pressure (like someone pressing on your joint), but you should feel no pain.

What is VSI ideal for?

If you are experiencing discomfort in your knee, shoulder, elbow or ankle a VSI exam may be right for you.

If you have recently had surgery and continue to experience discomfort, your physician can assess your healing without taking you back into surgery to see inside your joint.

¹³ Speak to your physician about whether a VSI would be an option for you.

We encourage you to speak with your physician about whether VSI would be appropriate for you.



ONE

evaluation
answer
plan

For more VSI information – and to see VSI patient videos – visit www.ih-medical.com

Maximizing
your clinical exam.

Minimizing
diagnostic testing
and surgeries.



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Diagnostic Results In the Exam Room

VisionScope Imaging (VSI) is a diagnostic exam that provides clear, full-color, images of inside your joint. When your physician includes VSI as part of his clinical evaluation, he will be able to see – and point out to you – the likely source of your discomfort. Combining VSI with your clinical exam is a minimally-invasive, comprehensive and **efficient diagnostic approach to your care.**

ONE EVALUATION

Fewer Tests and Appointments

MRI, although a routinely-used diagnostic tool, is expensive and can be inconclusive – unable to pinpoint the source and/or severity of your discomfort. In these cases, your physician may recommend a surgical procedure (called diagnostic arthroscopy) to reach a clear and certain diagnosis. With VSI, because the information he gathers is the same as with diagnostic arthroscopy, the need to order an MRI and/or undergo a diagnostic surgical procedure may be eliminated. This ~~also~~ means **fewer medical appointments and diagnostic steps – a savings of both time and money for you.**

One-on-One Treatment Planning

With the information from your clinical exam and immediately following your VSI, you can have a discussion with your physician about the best treatment options for you. There is no waiting or wondering, and because you were awake during your VSI exam you can play an immediate role in influencing the direction of your care path. And before you leave the office, next steps can be scheduled and your healing process put in motion.

ONE PLAN

Real-time Answers in a Matter of Minutes

A VSI exam can take **less than 10 minutes** to perform and requires no restrictive equipment (MRI) and no general anesthesia (surgery). Your physician performs the exam while you are fully awake in the exam room. You can **watch the procedure, see everything your physician sees on the VSI monitor, and discuss the findings in real time.** With VSI, there is **no recovery time** and, with physician instruction, you should be able to walk out of the office and immediately carry on with all your activities of daily living.

ONE ANSWER

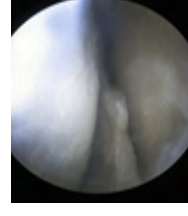
Diagnosis using immediate, specific information

The VSI technology makes it possible for your physician to **view all areas of your joint.** Impossible with MRI, VSI is a dynamic exam – meaning your physician can guide you in movement and reposition your joint during the exam to get a full perspective of your clinical situation. Your **diagnosis will be based upon comprehensive, real-time information** – something that is not possible with other non-surgical diagnostic tests.

Personalized Care that Includes You



MRI: An expensive test that requires an additional medical visit and, in many cases, may not give your physician the answers he needs to make a definitive diagnosis.



VSI: Ideal in most situations, VSI provides visibility into your joint's interior surfaces and spaces. Full color, live, HD images and video help provide diagnostic certainty.



DX ARTHROSCOPY: Considered the gold standard, this surgical procedure requires general anesthesia – leaving you out of the real-time conversation.

www.myvsi.com

VisionScope Imaging (VSI) is a fast and simple way to learn the cause of joint discomfort. With the diagnostic power of OR diagnostic arthroscopy, VSI offers patients a non-operative office-based option that is accurate, safe and easy. VSI may be an ideal alternative for patients who are not MRI candidates or those who love the idea of saying goodbye to special time off from work, general anesthesia, stitches and recovery time. Reducing the diagnostic process to one VSI — with immediate answers — keeps life and healing moving.

Click [here](#) to watch several of our VSI patient videos.

[<http://www.visionscope-tech.com/visualizing-vsi>]

www.gizmodo.com

“Diagnosis is hard. Especially when it comes to joint injuries. Doctors can make educated guesses based on your symptoms, to be really sure, they’ve got to look inside. While MRI is the most popular option, it’s expensive, time-consuming, and not particularly accurate. That’s why this new, miniaturized camera that can be stuck inside your joint is such a big deal. And I should know. I just experienced it.”

Click [here](#) to watch Gizmodo contributor, Brent Rose’s, video and read his full review of VisionScope Imaging.

