




“Ask Cindy”

Practice Engagement Program
2024 Winter Webinar
Saturday, February 3rd



The response to this webinar
was overwhelming!

As you will see over the next 2-3 hours, I tried my best to answer as many questions as possible, but they just kept coming!

If one of your previously submitted questions is not answered today, please email it to Cindy@pinnaclepa.com.

2024 is in full swing

Let it be a year filled with maintaining/regaining control of our practices/businesses and achieving a healthier work/life balance.





As the landscape of healthcare continues to change. . .

- Try to keep an open mind
- Take necessary (and sometimes painful) steps towards self and practice improvement
- Be aware of what is going on around you but don't make decisions based solely (no pun intended) on what "everyone else is doing"
- Think, where do you want to be in 5 years?



Preferred Pricing

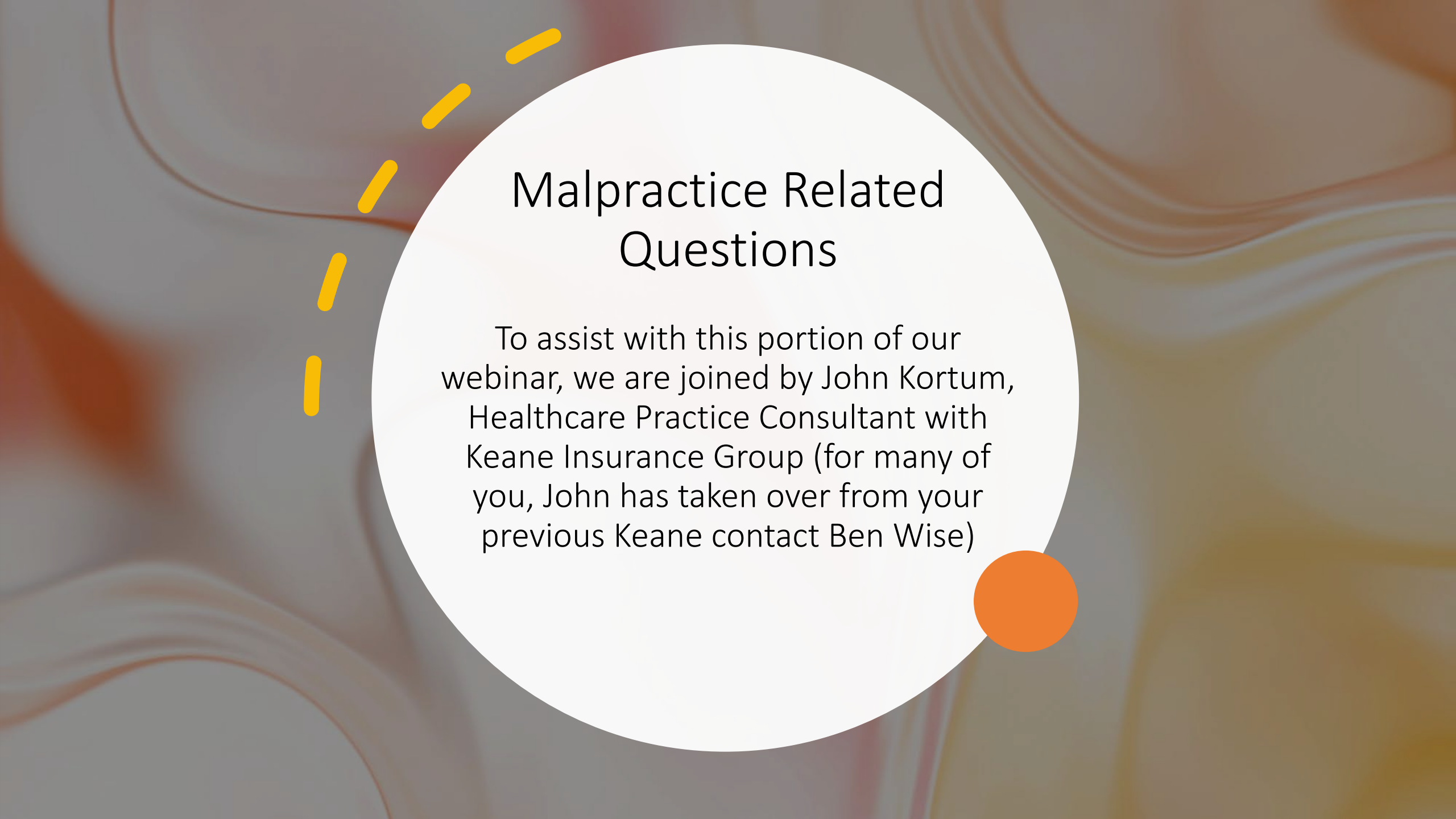
Thank you to our sponsors who make it possible for Pinnacle practices to attend these informational and convenient/virtual webinars for free!

Once logged in as a member, click “Preferred Pricing” for a complete list of vendors (offering special pricing and “extras” to members)

- **Bako Diagnostics**
- **Podiatry Content Connection**
- **Keane Insurance (part of the HILB Group)**
- **Modern Practice Solutions (RCM solutions)**
- **Elite Orthopaedics**
- **Footsteps Medical Grade Orthotics**
- **Zimmer Medizin Systems (Enpuls Pro RSWT)**
- **Swift Microwave Therapy**
- **Payentry (Payroll Services)**
- **Phoenix Technologies (XtremeRx CBD products)**
- **KevinRoot Medical (custom orthotics and braces)**



Now let's get
to the
Question and
Answer
portion of our
webinar
(divided into
general topics)



Malpractice Related Questions

To assist with this portion of our webinar, we are joined by John Kortum, Healthcare Practice Consultant with Keane Insurance Group (for many of you, John has taken over from your previous Keane contact Ben Wise)

Q: What happens when you go from surgical exposure to non-surgical exposure/
How does it affect my coverage and/or rate?

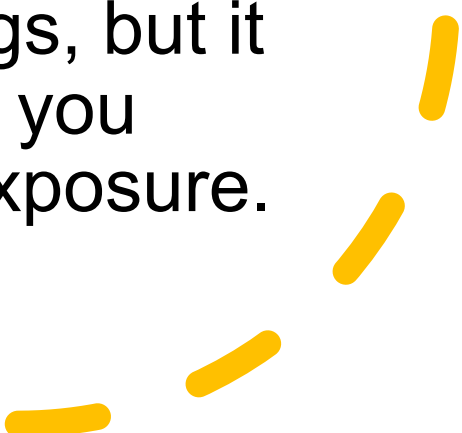


Answer:

You will need to let the carrier know when you want the surgical exposure to end and move to a non-surgical classification.

You will not see much of a savings up front. The reason for this is the exposure is still attached to the physician.

The underwriter will start to back down the premium each year moving forward. Eventually, you will see a savings, but it will take a few years from when you requested to end the surgical exposure.



Q: How does tail
coverage work?

Answer:

When a claims-made policy is cancelled it is possible to purchase an Extended Reporting Period endorsement, or “tail coverage.”

Tail coverage extends the time that alleged incidents may be reported on a claims-made policy.

A tail offers coverage for incidents that happen while the claims-made policy is effective but are reported after the policy has expired.

Depending on the insurance company, if you meet certain requirements tail coverage may be offered for free. If the requirements have not been met, the claims-made policy may come with the option to purchase tail coverage for a specified period, such as 1, 3 or 5 years, or an unlimited amount of time.

The industry standard for a tail amount is 200% or 2 times your expiring premium.

Q: What is the difference
between a Claims Made vs
Occurrence Policy?

Answer:

1. An “Occurrence Policy” offers coverage for claims that occur while a policy is active, even if the policy has expired or been canceled. If the incident occurred while the policy was in force, coverage is available. With an occurrence policy, it does not matter when the claim is reported. It could be reported when the policy is active, or after the policy expires. An Occurrence policy has the tail built in each year. The premium is rated at a mature rate, so the premium is higher for the first 5 years.
2. A “Claims Made Policy” offers coverage for claims that occur and are reported while the policy is in force. Once the policy expires, coverage expires. When a claims-made policy is cancelled it is possible to purchase an Extended Reporting Period endorsement, or ‘tail coverage.’ Tail coverage extends the time alleged incidents may be reported on a claims-made policy. A tail offers coverage for incidents that happen while the claims-made policy is effective but are reported after the policy has expired.

