

# SurroSense® PROTECT™

## Dynamic Sensing Orthotics



**Patients with diabetic peripheral neuropathy have a higher risk of developing injuries or amputations.<sup>1</sup>**



25 percent of people with diabetes develop foot ulcers over their lifetime<sup>2</sup>



120,000 lower extremity amputations / year<sup>4</sup>



65% of patients have a DFU recurrence within 5 years<sup>3</sup>



Diabetic foot ulcers result in costs up to \$70,000 per event with a median cost of \$15,200 per event<sup>5</sup>

### SurroSense® PROTECT™

**Helps Manage & Prevent DFU Recurrence for Patients with Diabetic Peripheral Neuropathy<sup>6</sup>**



**1** Custom orthotics embedded with sensors that provide audio-visual alerts notifying the patient when foot pressure is elevated and restricting capillary flow

**2** Real-time metrics include plantar pressure offloading, temperature and hours of wear to encourage patient engagement

**3** App provides personalized care instructions for offloading high pressures

**4** Automatic data uploads to HIPAA secure Orpyx cloud

**5** Clinician reviews data summary and engages with patient



info@orpyx.com



1-855-996-7799



www.orpyx.com

# SurroSense® PROTECT™

## Dynamic Sensing Orthotics



**Randomized controlled trial showed a 71% reduction in DFU recurrence compared to control<sup>6</sup>**

- 58 subjects with diabetic peripheral neuropathy were randomized between two groups:
  - Intervention Group (IG) received pressure sensing orthotics that provided audio-visual alerts and offloading instructions when elevated pressures were detected (n=32)
  - Control Group (CG) received the same orthotics, however the patient was not alerted when elevated pressures were detected (n=26)
- The primary outcome was plantar foot ulcer recurrence within 18 months



**Reduction in diabetic foot ulcer incidence in IG compared to CG (p=0.037)**



**Reduction in diabetic foot ulcer incidence with good compliance patients wearing orthotic >4.5 hours/day in IG compared to CG (p=0.011)**

### SurroSense PROTECT Reimbursement Codes

Code	Description
<b>HCPCS A5514</b>	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each, three pairs per year.
<b>HCPCS A9279</b>	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified
<b>CPT 99453</b>	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
<b>CPT 99454</b>	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
<b>CPT 99457</b>	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/ other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month

The reimbursement information provided is intended to provide general information concerning coding of Orpyx products only. Orpyx does not guarantee coverage or payment for any products. The ultimate responsibility for proper coding, satisfying reimbursement requirements, and obtaining reimbursement remains with the provider. Coding and coverage policies and guidelines are complex, can vary from one carrier or region to another, and are updated frequently. Providers should check with their local carriers or intermediaries often and should consult with counsel, a reimbursement specialist for coding, coverage, or billing questions.

#### REFERENCES

- <sup>1</sup>Jenna Fletcher, Deborah Weatherspoon, PhD, RN, CRNA. Medical News Today, Diabetes leg pain: Everything you need to know
- <sup>2</sup>Singh N, Armstrong DG, Lipsky BA. Preventing foot ulcers in patients with diabetes. JAMA. 2005;293:217-28.
- <sup>3</sup>David G. Armstrong, D.P.M., M.D., Ph.D., Andrew J.M. Boulton, M.D., and Sicco A. Bus, Ph.D. Diabetic Foot Ulcers and Their Recurrence. N Engl J Med 2017;376:2367-75.
- <sup>4</sup>Sharon Baranoski and Elizabeth A. Ayello. Wound Care Essentials: Practice Principles, Second Edition ISBN-13:978-1-58255-469-3, ISBN-10:1-58255-469-2
- <sup>5</sup>Amlung SR, Miller WL, Bosley LM (2001) The 1999 National Pressure Ulcer Prevalence Survey: a benchmarking approach. Adv Skin Wound Care 14: 297-301.
- <sup>6</sup>Abbott CA et al. Novel plantar pressure-sensing smart insoles reduce foot ulcer incidence in 'high-risk' diabetic patients: a longitudinal study. Presented at European Association for the Study of Diabetes. Berlin Oct 1-5, 2018.

All trademarks are the property of their respective owners.  
 Current Procedural Terminology (CPT®) is copyright 1966, 1970, 1973, 1977, 1981, 1983-2018 by the American Medical Association.  
 All rights reserved. CPT is a registered trademark of the American Medical Association (AMA).