

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 99453

Remote monitoring of physiologic parameter(s), initial; setup 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 setup
 - Can only be reported once per episode of care and code may not be reported for monitoring of less than 16 days

For the duration of the COVID-19 public health emergency, CMS changed the required duration of monitoring to 2 days for monitoring of patients with suspected or confirmed COVID-19. All other requirements for billing the codes remain in place.

■ CPT code 99457

Remote physiologic monitoring treatment management services.

- \$52 (non-facility or physician office) or \$33 (facility or hospital/ASC) per patient per month for clinical staff providing RPM services 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)
 - May be reported only once each 30 days (for time spent during a calendar month)

■ CPT code 99458

Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes.

- \$42 (non-facility or physician office) or \$33 (facility or hospital/ASC) for clinical staff providing RPM services and documenting via SOS global registry
 - Requires 20+ additional minutes of interactive communication beyond initial 20 minutes included in 99457 (cannot be billed for services of less than 20 additional minutes)
 - Can be billed only if the provider first properly bills 99457 for initial 20 minutes

■ 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.

- \$59 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

*Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association. These CPT codes are the Calendar Year 2020 national, unadjusted Medicare Physician Fee Schedule Payment rates rounded to the nearest dollar.

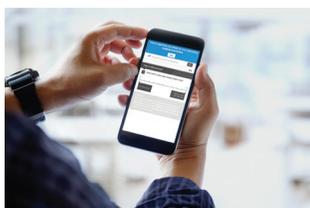
All surgeon and patient details appearing in the demo screen shots are fictitious. Any resemblance to real persons is coincidental.

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.

For the duration of the COVID-19 pandemic, CMS states that consent may be obtained once annually, including at the time services are furnished. CMS recommends that the physician or other health care practitioner review the consent information with a Medicare patient, obtain the patient's verbal consent, and document that consent was obtained in the patient's medical record.

■ 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.



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