[<https://gizmodo.com/watch-doctors-jam-this-tiny-camera-inside-my-knee-joint-1710815113>]

www.youtube.com

Recently, Professor Salmas, MD, our customer practicing medicine in Greece, had the opportunity to explain the benefits of VisionScope Imaging to a TV audience when interviewed for a popular program, All About Health.

Click [here](#) to watch a video of the interview. Unfortunately, the interview was conducted entirely in Greek, but around minute nine of the video, you will see Dr. Salmas perform a VisionScope Imaging procedure. His beautiful views require no translation!

[<https://www.youtube.com/watch?v=anqxlyDVSQ0&sns=em>]





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VisionScope® Imaging

Coding & Reimbursement

Directional Guidance



Guidance Reminder

The information in this document was compiled using public sources and is intended for the sole purpose of guidance. Each patient case should be considered unique and proper steps should be taken to satisfy individual payer request/requirements. This document, or VisionScope Technologies, makes no guarantees about reimbursement. As with all claims, individual hospitals and physicians are responsible for making appropriate clinical judgments pertaining to code selection (based upon patient procedure and care path). Laws, regulations and coding information are subject to change without notice.

defining VSI

VSI = Diagnostic Arthroscopy

A VSI procedure is classified as a diagnostic arthroscopy. Diagnostic arthroscopies can be performed in the office setting (POS), the Ambulatory Surgical Center (ASC) or as a Hospital Outpatient Procedure (HOPD).

Medicare and many private healthcare plans assign CPT codes (Current Procedural Terminology). Keep in mind, the attachment of a CPT code to any procedure does not guarantee reimbursement. It simply means that it may qualify. So, we suggest you keep detailed documentation in your patient records and strive to meet the reimbursement criteria for any given procedure to ensure payment.

PATIENT RECORD

Don't forget that images captured during a VSI procedure can be downloaded to a flash drive – in a PDF-formatted report – or original media formats (jpg) for archiving in the patient's chart.

Step-wise Approach

It is suggested that all patients be pre-authorized prior to a VSI exam being performed to avoid any claim confusion, delay or denial. As you become more familiar with the requirements of each carrier, you will determine the best practice for your facility and patients. Our training curriculum recommends a conservative, step-wise approach.

1. Identify patient as a VSI candidate during the clinical exam
2. Schedule VSI exam (allow 1-2 weeks)
3. Pre-Authorize Reimbursement with Insurance Carriers
4. Perform VSI exam on qualified patient
5. Submit claim for reimbursement

cptCODES

Joint	CPT Code	Description
Knee	29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
Shoulder	29805	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
Humerus/Elbow	29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
Wrist	29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
Ankle	29897 29999	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical debridement, limited Unlisted Procedure, Arthroscopy
Foot/Toes	29906 29904	Arthroscopy, subtalar joint, surgical; with debridement Arthroscopy, subtalar joint; removal of loose body
Hip	29860	Arthroscopy, hip, diagnostic, with or without synovial biopsy (separate procedure)

cptCODES

Joint	CPT®	Description	*MPFS		**ASC	**HOPPS	
			Facility	Non-Facility		SI	Payment
Knee	29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy(separate procedure)	\$ 424.18	\$ 592.12	\$ 1,256.16	Jl	\$2,623.34
Shoulder	29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy(separate procedure)	\$ 424.18	\$ 592.12	\$ 1,256.16	Jl	\$2,623.34
Humerus/ Elbow	29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy(separate procedure)	\$ 471.39	\$ 471.39	\$ 1,256.16	Jl	\$2,623.34
Wrist	29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy(separate procedure)	\$ 466.35	\$ 466.35	\$ 1,256.16	Jl	\$2,623.34
Hip	29860	Arthroscopy, hip, diagnostic, with or without synovial biopsy(separate procedure)	\$ 686.18	\$ 686.18	\$ 2,742.94	Jl	\$5,699.59

*MPFS includes National values based upon 2019 Revisions to Payment Policies under the Physicians Fee Schedule; Addendum B

**HOPPS and ASC National Values are based upon Final Rule with Comment and Final CY2019 Payment Rates. Addendum B and ASC Addenda

icdCODES

Knee

Physician Office Setting (POS)		Ambulatory Surgical Center (ASC) Hospital Outpatient Department (HOPD)	
Code	Description	ICD-10-PCS-	Description
S83.2	Series, Meniscal Tears (current)	0SJC4ZZ	Inspection of Right Knee Joint, Percutaneous Endoscopic Approach
S83.3	Tear, Articular Cartilage Knee (current)	0SJD4ZZ	Inspection of Left Knee Joint, Percutaneous Endoscopic Approach
M23.4	Loose Body in Knee		
M23.30	Other Meniscus Derangements		
M23.6	Series, Spontaneous Disruptions of Knee		