Which Policy Form is Better? The coverage afforded by both policy forms is identical. The difference comes down to when you can report a claim. The occurrence form gives you more flexibility. Whether the claim is reported when you are practicing, or after you retire and cancel the policy, you receive coverage.

Q: Should I report every incident that I think might be a problem and will this affect my rate?

Answer:

Yes, carriers suggest reporting all incidents.

This will make sure that the carrier is on the hook for any claim that might arise from the incident.

Carriers also strongly believe that with their help they can get out in front of an incident and stop it from becoming a claim.

Incidents do not affect coverage and only affect the policy holders' rate if an incident becomes a claim/suit.



Q:

In a medical malpractice claim, can a physician be considered negligent for failure to diagnose?



Answer:

Yes. A patient must prove three basic elements to bring a viable medical malpractice claim.

1. The physician-patient relationship existed
2. The physician's error rose to the level of negligence and
3. The patient suffered harm due to that negligence.

Side note: Biopsies should be performed for definitive diagnoses. Have the patient sign a biopsy refusal form if you suggest performing one and they decline (available in the PPA library)

For malpractice related questions and to explore your PPA exclusive PICA discount (through Keane Insurance and the HILB Group) contact:

**John Kortum,
Healthcare Practice Consultant**

Office: 800-966-7731

Direct: 314-616-8025

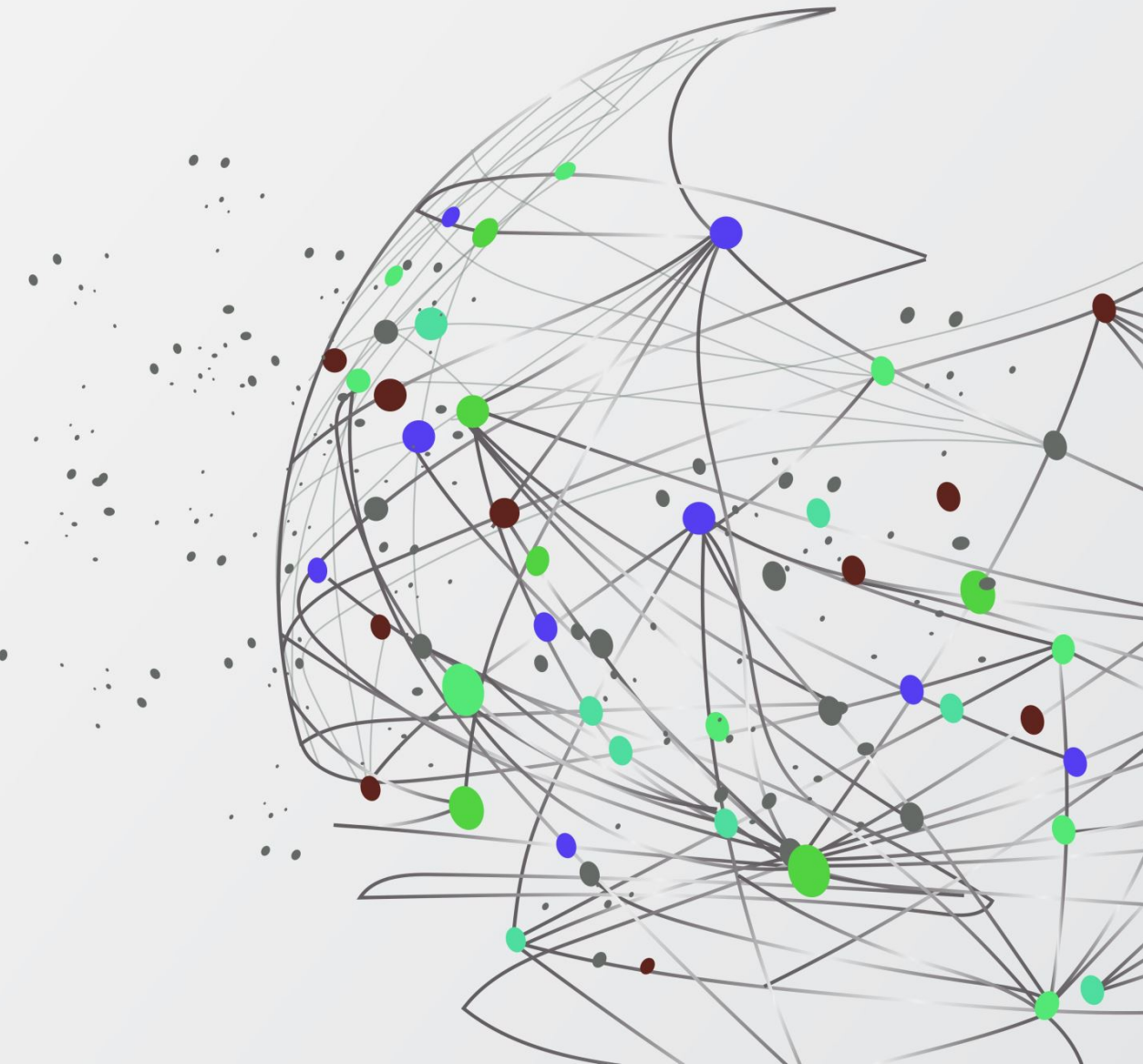
john.kortum@keanegroup.com



Back to the subject of
biopsies . . .

We received many
questions related to
dermatopathology.

Here are a few. . .



Q:

Can DPMs treat skin of the lower extremity the same way a dermatologist does?

Answer:

Yes, for dermatologists, their standard of care is to perform a biopsy “before” they excise a soft tissue, skin, or nail lesion.

The average dermatologist performs 10 biopsies per day (2,500 biopsies per year).

Podiatrists typically do NOT perform soft tissue, skin, nail or nerve biopsies before starting treatments, typically performing an average of 4 biopsies per year.

YIKES!



Q:


Can PCR testing be performed
from a skin scraping taken
from an inter-digital web
space?



Answer:

Yes, Surface keratin may be collected via a simple skin scraping and submitted for PCR testing to rule out the possibility of superficial infection, including fungal and bacterial etiologies.

The BakoDx Dermapak is a collection pack envelope designed specifically for secure transportation of skin scrapings and its absorbent action reduces risk of bacterial overgrowth.



Q:

For ganglion cysts, should I
perform a fine needle
aspiration?

Answer:

Yes, fine needle aspiration is used to rule out malignancy in a soft tissue mass, (particularly those masses that resemble ganglion cysts).

Roughly, 70% of all soft tissue masses in the foot are ganglia. This may lull physicians into believing that all soft tissue masses in the foot are ganglion cysts. It is not surprising that neoplasms masquerading as ganglion cysts may fool physicians.

Fine needle aspiration procedure/supplies can be found in the BakoDx biopsy technique guide.



Q:


Why should I send nail specimens for laboratory testing when I can tell what is going on by looking at the nail plate?



Answer:

Laboratory testing augments your physical examination of the patient and is used to confirm the presence of nail disease.

Additionally, laboratory testing provides independent objective data that can assist you to determine a precise course of targeted treatment.



Q:

What is the most optimal location for collecting a specimen from a toenail suspected of onychomycosis?

