

## BioMedix Introduces PADnet Test Program to Podiatry Community

By Todd Aldrich

In a recent study of Peripheral Arterial Disease detection, awareness and treatment in primary care (PARTNERS) the prevalence of PAD in the over-age-50 diabetic population was 29%. With these findings a typical podiatrist who averages twenty-five diabetic patients per week could expect eight to ten of these patients will have undiagnosed PAD. While the link between diabetes and vascular disease is well understood, it is not well known that there now is a cost effective way to test for PAD in podiatric care settings.

BioMedix has the solution with its innovative **PADnet (Peripheral Arterial Disease—internet ready) Testing Program**. PADnet is a clinically proven diagnostic test that is affordable, provides a revenue stream for the practice immediately and is easy to learn and use. The program is based upon a unique relationship between the podia-

trist, a vascular specialist and BioMedix.

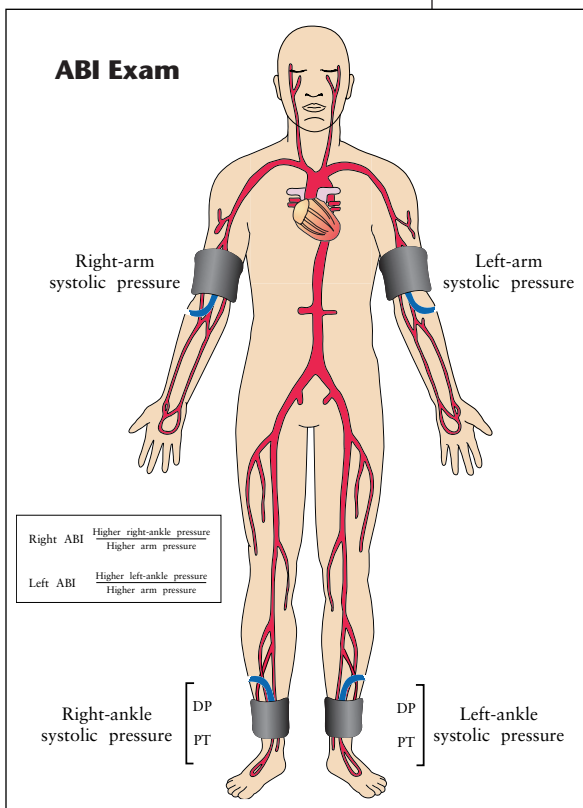
### PADnet links PCP's and Vascular Specialists

The real genius of the BioMedix program is its ability to link DPMs who do the tests, with specialists who read and interpret them via its web study transfer and study interpretation, which adds value by clearly communicating next step follow-up. These interpretive reports mean that DPMs can perform these tests without having to become vascular disease experts. Specialists are separately reimbursed for their services. And this linkage is immediate through web study transfer. There is no danger of lost documents or transcribing errors! The PADnet interpretation includes recommendations for DPM follow-up whether or not a referral is indicated.

### The PADnet Test—ABI & PVR

A PADnet test is a 15-20 minute physiological exam to compare systolic blood pressures in a patient's arms and legs (ankle-brachial indices), and to measure blood volume in the lower extremities using pressure cuffs (Pulse Volume Recordings or PVR's).

Vascular Specialists use ABI's and PVR's to identify the presence, severity and location of obstructive disease, monitor disease progress, select surgical candidates, predict healing potential and provide post-operative assessment. The ABI is a quantitative measure which is compared to norms to establish a diagnosis while the PVR waveforms are more qualitative as they help to validate and localize



the findings of the ABI.

Until now, patients suspected of having PAD have been referred to vascular specialists or referred for an ankle-brachial (ABI) exam in a PCP office that performs ABI's. These referrals are unnecessary and certainly patient un-friendly, considering additional travel and inconvenience. For PCP's performing in-office ABI's, there are clinical limitations of ABI-only testing as well, and this test (ABI) alone does not qualify for reimbursement.

### Clinical limitations of ABI-only vascular testing

While ABI exams are highly predictive of PAD, patients with extremely rigid (or calcified) arteries may show falsely elevated ankle pressures. This is common in diabetics and also patients on long term corticosteroid therapy, kidney dialysis and kidney transplant recipients. The PADnet system includes a means to test diabetics using toe pressures, a reliable proxy for ankle pressures.

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**Reimbursement**

Before PADnet, reimbursement options for testing in Primary Care settings were limited. There also were problems transferring test results between care providers. PADnet studies meet technical and professional requirements of a Lower Extremity Arterial Study (CPT Codes 93923-TC and 93923-26 respectively). The technical component is the actual performance of the test. The professional component involves interpreting the results and producing a diagnosis. Medicare and most private payers pay based on medical necessity of the exam. This means reimbursement is approved on patients with authorized indications (e.g., leg discomfort when walking).

**Why Participate?**

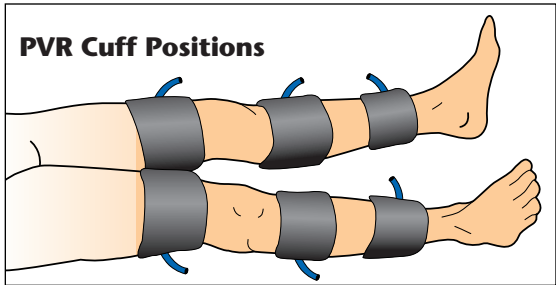
There are many reasons to participate. Key among them is your ability to enhance local patient care and

control; new revenue for your practice; and finally the ability to positively impact your patient's quality of life through earlier detection and treatment, whether it is:

- Lifestyle modifications (exercise, diet, smoking cessation, etc.)
- Pharmacological intervention
- Minimally invasive surgical procedures

**Getting Started**

If you already have an established referral relationship for patients you suspect of vascular disease, we can link you and your Specialist together. If you do not already have a referral source, we can find you one in your geographic area. The PADnet program is a subscription-based service. Contracts include a nominal activa-



tion fee and monthly subscription fees that can be tailored to the needs of your practice. A typical practice can cover its costs with as few as four tests per month. BioMedix provides video tutorials and study materials to ensure that any Allied Health professional can become proficient at performing these exams quickly.

For more information on the PADnet Program please contact BioMedix toll-free at 1-877-854-0012 or on the web at [www.biomedix.com](http://www.biomedix.com), or *circle #166 on the reader service card.*

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