

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.

■ CPT code 99457

Remote physiologic monitoring treatment management services.

- \$52 per patient per month for clinical staff providing RPM services and documenting via SOS global registry.
 - Can be billed per calendar month
 - Requires 20+ minutes of interactive communication per month (interaction must be face-to-face but does not have to be in person)

■ CPT code 99091

Collection and interpretation of physiologic data digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional.

- \$58 per patient per month for qualified health care professionals providing RPM services and documenting via SOS global registry.
 - Can be billed every 30 days
 - Aggregate of 30 min x 30 days is required
 - Can be all remote
 - 99091 should not be reported in conjunction with 99457

■ CPT code 99453

Remote monitoring of physiologic parameter(s), initial; set-up and patient education on use.

- \$19 per activated patient on SOS global registry (covering the initial patient education and activation of the program).
 - Can be billed once
 - Interaction with the patient is required for set up
 - Can only be reported once per episode of care and code may not be reported for monitoring of less than 16 days



*Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association. These CPT codes are the Calendar Year 2019 national, unadjusted Medicare Physician Fee Schedule Payment rates.

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.



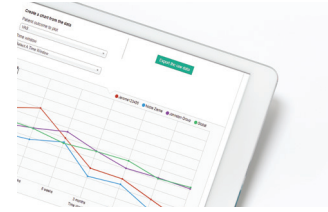
Survey Completion

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 Support Reimbursement

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

Key requirements for RPM 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.



The information provided in this flyer was obtained from many sources and is subject to change without notice as a result of changes in reimbursement laws, regulations, rules, and policies. All content in this flyer is informational only, general in nature, and does not cover all situations or all payers' rules and policies. This content is not intended to instruct medical providers on how to use or bill for health care procedures, including new technologies outside of Medicare national guidelines. A determination of medical necessity is a prerequisite that we assume will have been made prior to assigning codes or requesting payments. Medical providers should consult with appropriate payers, including Medicare fiscal intermediaries and carriers, for specific information on proper coding, billing, and payment levels for health care procedures.

This flyer's information represents no promise or guarantee concerning coverage, coding, billing, and payment levels. Arthrex specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on information on this website or through the hotline. It does not constitute legal advice and no warranty regarding completeness or accuracy is implied. The essential components that determine appropriate payment for a procedure or a product are site of service, coding, coverage, payment system, geographical location, national and local medical review policies, and/or payer edits.