Answer:
Proximal Subungual Region

Utilize all the resources available to you and your team at bakodx.com. Click “For Physicians” and then “Practice Essentials” for the new and expanded lower extremity specimen collection techniques guide



HOME ABOUT ▾ FOR PHYSICIANS ✕ FOR PATIENTS FOR PAYORS NEWS & EVENTS ▾ CONTACT

PODIATRY	SERVICES	PRODUCTS	PRACTICE RESOURCES	EDUCATIONAL RESOURCES
DERMATOLOGY	NAIL Onychodystrophy Testing	Login to Product Portal Clinical Therapeutic Solutions	Find an Account Manager Secure Image Upload	Webinars Educational Videos
INFECTIOUS DISEASE	Histopathology Microbiology	Biopsy Instruments & Supplies Order Lab Supplies	Cases and Report Portal Forms Insurance Plan Coverage	Case Studies & Publications Skin Cancer
	SKIN Web Space Dermatitis PCR Test Anatomic Pathology Microbiology		Practice Essentials Patient Essentials	Podiatric Dermatopathology Mini-Fellowship Program Clinical Consultants - Podiatry Faculty
	NERVE Epidermal Nerve Fiber Density (ENFD) Testing			

Great Tool for Staff

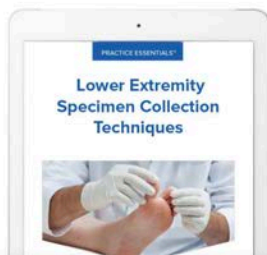
- ✓ Your step-by-step instructions for various biopsy and specimen collection procedures
- ✓ Now with accompanying instructional videos
- ✓ Includes: Procedure Techniques, Indications, Differential Diagnoses and Materials Needed

Contents

- ✓ Biopsy Overview
- ✓ Exam Room Supplies
- ✓ Toenail Specimen Collection for Onychodystrophy
- ✓ Punch Biopsy
- ✓ Ulcer Biopsy
- ✓ Nail Unit Biopsy
- ✓ Epidermal Nerve Fiber Density Punch Biopsy
- ✓ Shave Biopsy
- ✓ Saucerization Biopsy
- ✓ Curettage
- ✓ Web Space Tissue Collection
- ✓ Incisional/Excisional Biopsy
- ✓ Fine Needle Aspiration
- ✓ Bone Biopsy

NEW and EXPANDED Lower Extremity Specimen Collection Techniques

Now includes access to procedural videos



Get Your Copy of the Latest Guide

Please complete the form to download your copy of our new collection guide. You will be directed to a download page.

If you don't know who your BakoDx rep is (and need a visit) or have a general question, contact Elizabeth Campbell (director of Marketing)

Email: Ecampbell@bakodx.com

Office: 470-695-3646

Mobile: 470-654-6750

Note: If you are not utilizing the bi-directional interface between BakoDx and your EHR (or if it has not been set up), you are missing the boat (this allows you to send electronic requisitions linked to the patient and encounter without having to complete a paper form or print out demographic information to send along with the specimen. It also includes a dropdown menu for all the available testing and remembers which you order most. Results are automatically uploaded into the patient's electronic chart. The practices that utilize this function perform a higher volume of biopsies resulting in an increased number of definitive diagnoses with less disruption to the clinic day.



Next let's
answer some
"legal" type
questions...



Q: What is the best way to structure a buy-in with an associate?

Answer:

This is a long and complicated one. . .

I strongly suggest hiring a health care attorney that is well versed in associate physician buy-ins/partnerships

Both parties must be protected and full transparency is essential!

- No sneaky provisions
- Everyone is aware if a “managing partner” has more control than others

Here is a link to a recent article that offers multiple scenarios from physiciansnews.com:

<https://physiciansnews.com/2002/06/17/a-typical-practice-buy-in/>

This article discusses options that include “goodwill” in the buy-in, tax savings to the junior partner and benefit to the practice, extended buy in period options where the junior partner pays from his/her salary with interest, and alternative creative options.

Valuing the practice is an essential part of the process as well as determining the timeframe associated. Also consider including protection in your agreement for the practice/existing owner/partners as well as the junior partner in terms of audits and specialized, costly ancillary services provided such as wound care (grafts).

Q: Are our PC's subject to the
Corporate Transparency Act?

Answer:

Corporate Transparency Act Imposes New Beneficial Ownership Information Reporting Obligations

Effective January 1, 2024, U.S. and foreign entities doing business in the U.S. may be required to disclose information regarding their beneficial owners to the U.S. Department of Treasury's Financial Crimes Enforcement Network (FinCEN). This requirement is being implemented under the beneficial ownership information (BOI) reporting provisions of the Corporate Transparency Act (CTA) passed by Congress in 2021.

Who is Impacted?

Companies are required to report BOI information only when they meet the definition of a "reporting company" and do not qualify for an exemption. A domestic reporting company would generally include a corporation, limited liability company (LLC), and companies created by filing documents with a secretary of state, such as a limited liability partnership, business trust, and other limited partnerships. The term "foreign reporting company" generally includes entities formed under the law of a foreign country that are registered to do business in any U.S. state.

Reporting companies created or registered to do business in the U.S. after January 1, 2024, must file an initial report disclosing the identities and information regarding their beneficial owners within 30 days of creation or registration (FinCEN has recently proposed extending this deadline to 90 days). A beneficial owner is broadly defined as any individual who, directly or indirectly, either exercises substantial control over a reporting company or owns or controls at least 25% of the ownership interests of a reporting company. Reporting companies are required to file a BOI report electronically through a secure filing system, [FinCEN's BOI E-Filing System](#), which began accepting reports on January 1, 2024.

Reporting companies created or registered to do business in the U.S. prior to January 1, 2024, are required to file an initial report by January 1, 2025. Once the initial report is filed, an updated BOI report must be filed within 30 days of a change. The failure to make required BOI filings may result in both civil (monetary) and criminal penalties.

Who is Exempt?

There are 23 specific types of entities that are exempt from the new BOI reporting requirement. Most exemptions apply to entities that are already subject to substantial federal reporting requirements, such as some public companies, banks, securities brokers and dealers, insurance companies, registered investment companies and advisors, and pooled investment companies.

An exemption is also available for a “large operating company,” generally defined as a company with more than 20 full-time employees, a physical office within the U.S., and more than USD 5 million in gross receipts or sales from U.S. sources (as shown on a filed federal income tax or information return).

Q: Do we need any
agreements signed when we
use Virtual Assistants?

Answer:

You need to have your agreement with the VA directly and ensure proper compliance to HIPAA and HITECH regulations. The onus is on you to verify that they are compliant, protecting data, and not malicious.

This requires you to vet them, train and guide them, and have safeguards in place in the event they are a bad apple.


*For HIPAA compliance questions refer to/hire TLD Systems www.tldsystems.com (a Pinnacle Preferred vendor)

Q: Do we have to disclose any information to our patient that we are using VA ex. call center out of the country?



Answer:

No. Disclosing this is not required. It is how your practice operates. If you feel your patient base will question or complain if they are not made aware before, it would be your prerogative to preemptively notify.



3-minute
commercial
break. . .
Grab some more
coffee and here
is the vendor
information for
your reference
so far. . .

**John Kortum,
Healthcare Practice Consultant,
Keane Insurance**

john.kortum@keanegroup.com

Office: 800-966-7731

Direct: 314-616-8025

**Elizabeth Campbell,
Director of Marketing,
BakoDx**

Ecampbell@bakodx.com

Office: 470-695-3646

Direct: 470-654-6750



Now onto Billing and Coding

These made up a majority of the questions
submitted. . .

*To assist with this portion of our webinar, we are
joined by Omid Ebrahimi—Sohi of Modern
Practice Solutions
(a complete Revenue Cycle Management provider)*

Q: What reports should you run at the end of the year to see which insurances you should keep, and which should you drop?

Answer:

* This was also covered extensively in the 12/21/23 PEP Webinar which has been available in the library since the following day

The last PEP webinar of 2023 provided information and opinions on MIPS participation as well as consideration of dropping less than desirable insurance contracts for the new year.

Depending on your practice management software, run reports that show total revenue and total number of encounters per insurance.

This allows you to see rough numbers like revenue per encounter per insurance and your payer mix.

This doesn't give you specifically what's needed, but it points you in the right direction to see if a specific insurance has a low revenue per encounter value.

If you have any CPT level reports, running a payments report to review your current reimbursement rates would give insight to what each payer pays.


