Surgical Outcomes System™
Global Registry

Merit-Based Incentive Payment System (MIPS)

All surgeon and patient details appearing in the demo screen shots are fictitious. Any resemblance to real persons is coincidental.

Patient-reported outcome scores related to your right shoulder surgery on April 01, 2016 for each timepoint:

How bad is your pain today from 1-10?

- No pain
- 9
- 10 = Most pain possible

Visual Analog Pain Scale

- Your report
- Noble Ziemer

Time Window
- PRE-TREATMENT
- 2 WK
- 6 WK
- 3 MO
- 6 MO
- 1 YR
- 2 YR
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
<td>1</td>
</tr>
<tr>
<td>Quality</td>
<td>3</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>5</td>
</tr>
<tr>
<td>Promoting Interoperability Performance</td>
<td>7</td>
</tr>
<tr>
<td>Cost Category</td>
<td>9</td>
</tr>
<tr>
<td>Addendum A</td>
<td>10</td>
</tr>
</tbody>
</table>
Collection of patient-reported outcomes data using the SOS™ global registry — along with reporting through the Quality Payment Program portal, an electronic health record (EHR), or a Qualified Clinical Data Registry (QCDR) — allows orthopedic physicians to meet the Centers of Medicare & Medicaid Services (CMS) 2020 Quality Payment Program requirements for the Quality, Improvement Activities, and Promoting Interoperability performance categories of the Merit-based Incentive Payment System (MIPS).

The Quality Payment Program is part of the CMS’s implementation of the Medicare Access and CHIP Reauthorization Act (MACRA), which requires CMS to pay clinicians based on the value and quality of care they provide. Performance in 2020 will affect clinicians’ Medicare Part B payments in 2022.

**In order to be MIPS eligible, a clinician must:**

- Identify on Medicare Part B claims as one of the types of professionals eligible for participation in MIPS (see below)
- Have enrolled in Medicare before 2020
- Not be a Qualifying Alternative Payment Model Participant (QP)
- Exceed the 2020 performance year low-volume threshold
  - As an individual when reporting individually, or
  - As part of a group practice or virtual group that exceeds the threshold (when reporting as a group or virtual group), or
  - As a MIPS Alternative Payment Model (APM) participant who exceeds the threshold at the entity level

Clinicians, groups, and virtual groups exceed the low-volume threshold for the Quality Payment Program for the 2020 performance year if they:

- Bill more than $90,000 a year for Part B covered professional services, AND
- See more than 200 Part B patients, and;
- Provide 200 or more covered professional services to Part B patients.

The list of CMS-approved Advanced APMs is found on the Quality Payment Program website: [https://qpp.cms.gov/learn/apms](https://qpp.cms.gov/learn/apms).

**For 2020, MIPS-eligible clinicians include:**

- Physicians
- Physician assistants
- Osteopathic practitioners
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Physical therapists
- Occupational therapists
- Chiropractors
- Clinical psychologists
- Qualified speech-language pathologists
- Qualified audiologists
- Registered dietitians or nutrition professionals

Clinicians can choose to participate in MIPS in 2020 even if they are excluded from the program based on the low-volume threshold, provided that the clinician exceeds at least one of the three low-volume threshold criteria (see above).

Clinicians are able to verify their MIPS eligibility by entering their NPI number here: [https://qpp.cms.gov/participation-lookup](https://qpp.cms.gov/participation-lookup)

All orthopedic surgeons who exceed the low-volume threshold for 2020 will participate in MIPS, except for those who have elected to participate in an Advanced APM.

**MIPS-eligible clinicians will earn a positive payment adjustment if they provide high-quality and efficient care supported by technology, as evidenced by measures and the completion of activities in the following categories:**

- Quality
- Cost
- Promoting Interoperability
- Improvement Activities
Overview

The following charts compare performance score breakdowns for Year 1 (2017), Year 2 (2018), Year 3 (2019), and Year 4 (2020):

![MIPS Performance Scores for Year 1 (2017), Year 2 (2018), Year 3 (2019), and Year 4 (2020)](image)