Shoulder

Physician Office Setting (POS)		Ambulatory Surgical Center (ASC) Hospital Outpatient Department (HOPD)	
Code	Description	ICD-10-PCS-	Description
M75.00	Adhesive capsulitis of unspecified shoulder		
M75.01	Adhesive capsulitis of right shoulder		
M75.02	Adhesive capsulitis of left shoulder		
M75.100	Unspecified rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic		
M75.110	Incomplete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic		
M75.120	Complete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic		
S43.01	Anterior dislocation avulsion of joint or ligament		
S43.431	Superior glenoid labrum lesion of right shoulder		
S43.432	Superior glenoid labrum lesion of left shoulder		
M24.019	Loose body in unspecified shoulder		
M24.119	Articular cartilage disorder, unspecified shoulder		

codeMODIFIER

Patient needs a surgical procedure?

If after performing a VSI procedure, it is determined that a surgical procedure is required as part of the treatment path, it is important that both procedures (the VSI and the surgery) are coded and documented.

MODIFIER **-58**

Modifier -58: Allows for a subsequent procedure.

Definition: Staged or related procedure/service by the same physician during the post-operative period.

Assignment: Attach the modifier to the subsequent surgical procedure NOT the VSI procedure.

90-day global period

A VSI procedure (diagnostic arthroscopy) and all other diagnostic arthroscopic procedures have a 90-day global period. This means that subsequent procedures performed by the **same physician** on the **same joint** may be rejected if the payer is not informed in advance. If the claims are accurately coded and documented, both the VSI diagnostic procedure and the subsequent procedure may be eligible for full reimbursement. **Pre-authorization, in this case, is advised.**

preAUTHORIZE

Overview

Some private insurance carriers require pre-authorization prior to a physician performing a diagnostic exam. VSI – a diagnostic arthroscopy – is considered a diagnostic exam.

The pre-authorization process may vary by carrier. Some may require nothing more than a phone call to verify benefits and obtain an approval number to include in the claim submission documentation. Others may require a more comprehensive substantiation for the necessity of the exam.

To prepare a pre-authorization submission that includes additional information, you may choose to submit a letter that includes technical information about the procedure as well as information about the technology to be used (in this case VisionScope Imaging). You will seek to establish medical necessity for the procedure, for each individual patient.

What should be included in the pre-authorization submission:

- Patient Clinical Notes (include documentation of conservative care)
- Technology description – and utilization in patient case
- Necessity substantiation for the specific procedure, for the specific patient

What might be requested by the insuring party

- Technical Information (FDA clearance letter, peer-reviewed published literature, clinical trial information, other technical resources)

preAUTHORIZE

Pre-Authorization Letter Template

Create a VSI pre-authorization letter template that is fast and easy to personalize. Below is suggested language that you can customize for your practice and individual patient needs.

This document is intended to provide **directional guidance only**. It should be customized by your practice to reflect specific language, needs and considerations. We suggest it be reviewed/approved by the appropriate committee/legal teams of your practice prior to use. Your letter should be printed on practice letterhead.

VisionScope holds no responsibility whatsoever for the use of this document or language. Payer pre-authorization letters – their content, use and accuracy – are the sole responsibility of your medical practice.

Practice Letterhead

Date

Name of Insurance Carrier

Attn:

Fax Number:

PATIENT INFORMATION

Patient Name

Primary CPT Code

Insurance Identification Number

Primary ICD-10 (Dx) Code

Dear [Name]

On behalf of my patient, [PATIENT NAME], I submit this letter as a pre-authorization request as well as a request for coverage by [INSURANCE COMPANY] for the medically necessary health care services referenced above.

[PATIENT NAME] presented to me with [DESCRIBE SPECIFIC SYMPTOMS]. These symptoms are exacerbated by [DESCRIBE ACTIVITIES THAT WORSEN THE SYMPTOMS]. [IF APPROPRIATE, DESCRIBE RELEVANT, ADDITIONAL LIMITATIONS IDENTIFIED].

The VisionScope® system enables the physicians in our practice to perform diagnostic arthroscopic imaging procedures in an office exam room, rather than ordering equivocal or inaccurate MRI imaging studies or scheduling a surgical diagnostic arthroscopy.

By combining VisionScope Imaging (VSI) with our standard clinical examination, a definitive diagnosis and optimal treatment plan can be determined during a single visit, eliminating supplemental testing/studies and multiple medical appointments.

In conclusion, please allow for coverage of the VisionScope procedure as it will be beneficial to this patient. If you have any questions or concerns, you can contact me at my office XXX-XXX-XXXX.

IMMERSION HEALTH

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