Q:

Can we bill finance fees for Medicare and/or Medicaid patients?



Answer:

Medicaid patients shouldn't have a finance fee since they shouldn't have a balance. Medicare does not permit the billing of finance fees for services.



Q: What are your thoughts on peripheral nerve stimulators (trialed and then surgically implanted)? I have reps coming and discussing with promises of large reimbursements

Answer:

Several of these are deemed investigational and experimental so review the medical policies yourselves very thoroughly.

There are situations where one type is covered but others are not.

These are payer and plan specific.

Medicare has been highly scrutinizing these and recouping their money quite aggressively over the past 2-3 years.

These can be paid and the money be kept, but you must check ALL the boxes before moving to this procedure.

Qs:

Do we need to have patients sign a consent/authorization for amniotic graft applications?


How about wound debridement, nail care, callus care, really ANY procedure in the office?

Right now we only get written consent for nail surgery, tenotomy/fasciotomy and office procedures.



Answer:

We strongly suggest any procedure outside of basic evaluations be consented for specifically. Each and any procedure should have a consent form with the risks and potential complications detailed. This is more of a compliance and malpractice ammunition item rather than a billing and coding requirement.



Q: Have Medicare
allowed amounts gone
down this year?

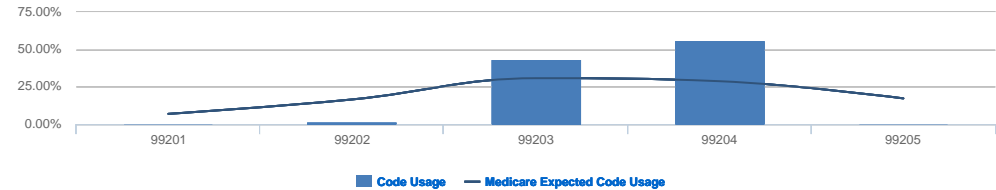
Answer: Yes

	2023	2024
99213	89.74	88.31
99214	127.05	124.69
11720	32.56	31.62
11721	43.84	43
11055	69.89	67.07
11056	80.39	78.01
20550	58.36	56.76

Q: What is an acceptable
distribution of E/Ms?

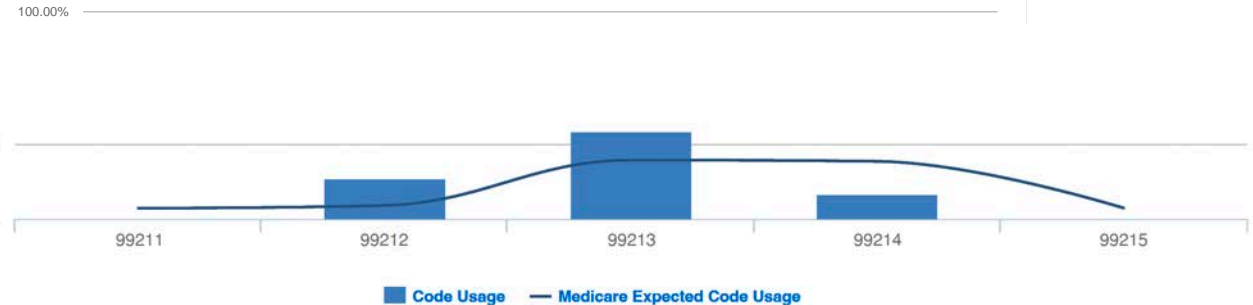
Answer:

New patient office or other outpatient visit



Procedure Code	Procedure Description	Units	Charge	Charge Per Unit	Work RVU	Charge Per Work RVU	Average Number of Medicare Services / Provider
99201	New patient office or other outpatient visit, typically 10 minutes	0	\$0.00	\$0.00		\$0.00	6.41
99202	New patient office or other outpatient visit, typically 20 minutes	13	\$1,588.86	\$122.22	12.09	\$131.42	15.39
99203	New patient office or other outpatient visit, typically 30 minutes	544	\$101,494.08	\$186.57	870.40	\$116.61	28.64
99204	New patient office or other outpatient visit, typically 45 minutes	696	\$192,924.24	\$277.19	1,809.60	\$106.61	26.76
99205	New patient office or other outpatient visit, typically 60 minutes	2	\$730.78	\$365.39	7.00	\$104.40	16.04

Established patient office or other outpatient visit



Procedure Code	Procedure Description	Units	Charge	Charge Per Unit	Work RVU	Charge Per Work RVU	Average Number of Medicare Services / Provider
99211	Established patient office or other outpatient visit, typically 5 minutes	0	\$0.00	\$0.00		\$0.00	34.22
99212	Established patient office or other outpatient visit, typically 10 minutes	1,088	\$102,801.50	\$94.49	761.60	\$134.98	43.13
99213	Established patient office or other outpatient visit, typically 15 minutes	2,364	\$359,682.60	\$152.15	3,073.20	\$117.04	188.11
99214	Established patient office or other outpatient, visit typically 25 minutes	673	\$144,977.66	\$215.42	1,292.16	\$112.20	184.40
99215	Established patient office or other outpatient, visit typically 40 minutes	1	\$299.67	\$299.67	2.80	\$107.03	34.80

Q: Can you use LCDS from
other States?

Answer: LCDs (local coverage determinations) are region specific. It is important you review what your MAC determines. Keep in mind that several MACs have different regions (i.e. Novitas has the northeast and south. Noridian has two regions in the west.) Noridian has similar policies for the JE region and the JF region, but there are differences.

If you cannot find a medical policy for your region, review the others as a guideline.

No specific policy doesn't mean that you have free reign. It just means that they haven't published their policies explicitly.

Qs:

For an established patient with an ingrowing toenail; if they want to talk and schedule a P&A, should this minor office surgical procedure be billed as a 99214?

On this note as well for an established patient; if they want to schedule a bunion surgery should that also be considered a 99214?

Answer(s):
*Also refer to the PEP library for presentations on updated E/M “rules” and documentation requirements

If the E&M is performed on the same day as the ingrown toenail, you should check the MDM table.

Is this a new problem? From the table, the decision for the procedure does count as moderate for the risk, but the complexity could either be low or moderate.

For the established pt. with the bunion, this is a new issue, but the debate (based on what you document) is whether there is an uncertain prognosis or not. Decision for surgery does give you moderate risk, but the other components also are important.

Simply choosing to proceed with surgery satisfies one of the 3 components. We need to evaluate the complexity (diagnosis-driven) and/or the data (imaging, labs, discussion with other providers, etc.). The E&M level decision requires two of the three for established patients.

Q:

We have a patient who is Medicare QMB and we don't take her secondary insurance.

She wanted to stay on and see our doctors, but we told her she needed to find a practice that takes both insurance because we can't balance bill her.

She was insistent that she wanted to be seen and was willing to pay the 20%.

Can we take her money by having her sign a form, or do all QMB pts have Medicaid?

Answer:

If a patient has Medicare QMB, the patient has Medicaid.

This means you are prohibited from billing the patient.

QMB is qualified Medicare beneficiary. This is a Medicaid plan that covers the Medicare premium so that the patient has Medicare benefits.

It is strictly prohibited for practices to bill QMB patients due to their Medicaid status.

If you are not participating with Medicaid, you still need to honor this as the patient has Medicare coverage through Medicaid. Waivers can open this, but you need to be very clear that the patient waives their right to Medicaid due to your non-participation of their insurance.

Even if the patient doesn't disclose his/her insurance to you, you have a responsibility to verify Medicaid coverage.

It isn't fair, but the state doesn't care about fairness in these situations.

Q:

Can we use 99211 for staff services?




Answer:

Physicians are not required to render this themselves, but it still requires you to meet incident-to guidelines.

Your staff is following your directions and course of care, but you must also be in the office to provide direct supervision of these services.

That means you must be physically present in the event they need assistance and guidance.




Q: Are we able to still do
Telehealth visits?

Answer:

Yes. You will need to check with each of your payers to see if they permit this as well as verify what modifier they require.