**Change: Increase in Performance Threshold and Payment Adjustment**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3-point threshold</td>
<td>15-point threshold</td>
<td>30-point threshold</td>
<td>45-point threshold</td>
</tr>
<tr>
<td>Exceptional performer set at 70 points</td>
<td>Exceptional performer set at 70 points</td>
<td>Exceptional performer set at 75 points</td>
<td>Exceptional performer set at 85 points</td>
</tr>
<tr>
<td>Payment adjustment set at ± 4%</td>
<td>Payment adjustment set at ± 5%</td>
<td>Payment adjustment set at ± 7%</td>
<td>Payment adjustment set at +/- 9%</td>
</tr>
</tbody>
</table>

**Performance Period for Year 4 (2020)**

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Minimum Performance Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>12 Months</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>90 Days</td>
</tr>
<tr>
<td>Promoting Interoperability Performance</td>
<td>90 Days</td>
</tr>
<tr>
<td>Cost</td>
<td>12 Months</td>
</tr>
</tbody>
</table>

Data submission for MIPS PY 2020 is March 31, 2021.
Quality

- 45% of Total Score for the 2020 performance year.
- Report 6 quality measures.
  - 1 of the 6 must be an outcome measure OR a high-priority measure if an outcome measure is not available to the MIPS-eligible clinicians or group practice OR a complete specialty measure set.
- Performance on at least 70% of the patients who qualify for each measure needs to be reported
- Data submission to CMS can be completed in multiple ways, including via an electronic health record (EHR) or a Qualified Clinical Data Registry.

Quality Measures and the SOS® Global Registry:

MIPS-eligible clinicians could use the SOS registry to meet the numerator requirements of the following quality measures.

Outcome Measures (all high priority):

- Quality ID #459: Average Change in Back Pain Following Lumbar Discectomy/Laminotomy
- Quality ID #460: Average Change in Back Pain Following Lumbar Fusion
- Quality ID #461: Average Change in Leg Pain Following Lumbar Discectomy and/or Laminotomy
- Quality ID #469: Average Change in Functional Status Following Lumbar Fusion Surgery
- Quality ID #470: Average Change in Functional Status Following Total Knee Replacement Surgery
- Quality ID #471: Average Change in Functional Status Following Lumbar Discectomy/Laminotomy Surgery
- Quality ID #473: Average Change in Leg Pain Following Lumbar Fusion Surgery

MIPS-eligible clinicians are required to submit quality measures through a CMS-approved submission mechanism, such as a Qualified Registry or Qualified Clinical Data Registry (QCDR). In order to submit quality measures through a Qualified Registry or QCDR, MIPS-eligible clinicians must register to submit quality measures with their selected Qualified Registry or QCDR.


EHR Integration Additional Measures

MIPS-eligible clinicians who integrate the SOS registry with Certified EHR Technology (CEHRT) that is certified to report the following quality measures may use the SOS registry to meet the numerator requirements for these measures.

Measures:

- Quality ID #375: Functional Status Assessment for Total Knee Replacement
- Quality ID #376: Functional Status Assessment for Total Hip Replacement

The MIPS-eligible clinician would need to report the quality measures to CMS using the CEHRT. MIPS-eligible clinicians can use the Certified Health IT Product List at [http://chpl.healthit.gov](http://chpl.healthit.gov) to determine if their CEHRT is certified to report these quality measures.


All surgeon and patient details appearing in the demo screen shots are fictitious. Any resemblance to real persons is coincidental.
Quality

QCDR Data Submission

In collaboration with Arthrex, Inc., the Hawkins Foundation used SOS global deidentified data to develop 3 sports medicine quality measures that have been approved for reporting by CMS through their QCDR (http://orthogcdr.com). These quality measures correspond to the following surgical procedures described below. For each of these quality measures, specific CPT® codes must be documented in the SOS global registry.

In addition to the CPT codes, see Addendum A for a guide on which risk variables are required.

Surgical Reconstruction for Anterior Cruciate Ligament (ACL)

- Use the knee arthroscopy module in the SOS global registry.
- Eligible PROMs: IKDC, Pedi-IKDC, KOOS, and SANE knee.
- Additional SOS registry required data fields used for risk adjustment: CPT 29888.
- Patients 13 years of age and older who obtained at least a 10% improvement.
- Time period of data collection: pre-op up to 90 days prior and 9 to 15 months after.

