

DAPS Health Predictive Analytics and Methodology

An Innovation for Patients with
complications of the Diabetic Foot and
Concurrent Co-Morbid Conditions



Every 20
seconds,
worldwide,
someone
experiences
an
amputation



**Amputation
should never
be the
accepted
end result**



Diabetic Lower Extremity Outcomes

Significant reductions in acute events and medical expense

4:1 to 9:1
amputation
occurrence
after program
started

Reduction of
amputation
rate by 70%

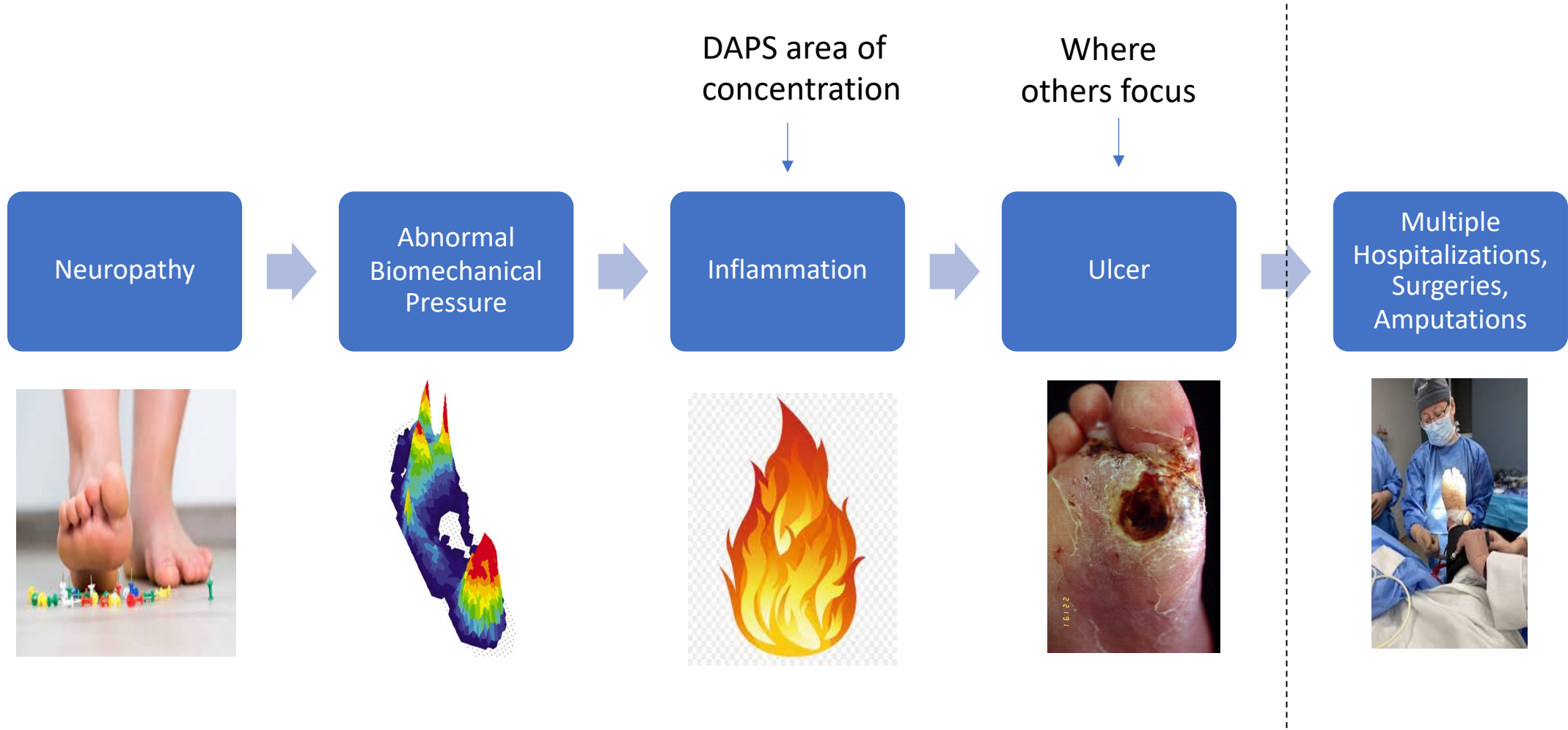
Reduction of
LOS by 67%
(LEX)

Reduction in
hospitalization
by 70% (LEX)