Some now require different places of services like POS 10. This is payer specific, and you'll have to do your homework to get the details for each and every payer you plan to bill telemedicine services to.



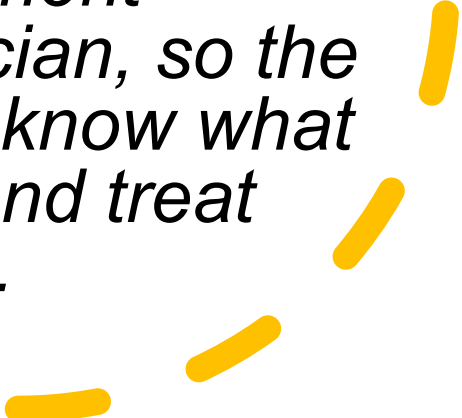
Q: What do you suggest we do if the Copay is greater than fee schedule?

Answer:

To collect accurately, it is encouraged to collect the fee schedule amount since the payer won't allow more than the fee schedule.

Operationally, that isn't always possible, so we suggest collecting the copayment amount and knowing they may have a credit.

When the patient comes back, you can collect the difference. *The tricky part is that the patient pays the copayment before being seen by the physician, so the front office staff doesn't always know what code you will bill until you see and treat the patient (i.e. 99213 v 99214).*



If you need to regain control of your
Revenue Cycle Management
(billing, coding, collections and compliance)
contact:

Omid Ebrahimi-Sohi

Email:

Omid@modpracticesolutions.com

Direct Phone: 214-504-4126



Human Resource
Related
Questions and
introducing
Pinnacle's
newest Preferred
Vendor...



There are lots of payroll management options out there (and accounting firms that will “assist” with very small staffs):



We suggest using a professional payroll service to manage employee hours, benefits, PTO, deductions/payroll taxes and to file quarterly with state, federal, unemployment, etc.

Pinnacle has recently partnered with Payentry after a referral from some very satisfied customers (DPMs).

Payentry is offering PPA practices discounted rates on already cost-effective pricing.

For information, contact:

Patrick Bury

Email: pbury@payentry.com

Direct: 614-787-2078

Patrick has been kind enough to join us today. . .

Q:

Is it state law to have an
Employee Handbook?

Answer:

Although it is not legally required to have an employee handbook, if you have one (which is highly recommended) you are legally required to abide by it.

*Examples are available in the PPA library and Payentry can also assist you.

Q:

When setting up payroll for the first time, beyond the Federal ID, what other tax agency accounts do I need to set up?

Answer:

This depends on the state, but all states require you to set up a state unemployment account.

Most states require you set up a state withholding account (Alaska, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington and Wyoming don't require state withholding).

Also, although it is not a tax you will need to apply for a BWC Policy (this is mandatory for all states).

Payentry can assist with these processes.



Q:
What is a typical paid time off
(PTO) plan for employees?

Answer 1:

In some states, minimal PTO for full time employees is mandated according to number of employees so check your state labor board website for details.

Even if not mandated by the state PTO and (including holiday pay, jury duty, maternity leave, bereavement, etc.) should be clearly stated in your employee manual).

*Examples available in the PEP library

Example:

Holidays

Full time employees will be given a day off with pay for each observed holiday.

The paid holidays are:

New Year's Day	January 1
Memorial Day	Fourth Monday in May
Independence Day	Weekday closest to July 4 if it falls on a weekend day
Labor Day	First Monday in September
Thanksgiving Eve (1/2 day)	Day before Thanksgiving
Thanksgiving Day	4 th Thursday in November
Christmas Eve	December 24
Christmas Day	December 25

Part time employees will receive holiday pay prorated in accordance with their assigned hours.

A holiday that occurs on Saturday or Sunday will be observed the following Monday, or occasionally on the prior Friday.

PTO Hours accumulate for **full-time employees** as follows:

	0-2 Years of Service	2-5 Years of Service	5+ Years of Service
PTO accrual rate each pay period (2 weeks)	1.67 (hours)	3.33 (hours)	5.00 (hours)
ACCRUAL LIMIT Maximum # of hours	n/a	120 (hours)	120 (hours)

All full-time employees are eligible for PTO on an anniversary of hire basis. Existing balances reset at beginning of the next employment year.

Submitting PTO

- Except for emergencies and illness, PTO requests should be submitted well in advance prior to requested days off) to direct supervisors.
- Negative PTO accrual is not permitted.
- In the event of conflicting PTO requests within a department, priority will be determined on receipt of request, length of service, and fairness.
- Employees should record their PTO time in measurements to the hour (i.e., 1 hour).
- The company reserves the right to rescind approved PTO requests based on urgent business needs.



Payentry can assist with all of the previous questions/tasks.

Contact:

Patrick Bury

Email:

pbury@payentry.com

Direct: 614-787-2078

3-minute
Commercial Break

Grab some more
coffee and here is
more vendor
information for
your reference. . .

Omid Ebrahimi-Sohi, MHA
Modern Practice Solutions

omid@modpracticesolutions.com

Office: 214-383-8360

Direct: 214-504-4126

Patrick Bury,
Payentry

pbury@payentry.com

Direct: 614-787-2078



Financial and General
Practice Management
Related Questions:

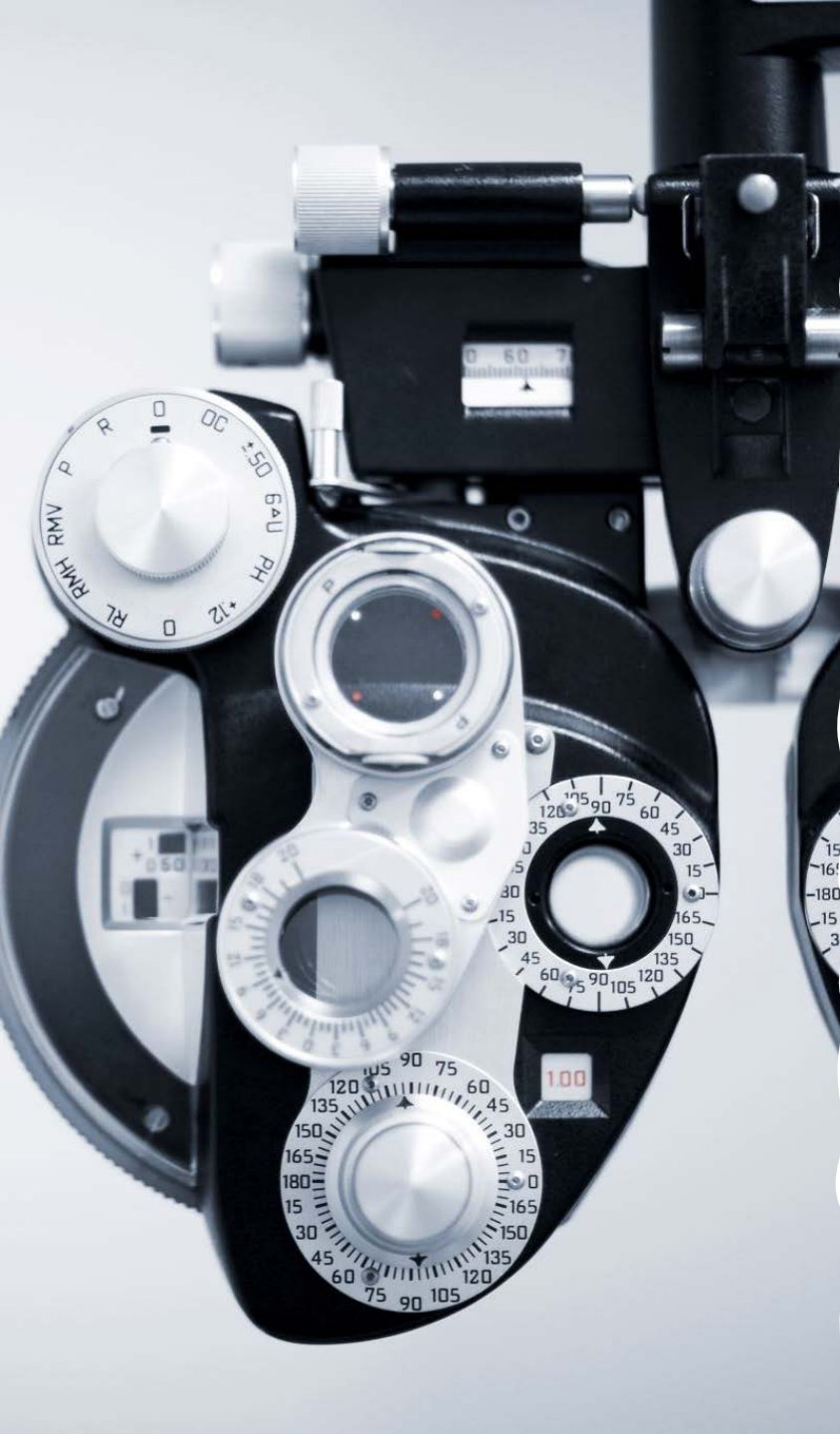
Q:

Orthotics: L3000 or L3020? Should I be concerned about the "UCBL" statements for the L3000 if not actually doing those type of orthotics?