Knee Arthroscopy for Meniscal Repair

- Use the knee arthroscopy module in the SOS global registry.
- Eligible PROMs: IKDC, Pedi-IKDC, KOOS, and SANE knee.
- Additional SOS registry required data fields used for risk adjustment: CPT 29882, 29883. Excluding concurrent procedures including ACL reconstruction (CPT 29888).
- Patients 13 years of age and older who obtained at least a 10% improvement.
- Time period of data collection: pre-op up to 90 days prior and 9 to 15 months after.

Shoulder Arthroscopy (includes rotator cuff debridement, biceps tenodesis, and acromioplasty procedures)

- Use the shoulder arthroplasty module in the SOS registry.
- Eligible PROMs: ASES, OSS, and SANE.
- Additional required data fields used for risk adjusting: CPT 23470, 23472 (excluding 23473 and 23474).
- Patients 18 years and older who obtained at least a 10% improvement.
- Time period of data collection: 90 days prior to pre-op and 9 to 15 months after.

Important Aspects of the SOS/Hawkins Foundation QCDR Relationship

- The SOS registry contains all of the data fields required to collect quality data for these measures. It is the responsibility of the MIPS-eligible clinician to ensure all the data fields are complete for each patient.
- Clinicians are required to enter into a separate agreement with the Hawkins QCDR to authorize submission of quality measure data to CMS. Arthrex has a data collaboration agreement in place with the Hawkins Foundation to submit your SOS registry data to the Hawkins QCDR for risk adjustment and reporting.

The Hawkins QCDR offers a discounted rate to MIPS-eligible clinicians who are collecting the completed dataset in the SOS registry. For more information, contact gary.hyman@hawkinsfoundation.com.
Improvement Activities

- 15% of Total Score for the 2020 performance year.
- Each activity is weighted either medium or high. Each medium-weighted activity is worth 10 points of the total Improvement Activities score, and each high-weighted activity is worth 20 points of the total category score. To get the maximum score of 40 points for the Improvement Activities score, MIPS-eligible clinicians and group practices may select any of the combinations below:
  - 2 high-weighted activities;
  - 1 high-weighted activity and 2 medium-weighted activities; or
  - 4 medium-weighted activities.
- Scoring for activities are as follows:
  - High-weighted activities receive 20 points and medium-weighted activities receive 10 points.
- For individuals or groups with 15 or fewer clinicians, as well as non–patient-facing clinicians and/or clinicians located in rural or health professional shortage areas, high-weighted activities are worth 40 points and medium-weighted activities are worth 20 points. As a result, these clinicians and group practices may achieve a maximum score of 40 points for the Improvement Activities score by completing:
  - 1 high-weighted activity; or
  - 2 medium-weighted activities.
- For group reporting, a group or virtual group can attest to an activity when at least 50% of the clinicians in the group or virtual group perform the same activity during any continuous 90-day period (or as specified in the activity description) in the same performance year.
- MIPS-eligible clinicians earn points by attesting to completing the Improvement Activities and retaining the documentation recommended by CMS to support the attestation in the event of an audit.

Several Improvement Activities are Applicable to the SOS™ Global Registry

Activity IA_PM_17 – Participation in Population Health Research (Medium Weight):
Participation in federally and/or privately funded research that identifies interventions, tools, or processes that can improve a targeted patient population. This is only relevant for Eligible clinicians who are participating in the SOS registry for research purposes.

Activity IA_BE_13 – Regularly Assess the Patient Experience of Care Through Surveys, Advisory Councils, and/or Other Mechanisms (Medium Weight)
Regularly assess patients’ care experience through surveys, advisory councils, and/or other mechanisms.

Activity IA_AHE_3 – Promote Use of Patient-Reported Outcome Tools (Medium Weight):
Demonstrate performance of activities for employing patient-reported outcome (PRO) tools and corresponding collection of PRO data such as the use of PQH-2 or PHQ-9, PROMIS instruments, patient-reported Wound-Quality of Life (Wound-QoL), patient-reported wound outcome, and patient-reported nutritional screening.

