

## Will I have enough patients?

With PAD, it's not about the number of patients – it's about the type of patients. Statistically, 30% of patients have PAD if they are:

- 50+ with a history of smoking
- 50+ with a history of diabetes
- Over the age of 70

Left untreated, the five-year mortality rate for those patients is over 30%. Over half the patient population with PAD has atypical symptoms so it's critical to test at-risk patients.

## Who should I test?

Any patient 50+ with a history of smoking or diabetes should be screened as well as all patients 70+. All patients demonstrating indications through either the PADnet screening questionnaire, or have abnormal screening results from an ABI screen or ankle PVRs should be tested.

Finally, any patient that is being considered for a lower extremity surgical procedure should receive a PADnet test.

## Who can perform the test?

Testing is typically done by an MA, PA or Registered Nurse.

## A patient was tested and the results identified disease. Should they return for a follow-up office visit?

Yes. Once disease has been identified through testing, patients should be scheduled for follow-up. During that visit, care protocols will be discussed. These protocols will begin with treatment recommendations from the reading specialist in coordination with your practice. Examples include lifestyle modification, smoking cessation, supervised exercise, diabetic shoes and inserts, pharmaceutical intervention, and revascularization.

## How frequently can I test a patient?

Patients identified with disease should be retested annually, or anytime a new indication develops.

## If a patient has undergone revascularization, should they be retested?

Yes. Post-revascularization, patients should be retested annually to continue care protocols in tracking the status of disease.

## If the patient has undergone amputation, should they be retested?

Yes. Testing can, and should be performed on all available regions post-surgery. As with all post-surgical vascular procedures, the patient should be retested annually to optimize care protocols.

## How long does the test take?

The most commonly performed test for reimbursement is CPT code 93923 (full multi-level, bilateral arterial study). The test can be completed in less than 15 minutes.

## Will I have enough time?

Many practices have found dedicating a staff member once a week to a "PADnet Day" is well-worth it. You can schedule PADnet tests every half an hour. If the test reimburses \$120 and your staff is paid \$20/hr, you are netting an extra \$200/hour. If you schedule testing 5 hours/wk, that is \$4k/month and \$48k/year.

## How does the staff get trained?

All training and support is included. Biomedix provides remote studio training, with an interactive training model. In coordinating directly with your office staff, this allows Biomedix to schedule around your practice, supporting any changes in staff personnel, and provide additional ad-hoc training when needed.

## Is testing reimbursed?

Yes. PADnet testing is reimbursable through CPT codes 93922, 93923 and 93924. The most commonly performed test is 93923, with a national reimbursement average of \$117.36\*. Note abnormal PADnet results typically trigger a follow up office visit that is also reimbursable.

**How should I handle patients who do not have typical symptoms?**

PADnet can be used as a screening device to generate an ankle PVR (3-4 minutes). If the results are abnormal, it will provide your staff with an indication qualifying the patient for a reimbursable test.

**Can I test women?**

Yes. Although risks associated with PAD have been well-documented in male at-risk patient populations, PAD affects all at-risk patients, regardless of gender. A greater focus is needed to ensure that women affected with PAD are identified as well.

**Can the patient be sitting or should they be lying down?**

For an initial screening, the patient may be sitting. However, to perform a comprehensive test, reimbursable through CPT codes 93922, 93923 or 93924, the clinical recommendation is that the patient be lying down, relaxed in a supine position.

**Are there any hidden charges?**

No. Test sites using the device to identify disease will pay their same rental, lease or purchase price regardless of how many tests are performed.

**Are there any consumables?**

Yes. Like a set of tires on your car, pressure cuffs can wear out with extended use. If needed, replacement cuffs may be sourced through Biomedix.

**How long will the equipment last?**

The expected life of each PADnet DTU is 5 years. While under contract for service and support with Biomedix, our warranty and loaner program will ensure uninterrupted PADnet testing.

**Can a practice of my size afford PADnet?**

One patient per week is the typical break-even point for PADnet. How many patients 50+ with diabetes or a history of smoking does your practice see per week? Statistically, 30% of these patients have PAD.

**Why do I need PADnet if I already have a Doppler?**

Dopplers are very operator-dependent as they require coupling gel, need to be held at a 45-degree angle, and need to be placed directly over the vessel which can sometimes be hard to find. The beauty of PADnet is three-fold.

- 1) This test utilizes automated pressure cuffs so your staff can accurately and consistently perform the test.
- 2) PADnet includes 3 reimbursable arterial CPT codes, allowing you to complete tests which include segmental PVRs and systolic blood pressures, at-rest and post-exercise. This could take hours with a Doppler.
- 3) Finally, our test directly connects you with your specialist of choice, enabling timely interpretation.

