## Remaining Profitable When Using Skin Substitutes in Your Practice

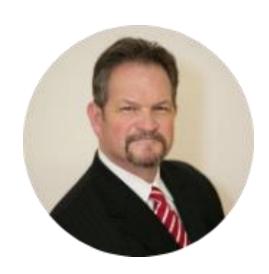
COVID 19 Practice Survival Guide Weekly Webinar Week 11

Guest Speaker



Ira Kraus, DPM, Director of Business Development, Extremity Healthcare Inc.

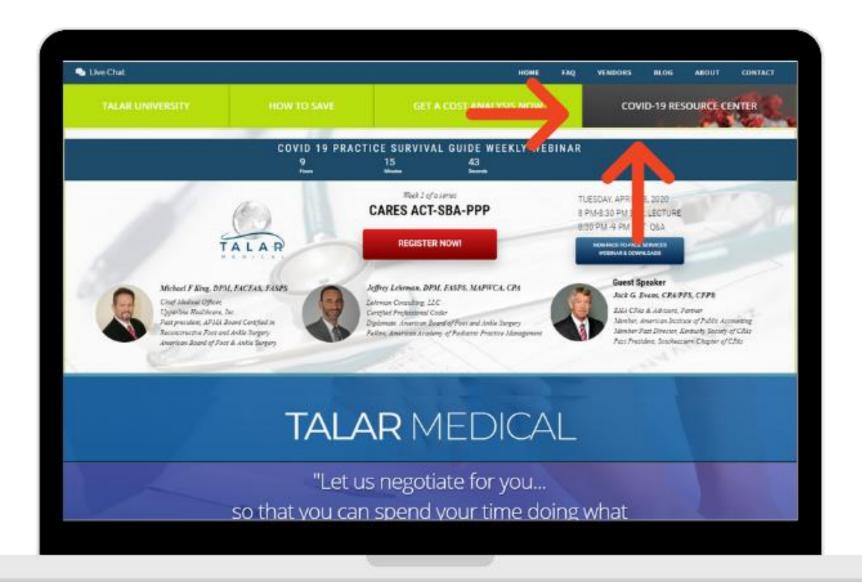
#### Moderator:



Michael King, DPM, Chief Medical Officer, Upperline Healthcare



DATE	TOPIC	GUEST SPEAKER
21 April 8 PM EST	Non-Face-To-Face Services During COVID 19	Jeffrey Lehrman, DPM, Michael King, DPM (Moderator)
28 April 8 PM EST	CARES ACT, SBA, PPP	Jack Evans, CPA
5 May 8 PM EST	Supply Chain Management	Scott Wakser, Melody Andrews
12 May 8 PM EST	Bringing Employees Back to Work	Susan Lessack, Tracey Diamond
19 May 8 PM EST	In Office Wound Care Dispensing - Pre/During/Post COVID	Ira Kraus, DPM
26 May 8 PM EST	Providing DME During A Public Health Emergency. Is Your Office Ready for Required Changes?	Paul Kesselman, DPM
2 June 8 PM EST	What Retirement Savers Should Know About the CARES Act & the Secure Act	Deanna Filosa, CLU, ChFC
9 June 8 PM EST	No More Excuses: Reinventing your Practice During a Forced Slow Down	Cindy Pezza, PMAC
16 June 8 PM EST	Compliant Electronic Communication in the COVID-19 Era and Beyond	Ross Taubman, DPM
23 June 8 PM EST	Applying Nudge Theory to Optimize Biomechanical Treatment of Diabetic Foot Ulcers	Josh White, DPM
30 June 8 PM EST	Remaining Profitable When Using Skin Substitutes in Your Practice	Ira Kraus, DPM, Director of Business Development, Extremity Healthcare, Inc.



## Would you like to find a replay of tonight's webinar? Find it on our website!

- 1. Visit our website <a href="www.TalarMedical.com">www.TalarMedical.com</a>
- 2. Look for our COVID 19 Resource Center located in the upper right hand corner



## Would you like to receive a personalized, no obligation, medical supply cost analysis?

#### This is how

- 1. Send us the products you are currently ordering in excel spreadsheet format. Please include:
- Current Vendor
- Item Description
- Manufacturer Number/SKU
- Unit of Measure
- Price

- 2. Email the spreadsheet to <a href="mailto:admin@talarmedical.com">admin@talarmedical.com</a> or visit our website at talarmedical.com/complime ntary-medical-supply-cost-analysis/
- \* Can't easily provide the information in an Excel format? We have you covered! Just send us a copy of your most recent receipts. Please note, comparisons presented in receipt format do require longer to turn around.