Activity IA_BE_14 – Engage Patients and Families to Guide Improvement in the System of Care (Medium Weight):
Engage patients and families to guide improvement in the system of care by leveraging digital tools for ongoing guidance and assessments outside the encounter, including the collection and use of patient data for return-to-work and patient quality-of-life improvement. Platforms and devices that collect patient-generated health data (PGHD) must do so with an active feedback loop, either providing PGHD in real or near-real time to the care team, or generating clinically endorsed real or near-real time automated feedback to the patient, including PROs.
Improvement Activities

Examples include patient engagement and outcomes tracking platforms, cellular or web-enabled bidirectional systems, and other devices that transmit clinically valid objective and subjective data back to care teams. Because many consumer-grade devices capture PGHD (for example, wellness devices), platforms or devices eligible for this improvement activity must be, at a minimum, endorsed and offered clinically by care teams to patients to automatically send ongoing guidance (one way). Platforms and devices that additionally collect PGHD must do so with an active feedback loop, either providing PGHD in real or near-real time to the care team, or generating clinically endorsed real or near-real time automated feedback to the patient (eg, automated patient-facing instructions based on glucometer readings). Therefore, unlike passive platforms or devices that may collect but do not transmit PGHD in real or near-real time to clinical care teams, active devices and platforms can inform the patient or the clinical care team in a timely manner of important parameters regarding a patient’s status, adherence, comprehension, and indicators of clinical concern.

All improvement activities can be accessed here: https://qpp.cms.gov/mips/improvement-activities.

How to Report Improvement Activities:

<table>
<thead>
<tr>
<th>Submitter Type</th>
<th>Sign in and attest</th>
<th>Sign in and upload</th>
<th>Direct submission (API)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIPS-eligible clinician</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>A representative of a practice or virtual group</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>Third-party intermediaries</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Third-party intermediaries are an entity that has been approved to submit data on behalf of a MIPS-eligible clinician, practice, or virtual group for one or more of the Quality, Improvement Activities, and Promoting Interoperability performance categories.

Promoting Interoperability Performance

- 25% of Total Score for the 2020 performance year.
- Replaced the Medicare EHR Incentive Program (ie, meaningful use).
- Promotes patient engagement and the electronic exchange of information using certified EHR technology.

**Performance Category Score:**

- Submit data or attest to the required 2020 Promoting Interoperability measures for a continuous 90 day period. All required measures must be reported in order to earn any score in the Promoting Interoperability performance category.

**Required measures for the Promoting Interoperability Performance Category:**

- Security Risk Analysis
- e-Prescribing
- Provide Patients Electronic Access to Their Health Information
- Support Electronic Referral Loops by Sending Health Information
- Support Electronic Referral Loops by Receiving and Incorporating Health Information

As well as two of the following measures:

- Immunization Registry Reporting
- Electronic Case Reporting
- Public Health Registry Reporting
- Clinical Data Registry Reporting
- Syndromic Surveillance Reporting

In addition to reporting these required measures, MIPS-eligible clinicians have the opportunity to earn 5 bonus points for submitting a "yes" indicating that the clinician achieved the following optional measure:

- Query of PDMP

**Promoting Interoperability Performance Measure Applicable to the SOS™ Global Registry**

**PI_PHCDRR_5 – Clinical Data Registry Reporting**

To achieve this measure, the MIPS-eligible clinician must attest to being in active engagement to submit data to a clinical data registry.

The SOS registry, a clinical data registry, is ready to accept data generated from CEHRT of surgeons and other clinicians who are participating in MIPS in 2020.

To use the SOS registry to meet the requirements of the Clinical Data Registry Reporting measure, MIPS-eligible clinicians must actively engage with the SOS registry.
There are 3 active engagement options:

- Option 1: Enrollment in the SOS™ global registry within 60 days after the start of the MIPS performance period, and moving toward sending electronic data to the SOS registry from the MIPS-eligible clinician’s EHR. Arthrex collaborates with MaxMD, a third-party vendor that transforms the data prior to sending it to the SOS API and back to the EHR. MIPS-eligible clinicians who have registered in previous years do not need to submit an additional registration to meet this requirement for each performance period.
- Option 2: Testing and validation of electronic data submission.
- Option 3: Electronic submission of EHR data to the SOS registry.