Answer:

There is some precedent that L3000 requires a 10mm heel cup depth. So, it's possible that some dress devices may not be technically covered because the heel cup is too shallow.

In fact, in the Pinnacle library, verbiage for casting/scanning and dispensing of L3000 was updated more than 2 years ago to demonstrate the requirements. If you are not sure about the specifications of the devices you are dispensing, contact your orthotic lab right away.



Here's part of the updated verbiage. . . .

This type of orthotic is a functional device consisting of trim lines and a 10 mm minimum molded heel cup height to provide both medial and lateral directive forces controlling hind and forefoot. This device is made of a sufficiently rigid material to control function and reduce pathological forces. HCPCS code L3000 includes additions such as intrinsic or extrinsic postings (designed to control foot motion), padded top covers, soft tissue supplements, balance padding, and lesion or structure accommodations as required to achieve therapeutic objectives as per the patient's condition, foot type and activity level.



Foot ID

KevinRoot Medical



Root Functional is a line of orthoses that simplifies the ordering and customization process.

It has been the gold standard since Dr. Merston Root fabricated his invention, the functional orthosis. A rooted tradition of innovation and podiatric service carries on with KevinRoot Medical.



If you are looking for technology, quality and a vast variety of custom orthotic devices to meet the needs of your patients, I highly recommend KevinRoot Medical

Contact: Kevin Rosenbloom, C.Ped
Email: Kevin@kevinrootmedical.com
or call 1-800-496-0987



Q:

How can we charge a no-show fee for a new patient?

Answer:

Only if they have signed your financial policy ahead of the visit and it specifies.

Have a “two strikes your out” rule followed by notation/alert in the EHR and communication to the referring doctor (if applicable)

*An example is available in the PEP library



Please consider adding your financial policy and consent to treat, as well as the ability for patients to upload pictures of their insurance cards and ID's to your online, fillable, secure new patient forms.

A great example can be found at www.avidfoot.com

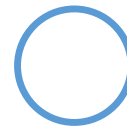
Click “New Patients” and then “Online Intake Form”

Many of my practices utilize the services of Podiatry Content Connection for websites, SEO and reputation management and have found it extremely beneficial to add these functions.

Contact Randy Rosler at PCC for more info:



RANDY ROSLER

 Phone: (917) 572-5088 randyrosler@podiatrycc.com www.PodiatryCC.com

Q: How are offices tracking supply demand (DME, medical supplies, office supplies, convenience items)?

Is anyone doing anything other than “ye olde spreadsheet”?

Answer:

For years, I have seen vendors offering “one stop solutions” for inventory and ordering, none of which have proven themselves or become the “go to” for my practices.

Today there are many products available (some with free trials and most with monthly subscription fees; shown on next slide).

The issue remains the same however, they all require “manpower” (and staff buy in that this is not just another step in the endless “to dos” of daily clinic) to keep them up to date/accurate.

This is what I searched (including the filters) to find inventory management solutions specific to medical offices:

Medical Inventory Software

ALL PRODUCTS

Filter (7) Products:

Search Product Name

Sort By:

Sponsored

Pricing Options

- Free
- Free Trial
- Monthly Subscription
- Annual Subscription
- One-Time License

Features

- Accounting Integration
 - Activity Dashboard
 - Activity Tracking
 - Alerts/Escalation
 - API
 - Barcode Printing
 - Barcode Recognition
- SHOW MORE

Deployment

- Cloud, SaaS, Web-Based
- Desktop Mac
- Desktop Windows
- Desktop Linux
- On-Premise Windows
- On-Premise Linux
- Desktop Chromebook
- Mobile Android
- Mobile iPhone
- Mobile iPad

Users



- 1
- 2-10
- 11-50
- 51-200
- 201-500
- 501-1000
- 1000+

CLEAR ALL Free Trial X Monthly Subscription X Activity Tracking X

Barcode Printing X Barcode Recognition X Alerts/Escalation X

Accounting Integration X Cloud, SaaS, Web-Based X Mobile iPhone X

Mobile iPad X Mobile Android X 2-10 X

**EZOfficeInventory**  [VISIT WEBSITE](#)



★★★★★ 4.6 (1454)

Medical inventory software for the healthcare industry. Scan items in bulk, track POs, and create custom alerts. Free 15 day trial! [Learn more about EZOfficeInventory](#)

Medical Inventory features reviewers most value

- Billing & Invoicing
- Inventory Management
- Inventory Tracking
- Mobile Access
- Order Management
- Product Identification
- Purchase Order Management
- Purchasing & Receiving
- Search/Filter

[COMPARE](#)

**SurgiCare Medical Inventory**  [VISIT WEBSITE](#)



★★★★★ 5.0 (14)

Use your iPhone or Android to scan medical inventory across multiple sites and locations. 100% web-based means nothing to install. [Learn more about SurgiCare Medical Inventory](#)

Medical Inventory features reviewers most value

- Billing & Invoicing
- Inventory Management
- Inventory Tracking
- Mobile Access
- Order Management
- Product Identification
- Purchase Order Management
- Purchasing & Receiving
- Search/Filter

[COMPARE](#)

**ERPAG**  [VIEW PROFILE](#)

★★★★★ 4.5 (313)

ERPAG is an ERP cloud service that covers all business processes for small or mid-sized companies. [Learn more about ERPAG](#)

Medical Inventory features reviewers most value

- Billing & Invoicing
- Inventory Management
- Inventory Tracking
- Mobile Access
- Order Management
- Product Identification
- Purchase Order Management
- Purchasing & Receiving
- Search/Filter

[COMPARE](#)

Here were the
top results:

EZOfficeInventory

SurgiCare Medical Inventory (*it only has 14 reviews)

ERPAG

Provet Cloud

Seventhings

Order Time Inventory

Asset Infinity

Quickbooks online

Q: Where should I order
my DME?

My current brand name
vendor's prices keep going
up and the quality isn't the
same.

Answer:
Elite Ortho provides high quality products and exceptional customer service along with special/discounted pricing for Pinnacle practices (all products are PDAC Approved and able to include your practice logo).