Remaining Profitable When Using Skin Substitutes in Your Practice

## Diabetes Epidemic



Every 7 seconds someone dies from Diabetes
(Armstrong, et al, Diabetes Care 2013)



Every 20 seconds a lower limb is amputated (Armstrong, et al, Diabetes Care 2013)



The lifetime risk of people with diabetes to develop a foot ulcer is 34% More than 50% of diabetic foot ulcers become infected

(Armstrong, et al, N Eng J Med 2017; Prompers et al, Diabetologia 2007)



Diabetes contributes to approximately 80% of the 120,000 non-traumatic amputations performed yearly in the United States
(Armstrong et al. Amer Fam Phys 1998)



Diabetic foot ulcers double mortality and heart attack risk while increasing risk for stroke by 40% (Brownrigg, et al, Diabetologia 2012)

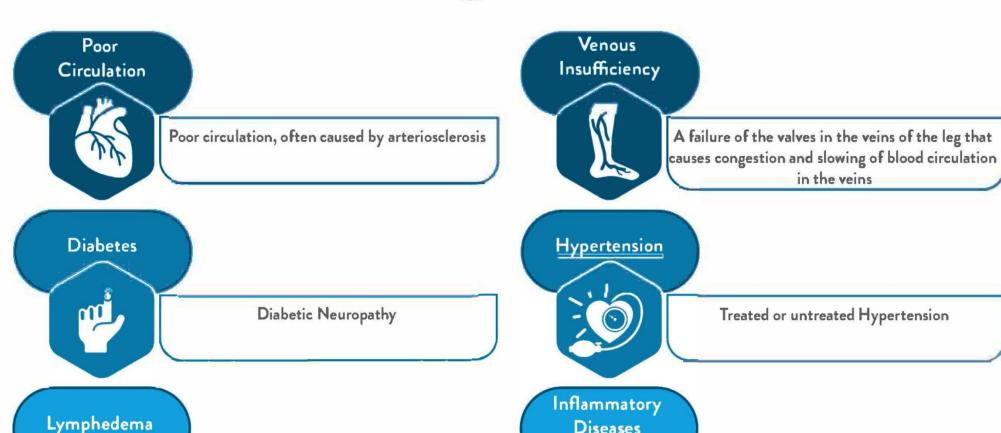


The relative 5-year mortality rate after limb amputation is 68% It is second only to lung cancer, at 86%

(Armstrong, et al, International Wound Journal 2007)



## Causes of Leg and Foot Ulcers





A buildup of fluid that causes swelling in the legs or feet





History of smoking (either current or past)

**Diseases** 



Poor circulation, often caused by arteriosclerosis

in the veins

Medical Conditions



Other Medical Conditions such as high cholesterol, heart disease, high blood pressure, sickle cell anemia, bowel disorders



## Economic Impact on CMS



Diabetic Foot Ulcer patients are twice as costly to US Medicare as those with diabetes alone

(Rice, et al, Diabetes Care, 2014)



The cost of diabetic foot ulcers is greater than that of the five most costly forms of cancer

(Barshes, et al, Diab Foot Ankle 2013)



In the United States, a total of \$176 billion is spent annually on direct costs for diabetes; As much as one third of that will be spent on lower extremity complications

(Driver et al, J Vasc Surg 2010)



1 million dollars is spent every 30 seconds on diabetic foot complications in the USA alone

(Armstrong, et al, NEJM, Barshes, et al, 2013, Skrepnek, et al 2015)

