

Overview

The Upgraid by Mend program is a virtual care coordination program serving as an extension of your clinic's practice. The program implements care plans that are reviewed, approved, and supervised by your clinic and monitor patients pre- and post-operatively. The codes billed for the services provided are Remote Therapeutic Monitoring (RTM) and Principal Care Management (PCM).

Applicable CPT Codes

CPT Code	Description	CMS Reimbursement
RTM - Remote Therapeutic Monitoring		
98975	Initial setup and patient education	\$19.00
98977	Monthly remote monitoring, at least 16 days during 30 day period	\$56.00
98980	Remote patient monitoring treatment & management that includes dialogue between the clinical staff and patient and lasts at least 20 minutes, billed per calendar month	\$50.00
98981	Each individual 20 minutes of patient monitoring treatment & management services provided, billed per calendar month	\$41.00
PCM - Principal Care Management (1 chronic condition)		
99426	At least 30 minutes of clinical staff time per calendar month	\$63.00
99427	Additional 30 minutes of clinical staff time per calendar month, up to two times	\$48.00

Detailed related to codes can be found in [CY 2023 Physician Fee Schedule Final Rule Published November 1, 2022](#)

Frequently Asked Questions

How does the program work?

The program will begin 6-8 weeks preop and follow patients 6-8 weeks post-op. Our goal is to support them as an extension of the practice. Our care team of RNs will follow the physicians' clinical protocols and recommendations and will ideally take lift off the practice/hospital by addressing inbound patient questions and concerns. They will be available to answer any questions from patients via text or call and will support the patient through their surgical journey. Patients will also receive nutrition counseling with our RDs, a kit with our clinically studied supplements, and a Fitbit to track their steps/sleep/progress. The goal is to improve patient outcomes and experience while creating deeper relationships with more clinical data through Medicare-supported programs.

What is the billing process and timeline?

Each month, we provide your practice with a billing file and patient records for the services provided. We bill incident-to the physician. All services provided to the patient are timed and auditable. This information can be provided through your health record or a customized process that fits your current billing workflow. Your practice will submit the claims with your regular billing cycles.

Frequently Asked Questions

How do we supply patient insurance information?

Patients will be briefly educated about the program and can enroll in the office via a Mend tablet during their pre-op scheduling visit. From there, there are two options - if we have access to the practice EHR, we can pull the patient files as they enroll via the in-office tablets. Our billing team will also be able to submit the billing reports and claims. Alternatively, if we do not have access, we will set up a HIPPA-compliant Dropbox to receive patient face sheets to run pre-auths, and we will also share the patient claims/notes with your billing team via Dropbox. We will compensate your billing team for their time submitting the claims per the contract below.

How is Mend compensated?

Mend then invoices your practice a fair market value percentage of the claims to pay for the services that we have provided. This split is usually a ~80/20 split.

Is this compliant under Medicare billing requirements and guidelines?

This incident-to-fair market value billing model has been reviewed and authorized by Mend's legal counsel, some of the country's top healthcare law firms.

What is the place of service location to be billed for these claims?

The codes that are billed are understood to be telehealth services, so you do not have to use a different POS code or modifier.

Can I put all claims for the patient on the same claim, with different dates of service?

Yes

Are patients responsible for copays?

Mend will run pre-auths on all patients before enrolling them and will inform patients if they have a monthly copay based on that eligibility run. The information we are able to provide is based on what is available through the eligibility programs and can vary based on claims adjudication as it can for any claim.

