

Financial Impact of Remote Therapeutic Monitoring CPT Codes following Primary Total Hip and Total Knee Arthroplasty

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INTRODUCTION: The introduction of remote therapeutic monitoring (RTM) CPT codes in 2022 for musculoskeletal (MSK) care applications represents an acknowledgement of the effectiveness of digital and remote care for MSK patients. This study aims to demonstrate real-world experience whether RTM can present a viable new source of revenue/cost-savings in the perioperative episode-of-care.

METHODS: A comprehensive retrospective analysis was conducted on 227 THA/TKA patients at a large NJ private orthopaedic practice. The study focused on patients who met the minimum thresholds for RTM codes. Patient data was collected through an RTM-enabled MSK digital patient engagement platform, while billing data was sourced from billing specialists servicing the NJ practice caring for the patient population. Data was analyzed through standard data processing software.

RESULTS:

Between September 2022 and April 2023, a total of 294 RTM claims were submitted for 227 patients. These RTM claims resulted in a total reimbursement of \$70,110 stemming from both government and private payers in NJ. Of note, the billing success rate stands at 75.1%, with only 7.5% of claims being denied, and 17.4% still pending. Average Medicare payment was \$161, while average private payment was \$410; Private payer payments saw much larger variance per claim relative to Medicare payments based on specific insurer (Medicare Max/Min=\$213/\$40; Private Max/Min=\$1,045/\$38). The patient insurance mix within the study group consisted of 26.8% Medicare, 66.3% private insurance, and 6.8% with hybrid insurance. Despite this insurance split in the study group, private insurance accounts for approximately 80% of total reimbursement.

DISCUSSION AND CONCLUSION: RTM CPT codes claims in THA/TKA patients are being actively covered by both public and private insurers in NJ, representing a viable new revenue stream/cost-savings for orthopaedic private practices and mitigating growing cost pressures. Further investigation is warranted to examine whether patient-reported outcomes and satisfaction vary between patients who do and do not undergo RTM.