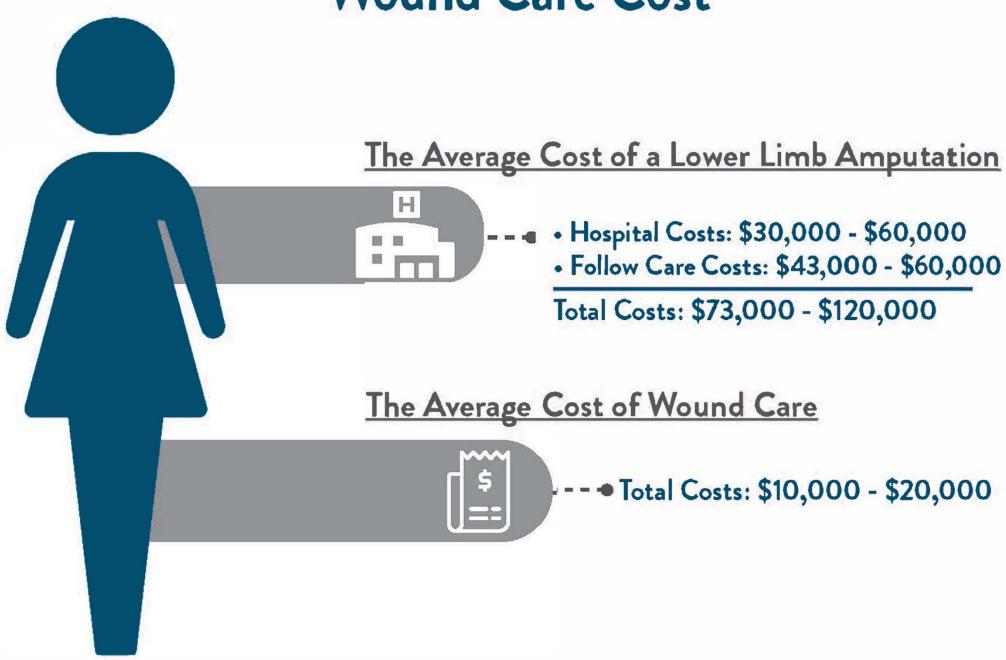


- Among patients with commercial insurance, each \$1 invested in care by a podiatrist results in \$27 to \$51 of savings for the health-care system
- Among Medicare-eligible patients, each \$1 invested in care by a podiatrist results in \$9 to \$13 of savings

(apma.org)



# Amputation Cost vs Wound Care Cost





## In-Clinic Treatment Challenges





Resulting Scenarios





## EHI's Similar Story

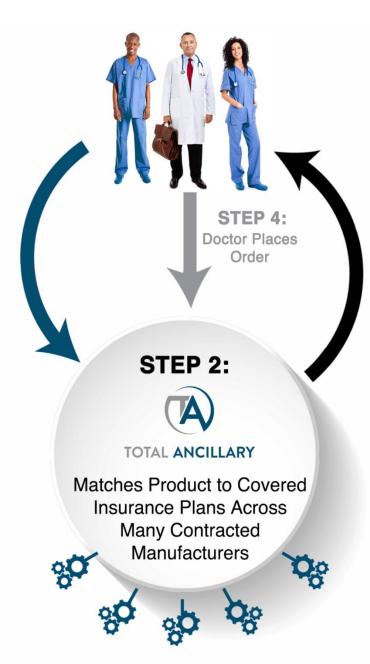
- Not being compensated for services provided
- Extended amount of employee involvement
- Lack of Physician Understanding of Financial Impact
- Inability to Tie Invoices to Patients



## The Total Ancillary Solution

## STEP 1: Doctor Submits One Insurance Verification Form





#### STEP 3:

TA Sends Summary Page to Doctor



- Non-Biased Report
- Graft Cost per Unit
- Reimbursement per Unit
- Profitability per Graft
- Primary & Secondary Insurance Info
- Patient Responsibility

\*Allows Doctor to Make An Educated Decision as to which Graft is Best For his Patient and his Clinic

#### **STEP 5:** Total Ancillary Executes:

PO Generation

Order Placement

- Shipping Logistics
- Confirms Receipt & Use
- Graft Log Archive
- ACM Support Services
- Accounting Support Services