For additional information on Promoting Interoperability performance, refer to: [https://qpp.cms.gov/mips/promoting-interoperability](https://qpp.cms.gov/mips/promoting-interoperability).
Cost Category

- 15% of Total Score for the 2020 performance year.
- Score based on the Medicare Spending Per Beneficiary (MSPB) and total per capita cost measures, as well as 19 episode-based measures (as applicable to the MIPS-eligible clinician):
  - Intracranial Hemorrhage or Cerebral Infarction
  - Simple Pneumonia with Hospitalization
  - ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)
  - Elective Outpatient Percutaneous Coronary Intervention
  - Knee Arthroplasty
  - Revascularization for Lower Extremity Chronic Critical Limb Ischemia
  - Routine Cataract Removal with Intraocular Lens (IOL) Implantation
  - Screening/Surveillance Colonoscopy
  - Acute Kidney Injury Requiring New Inpatient Dialysis
  - Elective Primary Hip Arthroplasty
  - Femoral or Inguinal Hernia Repair
  - Hemodialysis Access Creation
  - Inpatient Chronic Obstructive Pulmonary Disease Exacerbation
  - Lower Gastrointestinal Hemorrhage
  - Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels
  - Lumpectomy, Partial Mastectomy, Simple Mastectomy
  - Non-Emergent Coronary Artery Bypass Graft
  - Psychoses/Related Conditions
  - Renal or Ureteral Stone Surgical Treatment
- Measures are automatically calculated by CMS based on the data available from Medicare Part A and Part B claims.

Reference

## Addendum A

### Shoulder Arthroscopy

<table>
<thead>
<tr>
<th>Variables</th>
<th>SOS Map</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Characteristics</strong></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Enrollment Form - DOB</td>
</tr>
<tr>
<td>Gender</td>
<td>Enrollment Form - Gender</td>
</tr>
<tr>
<td>Body Mass Index (BMI)</td>
<td>Patient Information - BMI (kg/m²)</td>
</tr>
<tr>
<td>Smoking Status</td>
<td>Patient Information - Smoker</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Patient Information - Diabetic</td>
</tr>
<tr>
<td>Worker's Compensation Status</td>
<td>Patient Information - Worker's Compensation Case</td>
</tr>
<tr>
<td>Socioeconomic</td>
<td>Patient Information - Medicare, Patient Information - Medicaid</td>
</tr>
<tr>
<td><strong>Clinical Characteristics</strong></td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Diagnosis - as applicable</td>
</tr>
<tr>
<td>Operation</td>
<td>Operation - Subacromial Decompression; Operation - Biceps; Operation - Miscellaneous/Extensive Glenohumeral Debridement; Operation - Other - Intra-Articular/Synovial Debridement (Extensive)</td>
</tr>
<tr>
<td>Operation - Concomitant Shoulder Procedures</td>
<td>Operations (if present)</td>
</tr>
<tr>
<td>Baseline Shoulder Outcome Measure</td>
<td>PRO - ASES</td>
</tr>
<tr>
<td>Baseline Pain Score</td>
<td>PRO - VAS</td>
</tr>
<tr>
<td>Baseline Shoulder Function Score</td>
<td>PRO - ASES</td>
</tr>
<tr>
<td>Baseline Quality of Life Score</td>
<td>PRO - VR 12</td>
</tr>
</tbody>
</table>

### CPT®, ICD-10-CM, ICD-10-PCS codes

- Type Code or Description to Add

### Patient Information

- Body Mass Index (BMI): 20
- Smoker: Yes
- Diabetic: Yes
- Workman’s compensation case: Yes
- Medicare: Yes
- Medicaid: Yes

