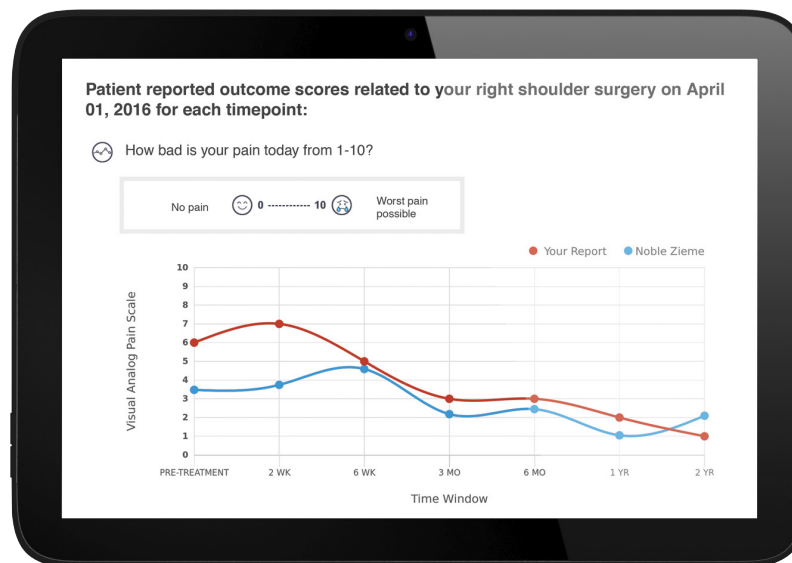


Increase Reimbursement With the SOS™ Global Registry

Through Remote Patient Monitoring (RPM)

With the Surgical Outcomes System™ (SOS) global registry, providers can easily automate patient engagement and collection of patient-reported outcomes to remotely monitor recovery progress, market their practice, and align with reimbursement initiatives.

The Centers for Medicare & Medicaid Services (CMS) have unbundled CPT®* Code 99091, allowing eligible providers to receive incremental reimbursement of \$59 per patient per 30-day service period for the collection and interpretation of digitally stored and/or patient-transmitted data. To receive reimbursement, providers must accrue 30 minutes of time spent reviewing, interpreting, and responding to RPM data.



*Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association.

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

The SOS™ platform can be used in several ways to support RPM:



Patient Engagement and Education

Educate your patients on the SOS global registry and the benefits of completing patient-reported outcome surveys, including remote monitoring of pain, function, and well-being following their treatment.



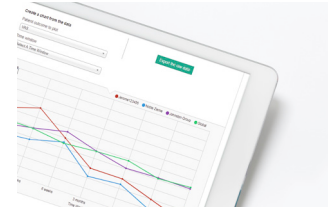
Survey Completion

Encourage patients to complete pre- and post-treatment surveys in a timely manner, allowing you to stay current on treatment outcomes. Surveys can be completed on PCs, smart devices, or tablets via any web browser, or they can be completed in the office.



Stay Connected

Collect data, monitor patients' treatment progress, and discuss results during follow-up visits.



Analyze Data and Submit Claims

Once patient data is analyzed and insurance eligibility is confirmed, export the required documentation for claims submission.

Key requirements for billing CPT 99091 include:

■ Advance Beneficiary Consent

Prior to initiating RPM services, providers must obtain and document patient consent within the patient's medical record. This can be incorporated into the standard consent for treatment.

■ Face-to-Face Visit

For new patients or patients who have not seen the billing provider within 1 year, an initial face-to-face visit with the provider, such as an annual wellness visit or initial preventive physical exam, is required for RPM services to be initiated.

■ 30-Day Period, 30 Minutes of Time

RPM services may only be billed under CPT 99091 once per patient per 30-day service period. Providers must accrue an aggregate 30 minutes of time over a 30 day period reviewing, interpreting, and responding to the RPM data. RPM provided during a patient's global period would not count towards the total aggregate time.

■ Physician or other Qualified Health Professional

Time spent on RPM services and interpretation must be performed by a physician or other qualified health professional.

■ Use with other Care/Monitoring Services/Codes

CPT 99091 may only be billed once per patient during the same service period as chronic care management (CPTs 99487, 99489, and 99490), transitional care management (CPTs 99495 and 99496), and behavioral health integration (BHI) (CPTs 99492, 99493, 99494, and 99484).



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