## Revolutionizing In-Office Wound Care

















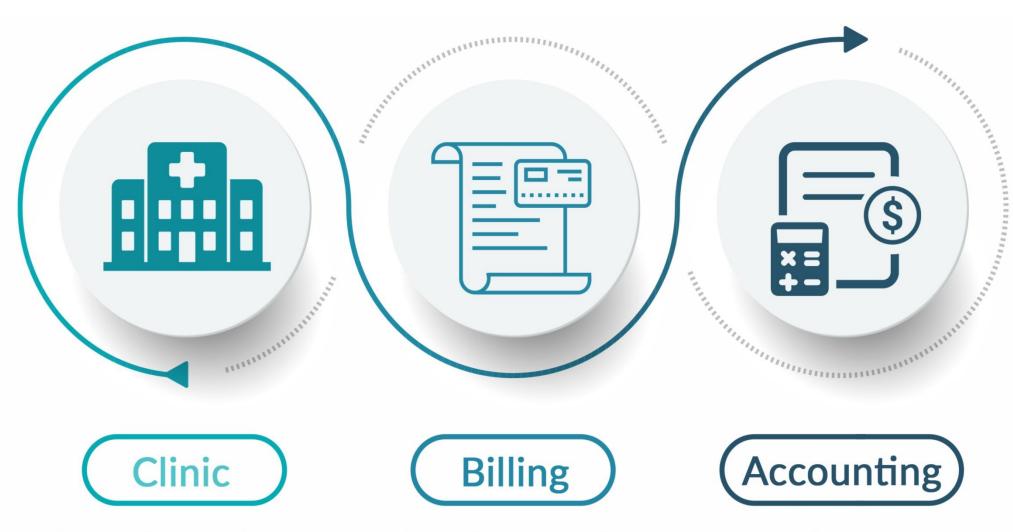








# TA Software Platform Integration Amongst All Divisions



Providers have insight into Benefits Verification Status, Purchase Order Information, and Invoice Status Tracks insurance claim reimbursements and ties them to invoice numbers.

Knows when to process manufacturer payment by tracking insurance claim payments associated with the invoice number



### **Actionable Analytics**

- Real Time Dispositions on all orders
- View Linked Wound Care Claims to Invoices
- Monitor Profitability of Claims and Invoices
- Analyze Graft Reimbursement Per Payor
- Evaluate Graft Reimbursement Per Product
- Invoice Payment Review
- Denials Tracker





## Universal Insurance Verification Request

TOTAL ANCILLARY Wour	FAX to: 800.630.8490 EMAIL: fax@totalancillary.com d Graft Form			
Facility Information	)			
Physician Name	Practice Name			
Physician NPI	Practice NPI TAX ID			
Office Contact Name	Office Contact Email			
Patient Information				
Patient Name (First / Last)	Patient DOB EHR Patient ID			
Primary Insurance	Member ID			
Secondary Insurance	Member ID			
Procedure Information Procedure Date	Wound Size: L W D Total			
Diagnosis Codes: (These Codes are not comprehensis				
E10.621 Type 1 Diabetes Mellitus with Foot Ulcer	E10.622 Type 1 Diabetes Mellitus with Other Skin Ulcer			
E11.621 Type 2 Diabetes Mellitus with Foot Ulcer	E11.622 Type 2 Diabetes Melitus with Other Skin Ulcer			
187.312 Chronic venous hypertension with ulcer of left lower extremity	187,311 Chronic venous hypertension with ulcer of right lower extremity			
183.022 Varicose veins of left lower extremity with ulcer of calf				
<u> </u>	L97.512 Non-pressure chronic ulcer of other part of right			
L97.522 Non-pressure chronic ulcer of other part of left				
foot with fat layer exposed  L97.422 Non-pressure chronic ulcer of left heel and midfo				
L97.422 Non-pressure chronic ulcer of left heel and midfo with fat layer exposed L97.322 Non-pressure chronic ulcer of left ankle with fat	L97.412 Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed  L97.312 Non-pressure chronic ulcer of right ankle with fat			
L97.422 Non-pressure chronic ulcer of left heel and midfo with fat layer exposed	L97.412 Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed			
L97.422 Non-pressure chronic ulcer of left heel and midfo with fat layer exposed L97.322 Non-pressure chronic ulcer of left ankle with fat layer exposed L97.222 Non-pressure chronic ulcer of left ankle with fat layer exposed L97.222 Non-pressure chronic ulcer of left calf with fat layer exposed Other:	L97.412 Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed  L97.312 Non-pressure chronic ulcer of right ankle with fat layer exposed  L97.212 Non-pressure chronic ulcer of right calf with fat			
L97.422 Non-pressure chronic ulcer of left heel and midfo with fat layer exposed L97.322 Non-pressure chronic ulcer of left ankle with fat layer exposed L97.222 Non-pressure chronic ulcer of left calf with fat layer exposed Other: Graft Application Codes:	L97.412 Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed  L97.312 Non-pressure chronic ulcer of right ankle with fat layer exposed  L97.212 Non-pressure chronic ulcer of right calf with fat layer exposed			
L97.422 Non-pressure chronic ulcer of left heel and midfo with fat layer exposed L97.322 Non-pressure chronic ulcer of left ankle with fat layer exposed L97.222 Non-pressure chronic ulcer of left ankle with fat layer exposed C97.222 Non-pressure chronic ulcer of left calf with fat layer exposed Other:	L97.412 Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed  L97.312 Non-pressure chronic ulcer of right ankle with fat layer exposed  L97.212 Non-pressure chronic ulcer of right calf with fat			