### Arthritis

- Type: Degenerative osteoarthritis

### Total Shoulder Replacement

- Primary or Revision: Primary
- Walch Classification: Typo A1
## Addendum A

### Knee ACL

<table>
<thead>
<tr>
<th>Variables</th>
<th>SOS Map</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Characteristics</strong></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Enrollment Form - DOB</td>
</tr>
<tr>
<td>Gender</td>
<td>Enrollment Form - Gender</td>
</tr>
<tr>
<td>Body Mass Index (BMI)</td>
<td>Patient Information - BMI (kg/m²)</td>
</tr>
<tr>
<td>Smoking Status</td>
<td>Patient Information - Smoker</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Patient Information - Diabetic</td>
</tr>
<tr>
<td>Worker's Compensation Status</td>
<td>Patient Information - Worker's Compensation Case</td>
</tr>
<tr>
<td>Socioeconomic</td>
<td>Patient Information - Medicare, Patient Information - Medicaid</td>
</tr>
<tr>
<td><strong>Clinical Characteristics</strong></td>
<td></td>
</tr>
<tr>
<td>Prior Treatment</td>
<td>Prior Treatment (if positive)</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Diagnosis - Ligament Tear/ACL; Diagnosis - Osteoarthritis (if positive); Diagnosis - Articular Cartilage/Osteochondral (if positive); Diagnosis - Meniscal Tear (if positive)</td>
</tr>
<tr>
<td>Operation</td>
<td>Operation - ACL/Primary or Revision; Operation - ACL/Procedure: Reconstruction</td>
</tr>
<tr>
<td>Baseline Knee Outcome Measure</td>
<td>PRO - IKDC/KOOS</td>
</tr>
<tr>
<td>Baseline Pain Score</td>
<td>PRO - VAS</td>
</tr>
<tr>
<td>Baseline Knee Function Score</td>
<td>PRO - IKDC/KOOS</td>
</tr>
<tr>
<td>Baseline Quality of Life Score</td>
<td>PRO - VR 12</td>
</tr>
</tbody>
</table>

**CPT®, ICD-10-CM codes**

```
Type Code or Description to Add: 
```

| CPT® | 29888 |

**Patient information**

- Body Mass Index (BMI): 20
- Smoker: Yes
- Diabetic: Yes
- Workman’s compensation case: Yes
- Medicare: Yes
- Medicaid: Yes

**Ligament Tear (ACL, PCL, MCL, LCL, MPFL, ALL)**
- Ligament: ACL

**ACL**
- Primary or Revision: Primary
- Procedure: Reconstruction

---

All surgeon and patient details appearing in the demo screen shots are fictitious. Any resemblance to real persons is coincidental.
Addendum A

Knee Meniscus Repair

<table>
<thead>
<tr>
<th>Variables</th>
<th>SOS Map</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Characteristics</strong></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Enrollment Form - DOB</td>
</tr>
<tr>
<td>Gender</td>
<td>Enrollment Form - Gender</td>
</tr>
<tr>
<td>Body Mass Index (BMI)</td>
<td>Patient Information - BMI (kg/m²)</td>
</tr>
<tr>
<td>Smoking Status</td>
<td>Patient Information - Smoker</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Patient Information - Diabetic</td>
</tr>
<tr>
<td>Worker's Compensation Status</td>
<td>Patient Information - Worker's Compensation Case</td>
</tr>
<tr>
<td>Socioeconomic</td>
<td>Patient Information - Medicare; Patient Information - Medicaid</td>
</tr>
<tr>
<td><strong>Clinical Characteristics</strong></td>
<td></td>
</tr>
<tr>
<td>Prior Treatment</td>
<td>Prior Treatment (if positive)</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Diagnosis - Meniscus; Diagnosis - Articular Cartilage/Osteochondral (if positive); Diagnosis - Osteoarthritis (if positive)</td>
</tr>
<tr>
<td>Operation</td>
<td>Operation - Meniscus/Primary or Revision; Operation - Meniscus/Procedure: Repair</td>
</tr>
<tr>
<td>Baseline Knee Outcome Measure</td>
<td>PRO - IKDC/KOOS</td>
</tr>
<tr>
<td>Baseline Pain Score</td>
<td>PRO - VAS</td>
</tr>
<tr>
<td>Baseline Knee Function Score</td>
<td>PRO - IKDC/KOOS</td>
</tr>
<tr>
<td>Baseline Quality of Life Score</td>
<td>PRO - VR 12</td>
</tr>
</tbody>
</table>

CPT®, ICD-10-CM codes

Type Code or Description to Add

CPT®

29882

Patient information

- Body Mass Index (BMI): 20
- Smoker: Yes
- Diabetic: Yes
- Workman’s compensation case: Yes
- Medicare: Yes
- Medicaid: Yes

Meniscus

- Side of tear: Medial
- Type of tear: Non-degenerative
- Tear pattern: Longitudinal

Meniscus

- Primary or Revision: Primary
- Side: Medial
- Procedure: Repair

All surgeon and patient details appearing in the demo screen shots are fictitious. Any resemblance to real persons is coincidental.