\$22.50

Pro Select Air Walker

- Extremely lightweight
- Ultra low heel height, no need for a shoe lift on the other foot
- Steel enforced plastic molded flared uprights

Suggested HCPCS Code: L4361



\$13.50

Pro Select Ankle Brace

- Quick lace closure for easy adjustments
- Elastic top cuff hides laces and provides additional support
- Removable medial/lateral plastic stays

Suggested HCPCS Code: L1902



\$35.50

Pro Select Full Shell Air Walker

- Full circumferential shell design with adjustable toe cover
- Integrated single pump design for easy inflation and deflation
- Multi level adjustable front panel connector for a customized fit

Suggested HCPCS Code: L4360 or L4361



\$13.50

Armor 8 Ankle Brace

- Soft pliable armor limits inversion, eversion, flexion and extension movements
- Figure 8 non-stretch wrap stabilizes the ankle

Suggested HCPCS Code: L1902



\$25.50

AirVantage Air Walker

- Malleable aluminum uprights adjust to patients with different anatomies
- Ultra low heel height, no need for a shoe lift on the other foot

Suggested HCPCS Code: L4360 or L4361



\$10.50

Posterior Night Splint

- Unique straps slotted thru pad for full range of adjustability
- No limitation based on hook and loop closures
- Better strap placement for patient comfort

Suggested HCPCS Code: L4397



\$35.00

AFTR Ankle Brace

- Medial and lateral plastic stays as well as figure-8 stirrup straps to limit movement in the ankle and hindfoot
- Material contours to the anatomy during normal volume changes following injury and surgery

Suggested HCPCS Code: L1902



\$7.50

Square Toe Post Op Shoe

- Square toe design provides more protection post surgery
- High ankle strap helps maintain foot in the proper position
- Removeable forefoot strap for easier left/right application

Suggested HCPCS Code: L3260

Free Shipping over \$199

 www.eliteortho.com

Certain exceptions & limitations may apply. Pricing valid thru June 2023

2024 ORDER FORM – PINNACLE MEMBERS
Email order form to: info@eliteortho.com OR FAX to 626-452-1806

Make sure to use the member only order form available through the PPA library

Contact:
info@eliteortho.com
or call
1-800-284-1688

DOCTOR/FACILITY NAME:	
ADDRESS:	CITY, STATE, ZIP:
PHONE NUMBER:	EMAIL:

Walkers	Item #	Price	X-Small		Small		Medium		Large		X-Large		
			High	Low	High	Low	High	Low	High	Low	High	Low	
Pro Select Walker	T170/T171	\$20.00	size not available										
Pro Select Pneumatic Walker	T172/T173	\$22.50											
Advantage III Walker	T320/T321	\$21.00											
AirVantage II Air Walker	T720/T721	\$26.00											
Pro Select Full Shell Air Walker	T986/T987	\$35.50	size not available										
SP Pro Full Shell Air Walker	T988/T989	\$36.50	size not available										
Pediatric Fracture Walker	T130	\$21.50	size not available										
EvenUp™ Shoe Level	T1502	\$23.00	size not available										
Fracture Sock, each	T1500	\$5.00	High Top:					Low Top:					
Night Splints	Item #	Price	Small		Medium		Large		X-Large				
Premiere Posterior Night Splint	T581	\$10.75											
Pediatric Night Splint	T58100	\$16.00	One Size:										
			Small/Medium					Large/X-Large					
Dorsal Night Splint	T591	\$12.00											
Hybrid Dorsal Night Splint	T5932	\$14.00											
Adjustable Dorsal Night Splint	T592	\$16.00	Medium:					Large:					
Plantar Fasciitis (PF) Wrap	T598	\$14.50	S/M:					L/XL:					
Ankle Braces	Item #	Price	X-Small	Small	Medium	Large	X-Large						
Air Ankle Sleeve	T594	\$14.50	size not available										
Lace Up Ankle Brace	882	\$13.50											
Pro Select Lace Up Ankle Brace	8841	\$13.50							XL:	XXL:			
Armor 8 Lace Up Ankle Brace	8842	\$13.50											
AFTR Ankle Brace	8862	\$36.00	S-M:			M-L:			XL-XXL:				
	Item #	Price	X-Small		Small		Medium		Large				
			Right	Left	Right	Left	Right	Left	Right	Left			
Revolve Hinged Ankle Brace	883	\$21.00											
Accord III Ankle Brace with Panel	889	\$39.00	size not available										
Ankle Foot Orthosis (AFO)	T550	\$16.00	size not available										
Swedish Ankle Foot Orthosis (AFO)	T551	\$23.00	Men Right:			Men Left:			Women Right:		Women Left:		
ComfortMax AFO	CK-289	\$229.00	size not available										
Post Operative Shoes	Item #	Price	Small		Medium		Large		X-Large				
			Men	Women	Men	Women	Men	Women	Men	Women			
Square Toe Post Operative Shoe	T563	\$7.75											
Mesh Top Post Operative Shoe	T561	\$7.25											
Darco OrthoWedge	T571	\$24.00											
Darco HeelWedge	T572	\$26.00											

Free Freight for orders over \$249
Logo Charge: \$1.00 each

Flat Rate Shipping: \$0.01-\$99.99 = \$26.95, \$100-\$248.99 = \$19.95

Q: Since the pandemic, with so many people working from home, we eliminated evening and Saturday hours. Are we missing the boat?

Answer:

NO. Make a schedule that is ideal for you and fill it in methodically.

With many people still working from home schedules should still be more flexible than pre-COVID.

If you really think you are “missing the boat” try one later clinic session per week and see if that fills (start at 10:00 a.m. and schedule your last patient at 6:00 p.m. with a short break around 1:30/2:00) before adding a weekend day.

Q:

How do I work smarter not
harder in 2024?



Answer:

Prioritize and delegate by creating a system for everything.

Train others to do what is below your paygrade without micro-managing.



Q: What should we do when a new or existing patient is hesitant in providing a credit card to be placed on file?

Answer:


You cannot force someone to provide their cc info but if you are at a place in your practice where turning new patients away that refuse to do so will not impact your bottom line or reputation, go for it!

Q: Does it seem like it's being a smart a\$\$ when you tell the patient that when they reserve a car or hotel room a credit card must be on file?
If they don't, do we schedule the appointment?



Answer:

You are simply stating facts (in the PEP library there are examples of CC on file and CC on File FAQs). See answer to the previous question.



Q:

Have any of your practices
decided not to participate in
MIPS?

Answer:

YUP!

*This was also covered extensively in the 12/21/23 PEP Webinar which has been available in the library since the following day

The last PEP webinar of 2023 provided information and opinions on MIPS participation as well as consideration of dropping less than desirable insurance contracts for the new year

Q: For those practices that are NOT participating in DM shoe program, what are you doing/who are you partnering with for shoes?

Answers:

You can order from any shoe company you want if you are not participating in the Medicare shoe program and then charge the patient cash (on or about Medicare allowable).

Surefit offers many different brands and is a PPA preferred vendor.

Other options: Refer to a local DPM who is participating or send them to an O&P shop.

Q: What suggestions do you have to keep protocols organized, thorough and updated?

Answer:

Google Drive folders accessible to all team members and good old fashioned 3-ring binders (see next slide)

*Also refer to the webinar from March 15, 2023 “Part II Spring Staff Training; Tools, checklists and Organization for lots of great tips!

The video in the following slide is included...



Q: Do you suggest regularly scheduled time for my staff to document and update our protocols?

Answer:

YES! Regularly scheduled in-services and trainings are essential for efficiency and morale (buy lunch, end morning patients early or start later after lunch, prepare a formal training or have me prepare and host one for you)

—

Triage Techniques and
obtaining a better
understanding of the
Ancillary products and
services offered at
Associates in Podiatry




Q:

What cash products and services can I offer or add to my practice that won't break the bank but have the potential to create revenue?



Answer:

Anything that compliments your treatment protocols and when possible is exclusive to your practice (stop offering products that can be found on Amazon).



Product Examples:

Medical grade orthotics that in no way advertise for a vendor that can be found online and sold to patients less expensively than what you charge

Highly effective, physician only CBD products.

Your Logo, Your Inserts.

Let us help you increase your brand awareness, with your clinic logo on the box!

Our new white box has no FootSteps™ information on it whatsoever. We did this to ensure patients return to your clinic - not the internet!!

This is now your brand, you own it!



Your Partner . . . Not Your Competitor.

TRANSFORM YOUR PRACTICE WITH THE X FACTORS OF PAIN RELIEF



JOIN the Healthcare Revolution

Are you still prescribing opioids and looking for a natural yet effective alternative?

Discover **XtremeRX** innovative solutions.