### Universal Re-Order Form

			FAX to: 800.630.8490				
TOTAL ANCI				EMAIL : Fax@TotalAncillary.com			
	Informa	-	na Gra	aft Re-Or	raer Fo	orm	
Physician Name	morma	ition		Practice N	lame		
Physician NPI		Practice NPI TAX ID			ID		
Office Contact Name		Office Cor	Office Contact Email				
Patient	Informa	tion	-				
Patient Name (First	t / Last)			Patient DO	OB	EHI Pa	tient ID
s the patient currer Skilled Nursing Fac	cility?	Yes 🔲		If yes has	it been over	100 days?	Yes No
Procedure Date	re intorn	lation		Wound Si	ize:		
			20	L	.w	D	Total
Product 1	□15mm	Disc 🔲 2	cm x 2cm	4cm x 4cm	34cm x 8c	m	
Product 2			4mm Disc	2cm x 3cm	2cm x 4c	m	cm 4cm x 6cm
Product 3			cm x 4cm	3cm x 4cm	5cm x 5c	m	
Product 4	75mm	Disc (44	sq cm)				-
Product 5	1cm x	2cm 2	cm x 2cm	2cm x 3cm	2cm x 4ci	m ☐ 3cm x 3	lem 4cm x 4cm
Product 6	□15mm	Disc 2	cm x 2cm	4cm x 4cm	4cm x 6c	m	
Product 7		1.75cm	x 1.75cm	2cm x 2cm	2cm x 3c	m 2cm x 4	lcm
Product 8	2cm x	3cm 🔲 3	3cm x 4cm	5cm x 5cm			
Product 9	5cm x	7.5cm (3	8 sq cm)				
-i roddol o						m v Gom	
Product 10	1.5cm	x 1.5cm	2cm	4cm 4cm	x 4cm 4c	III A OCIII	



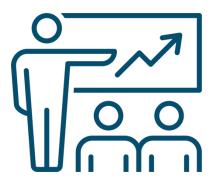
## The Total Ancillary Solution



Medical Decision Making



Business Transparency



**Optimized Outcomes** 



## Sample Summary Page

Clinic Name:	Emory	Clinic Name:		Emory	
Ordering Physician:	Dr. Smith	Date of Procedure:		TBD	
Patient Name:	J. Doe	Product Submitted to PA:		Product A	
Patient ID:	1234567	Primary Insurance:		Commercial	
Product	Product A	t A			
Primary Covered	Yes	Requires medical necessity for in network patients.			
Secondary Covered	Yes				
Patient Responsibility	Dec	ductible is met, and there	is no co-pay		
Product A Sizes	Units	Reimbursement per Unit	Cost	Total Gross Margir	
2X2	4	\$150.00	\$400.00	\$200.00	
4X4	16	\$150.00	\$1,600.00	\$800.00	
4X8	32	\$150.00	\$3,200.00	\$1,600.00	
Product	Product B				
Primary Covered	Yes				
Secondary Covered	No				
Patient Responsibility	Deductible is m	net, and there is no co-p for the remaining 20%		Francisco con constant and a second contract of	
Product B Sizes	Units	Reimbursement per Unit	Cost	Total Gross Margir	
2X2	4	\$170.00	\$520.00	\$160.00	
4X4	16	\$170.00	\$2,080.00	\$640.00	
4X8	32	\$170.00	\$4,160.00	\$1,280.00	
Product	Product C	С			
Primary Covered	No	Patien	Patient is not covered.		
Secondary Covered	No				
Patient Responsibility	Patier	it's insurance does not o	cover Produc	at C	
Product C Sizes	Units	Reimbursement per Unit	Cost	Total Gross Margir	
2X2	4	\$0.00	\$560.00	-\$560.00	
4X4	16	\$0.00	\$2,240.00	-\$2,240.00	
4X8	32	\$0.00	\$4,480.00	-\$4,480.00	



## Platform Supports Many Product Lines



Fluid Flow<sup>™</sup> amniotic liquid allograft



Skin Substitutes

Injectables

Collagen Kits



## Q&A



## Thank You!





Join us #TalarTuesday, July 7, 2020 at 5 PM PST/8PM EST for "Taking Your Practice from Good to Great" with guest speaker Peter Wishnie, DPM, Director of Family Foot & Ankle Specialists.