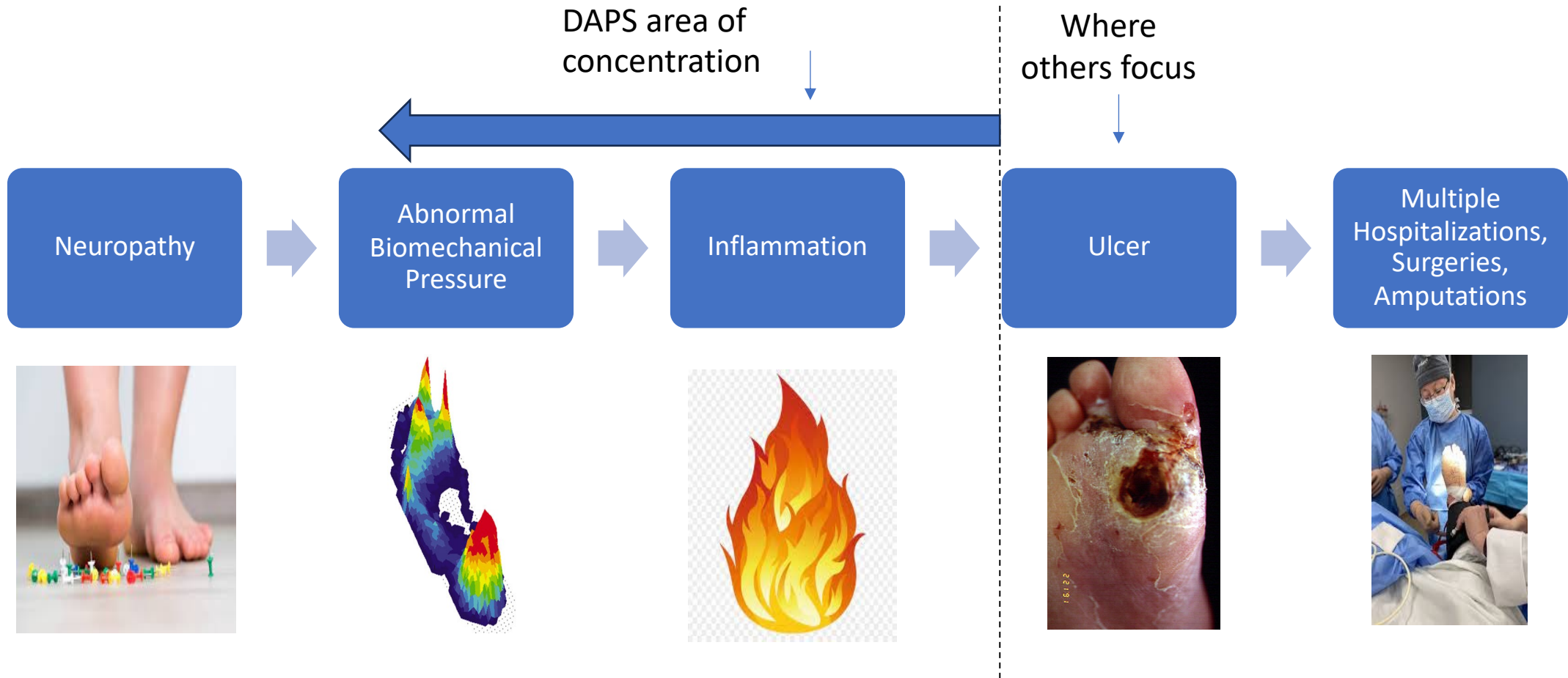
20% reduction
in
hospitalizations
of all diabetics,
all causes

Presented to CDC National Meeting on Diabetes Translations, New Orleans, LA
and American Diabetes Association National Meeting, Philadelphia, Pa

3rd Mechanism of Injury Leading to Tissue Destruction



3rd Mechanism of Injury Leading to Tissue Destruction



State of the Art...DAPS addresses the problem before it occurs
Never seeing an ulcer = success

Introduction to Infrared Technology



Use of infrared technology measuring an increase in blood perfusion. to the superficial skin caused by trauma showed inflammatory signals converted to temperature could predict neuropathic complications far upstream from a first acute event.



Adding this technology to already existing clinical services for diabetic foot exams will significantly increase revenues while concurrently reducing suffering and medical expense.

Infrared Technology

Measures blood perfusion of the superficial skin which can show inflammation caused by trauma



Infrared Scanner



Scan 6 points on each foot



Phone Application sends to backend for analysis

Alerts

=/ > 4 degree deltas for three straight days =
potential ulcer

Spike in temperature from a point on one foot compared to the same point the following day
= **potential trauma**

Dip in temperature from a point on one (area) foot compared to the same point (area) the following day = **potential vascular obstruction**

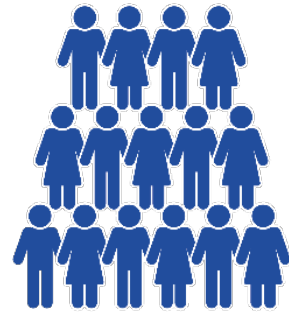
Non - compliance for two straight days

DAPS Health Models



HOSPITAL/CLINIC

Revenue model that involves utilizing health clinics owned or managed by hospital system that perform outpatient screening and education.



PAYOR/EMPLOYER

Engage large healthcare payers to use the DAPS Health system, providing Infrared scanners to all diabetic patients who qualify within the payer population.



DTC VIA RX

An RX model adds revenue from remote physiological monitoring to physicians'/podiatrists' practice.



DIRECT TO CONSUMER

Marketing and distributing Infrared Scanners direct to diabetic consumers and charging a monthly fee for data analytics software.



US RPM CPT codes

CPT Code	What it Covers	Who Can Bill	Billing Time	Reimbursement Rate-Average 2024
99453	Initial set up and education of device	Not specified, not required to be clinical staff. Practice Expense	Billed 1X Per Patient, Only First Month of Reading for 99454	\$19.65
99454	Device Supply With Daily Recordings and Programmed Alerts	Not specified	Billed every 30 days if there is a minimal of 16 transmittals	\$46.50
99091	Data analysis/interpretation for 30 minutes each month; interactive communication not required	Physician and/or other QHCP	Billed each 30 days Can only bill 99091 or 99457 , but cannot bill both	\$52.71
99457	20 minutes monitoring and treatment management with interactive communication	Indirect Supervision of clinical staff	Billed each calendar month	\$48.14
99458	Each additional 20 minutes of monitoring and treatment management services provided.	Indirect Supervision of clinical staff	Billed each calendar month	\$38.64 per 20 minutes capped 2x/month

CPT code and potential yearly reimbursement assume 5000 patients

- New Patient Initial Visit CPT 99204
 - \$140 x 5000 patients = \$700,000
- Follow-Up Visits 99212
 - \$45 x 5 visits x 5000 patients = \$1,125,000
- DAPS Health System RPM multiple CPT codes
 - \$1600 x 5000 patients = \$8,000,000

Potential Yearly Revenue = \$9,825,000



Thank You