

Economic Benefit Amplifies Existing Clinical Benefits when Addressing Psychosocial Concerns in the Outpatient Orthopaedic Setting

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Purpose: Mental illness and adverse social circumstances negatively affect the recovery trajectory after orthopaedic trauma. However, these concerns are not often addressed in the outpatient setting. Lack of knowledge regarding professional billing for services directed toward common mental health and social diagnoses remains a barrier. This study will describe outpatient practices and revenue related to psychosocial concerns addressed by surgeons.

Methods: Orthopaedic trauma surgery clinic visits and associated CPT codes for a single orthopaedic trauma surgeon were averaged over 2 years (2020-2021) where multidisciplinary trauma recovery programming was well-established. The recovery program included screening for posttraumatic stress disorder (PTSD) and social determinants of health, which occurred in the orthopaedic clinic. Services for mental and social health were available to all patients receiving care within the same health-care system, and were available in inpatient, outpatient, telephone, and virtual settings, although not specifically available immediately within the orthopaedic clinic. Associated work Relative Value Units (RVUs) and facility RVUs were gathered for CPT codes 99212-5 (outpatient established visits) and 99241-5 (office consultations). RVUs were multiplied by \$34.61 (2022 Medicare rate). CPT codes were then projected to exclude the additional Evaluation and Management effort provided for associated mental and social health conditions, representing a patient sample typical of a trauma surgeon without those practice tendencies and resources.

Results: An average of 37 patients/clinic day were treated by a single orthopaedic surgeon. Prior to recovery resources, this corresponded to CPT codes: 99243 (n = 2), 99244 (n = 4), 99245 (n = 3), 99024 (n = 27), and 99214 (n = 1) for weekly average of \$2474 and yearly revenue (50 weeks/year) of \$123,679. The current average clinic day (with recovery resources) consisted of CPT codes: 99243 (n = 0), 99244 (n = 2), 99245 (n = 7), 99024 (n = 0), 99213 (n = 2), 99214 (n = 6), and 99215 (n = 20). The corresponding weekly average was \$8848 for a yearly total of \$442,402. Following institutional changes, postoperative visits previously within the 90-day global period were often modified to billable codes secondary to addressing psychosocial concerns.

Conclusion: Addressing psychosocial concerns in the orthopaedic clinic setting led to a \$318,723/year increase in professional and facility revenue for a single surgeon. This substantial increase in revenue could be extrapolated to other trauma surgeon providers who have access to similar resources for their patients. The revenue far exceeds the cost of recovery programming.