- Consistent Patient Outcomes
- Increase Revenue
- Doctor Approved
- Effective for Range of Conditions





Date:
Purchase Order#:


INACLE PRACTICE ACHIEVEMENT CONFIDENTIAL PRICE LIST

You can download the Footsteps confidential price list/order form through the PPA library
 Or for more information email: Michael@foot-steps.com
 or call: 1-800-420-1679

SHIP TO:				
NAME:				
ADDRESS				
CITY, STATE, ZIP:				
PHONE				
FAX:				
G	GROUND	NEXT DAY	TWO DAY	THREE DAY

	R2 (Black Sticker)		R1 (Red Sticker)		TruPost		
	ATHLETIC	Accommodative (Diabetic)	ATHLETIC	Accommodative (Diabetic)	Ath	Accom	Dress
W4-5.5			\$15.50		\$14.00		\$17.25
M4-4.5 / W6-6.5			\$15.50		\$14.00		\$17.25
M5-5.5 / W7-7.5			\$15.50		\$14.00		\$17.25
M6-6.5 / W8-8.5			\$15.50		\$14.00		\$17.25
M7-7.5 / W9-9.5			\$15.50		\$14.00		\$17.25
W8-8.5 / W10-10.5			\$15.50		\$14.00		\$17.25
W9-9.5 / W11-11.5			\$15.50		\$14.00		\$17.25
10-10.5 / W12-12.5			\$15.50		\$14.00		\$17.25
11-11.5 / W13-13.5			\$15.50		\$14.00		\$17.25
12-12.5 / W14-15.5			\$15.50		\$14.00		\$17.25
13-13.5 / W16-16.5			\$15.50		\$14.00		\$17.25

"Ask about our \$10..."



CBD Product
specific
Questions and
Answers (since
you asked)




Q: What is CBD and what can it do for my body?

A: CBD is one of over 100 naturally occurring compounds, known as cannabinoids that are found in the Cannabis plant. CBD from agricultural hemp does NOT contain THC, the psychoactive “high” feeling found in marijuana. CBD functions by interacting with the body’s endocannabinoid system to help control and maintain many things: pain, inflammation, memory, and the immune response.

Q: Is CBD Legal?

A: Yes, CBD is legal according to the 2018 Farm Bill. It is federally legal to grow, sell and consume hemp-based products, including hemp-based CBD. The same isn’t true for marijuana-derived CBD products, for which legality varies by state.



Q: Can this product be used during work hours, and will this product be tested positive for recreational drugs in drug test at a workplace?

A: Since XtremeRx products contain 0% THC, they should not yield a positive result for THC on drug tests. However, the sensitivity of drug tests can vary, and there are no guarantees. Patients should consult their employer's drug testing policies. These products are designed to be non-intoxicating and can be used during work hours.

Q: How is Xtreme Rx different than products from a CBD store?

A: Xtreme Rx products are specifically formulated with a focus on purity, efficacy, and are intended for therapeutic use to support health and wellness. These products undergo rigorous testing to ensure quality and consistency, which sets them apart from general CBD store offerings.

Pinnacle practices receive special pricing on XtremeRx CBD balm, spray, and gummies.
For more information contact:

Contact:

CAROL DOIRON

(310) 228-7344 | carol@phoenixproduct.co

XTREME-BRANDS.COM



Ancillary Service Example:

The Zimmer shockwave system has no payments for 6 months and is then only \$379 per month!

Your revenue is \$500 per patient...so just ONE patient per month easily covers the payment and you STILL make a profit!

If you treat 3 patients per month during that first 6 months without payments....your revenue would total \$9,000!

The system would be more than halfway paid off!



Q:

Can I offer Shockwave therapy as a treatment option on the very first visit?




Answer:

Yes! The old Ossatron system was only approved after all conservative treatments have failed and surgery was the final option.

Because of the ease of use, convenience and low cost, this modality is presented right away on the very first visit. It is positioned as an alternative to steroid injections, sending patients to physical therapy, night splints and even surgery!

Each treatment takes just 5 minutes, once a week with no downtime!



For more information on the Zimmer EnpulsPro RSWT system and special pricing/financing available to Pinnacle practices, contact:

Paul Cummings

[Email: paul@zimmerusales.com](mailto:paul@zimmerusales.com)

Direct: 917-270-3592



Question:

What's this Swift Microwave
Therapy I'm hearing about?




Answers:

Swift is a microwave therapy device for treating Warts and IPKs.

It uses microwave energy to stimulate a global immune response with excellent clinical outcomes.

A great tool for those who are frustrated with challenging wart and IPK patients and for those who are looking to differentiate and grow their practice.



Q:

Does Swift work? (i.e.
What's the treatment
success rate?)



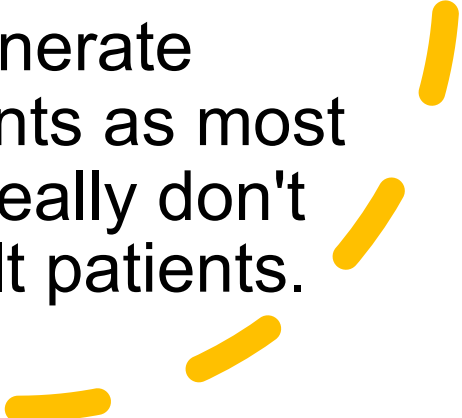
Answer:

The short answer is yes - it works.

The longer answer is that it works at nearly 2 times the efficacy of traditional destructive methods for wart treatment.

Doctors who use Swift report an average efficacy of 85% with less than 1% recurrence and it works just as well on recalcitrant patients as it does on naive patients so you can solve a real problem within your patient population.

It can also be used as a tool to generate referrals for recalcitrant wart patients as most dermatologists and pediatricians really don't want to keep treating those difficult patients.



Qs:

Do patients really pay cash
for wart treatments?

Why isn't it "covered" by
insurance?

Answer:

Yes. Most wart patients are far more frustrated and therefore motivated than you might think.

Once providers start using Swift and seeing positive results (especially from recalcitrant patients), they recommend treatment with confidence.

The average patient conversion rate is above 50% (with some much higher).

The other subgroup of patients who are happy to pay for Swift are those who can't afford or want to avoid downtime (athletes, parents of athletes, busy professionals, etc.)

Swift requires an average of 2-3 treatments (less than half vs. traditional therapies).

Swift is not "covered" by insurance because there is no CPT code for "destruction of the virus causing warts"



Visit www.swiftusa.com for more information or contact Pete Turnbull for special Pinnacle perks!

[Email: Pete.Turnbull@swiftusa.com](mailto:Pete.Turnbull@swiftusa.com)

Direct: 613-619-4624

Recap of Vendor information

KevinRoot Medical

Kevin Rosenbloom, C.Ped
Kevin@kevinrootmedical.com
1-800-496-0987

Podiatry Content Connection

Randy Rosler
randyrosler@podiatrycc.com
917-572-5088

Footsteps Medical Grade Orthotics

Michael Farmer
Michael@foot-steps.com
1-800-420-1679

Elite Ortho

info@eliteortho.com
1-800-284-1688

Phoenix Technologies/XtremeRx CBD Products

Carol Doiron
carol@phoenixproducts.co
310-228-7344

Zimmer Medizin Systems/EnPuls Pro RSWT

Paul Cummings
[Email: paul@zimmerusales.com](mailto:Email:paul@zimmerusales.com)
Direct: 917-270-3592

Swift Microwave Therapy

[Email:
Pete.Turnbull@swiftusa.com](mailto:Email:Pete.Turnbull@swiftusa.com)
Direct: 613-619-4624



Thank you for joining us and a special thanks to our sponsors!

- This webinar recording as well as a PDF of the presentation will be available in the member only resource library very soon.
- Keep an eye out for Pinnacle emails relaying relevant information, helping you to achieve and exceed your goals for 2024.
- Visit the library often for new additions and use the search function to find what you are looking for with ease.
- Take advantage of your exclusive vendor discounts.
- With lots of exciting changes happening in my world, our next live webinar will take place in late spring 😊

