

**Shrinking Reimbursement?  
Having to See More Patients?  
Is It Time to Expand Your Services?**



Approximately **4** out of 10 patients are misdiagnosed **without** the use of EDX testing.<sup>1</sup>

<sup>1</sup>Clinical study available at [www.RMGrehab.com](http://www.RMGrehab.com)

# EDX is One Solution.

**Electrodiagnostic Medicine: Definitive • Convenient • Cost Effective**

**T**hink about developing a comprehensive **Electrodiagnostic Testing Program** (EDX Medicine, Nerve Conduction Velocity, EMG and SSEP's) in your office. The **EDX** consultation is a direct extension of the patient physical examination and can be helpful in evaluating the causes of numbness, tingling, pain, weakness, fatigue and muscle cramping.

**Rehab Management Group's EDX Program** is a **proven, positive addition** to select physician's practices—helping to support superior patient outcomes and satisfaction.

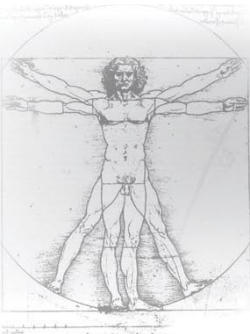


Approximately **35%** of patients in a typical GP/FP office may benefit from the use of EDX testing.

## RMG's EDX Program is a Unique Opportunity:

- Use existing staff / space. Equipment is size of a laptop.
- Physician / staff training and certification provided.
- Quality control performed by Board Certified technicians to ensure completeness and quality on every test performed.
- Physician "Over Read Reports" are provided in 3–5 working days. Physicians available to discuss reports.
- Assistance in procuring equipment at wholesale cost. Leasing options available.
- 1 patient per month breakeven (on average).
- Proven CPT codes and answers to billing questions.
- HIPPA compliant database for storage and easy tracking of all reports.
- Automated alerts for annual repeat testing.
- Custom forms that easily integrate into your practice.
- Access to a library of peer review articles and instructional videos.

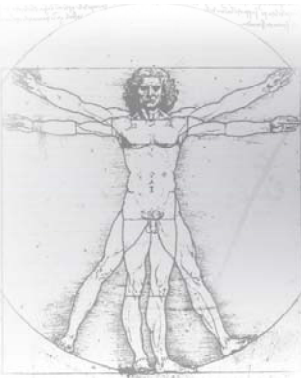
**Contact Us Today!** To discover how to bring EDX testing to your practice, call RMG at 843-676-9634 to discuss the program or e-mail us at [RMG@RMGrehab.com](mailto:RMG@RMGrehab.com).



**Rehab  
Management  
Group, Inc.**

*Multi-Disciplinary Consulting*

[www.RMGrehab.com](http://www.RMGrehab.com)



# Rehab Management Group, Inc.

*Multi-Disciplinary Consulting*

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Dear Doctor

Thank You for taking the time to review our company's proposal.

Rehab Management Group Inc. is committed to providing professional guidance to public and privately owned physician practices across the United States. Our National Programs are challenging physicians to improve the care they provide on a daily basis.

**"Your Goals are Our Goals"**

Rehab Management Group provides education, management, training, quality control and turnkey implementation of proven ancillary services for physician practices to enhance differential diagnostic capabilities and improved treatment planning. Our expertise in developing results oriented clinical services has established Rehab Management Group's programs as a "quantifiable success" for all our clients

We would like to talk to you about developing Electro Diagnostic Testing (EDX Medicine) at your facility. Rehab Management Group's EDX Program has proven to be a positive addition for select physician's practices.

Rehab Management Group focuses initial training on the Nerve Conduction Velocity study. This portion of the EDX test is recommended by multiple peer review articles for evaluation and monitoring of Diabetic Neuropathies, differentiating of Radiculopathy and Peripheral Neuropathies, Pain Evaluation, Entrapments and Neurological Muscular Diseases. EDX Medicine has been recognized by most carriers as the "gold standard" and proving to be an integral part of a physician's initial patient evaluation.

Generally, specialized training is required to interpret the recorded data. We train the physician to know when to order the EDX test, give an initial interpretation and provide education on the impact of the test results for the patient.

Rehab Management Group assures the quality of each test performed in your office. We have Board Certified Technicians train your designated personnel to perform the EDX test and we monitor every test for accuracy. We offer this service as part of our EDX Management Agreement (fee for service) and have our Board Certified physicians "over read" the tests, and provide a professional interpretation of the test results.

Physician training is accomplished with on-line seminars and regular conferences attended by other contracted clients who have integrated EDX Programs into their practices. These are well attended and provide insight to what others are experiencing in their practices across the country. Technician training is scheduled at your facility, with your patients, supervised by our Board Certified Technicians over a 3 day period.

The training manuals are completely comprehensive and continually upgraded as events dictated over the past 8 years. The information includes equipment operation instructions, how to perform the EDX test, billing code examples, training objectives, questions and answers and appropriate custom designed forms for easy integration of services.

### **Technicians and Staff**

The staff of Rehab Management Group utilizes the most advanced, state of the art equipment. Our physicians are Board Certified in their field and are specifically trained in the diagnosis and treatment of neurological, neuromuscular, and musculoskeletal disease.

Our Board Certified physicians are at your service to answer questions and help with patient follow up care via phone or email.

We provide regular educational seminars for our physicians under contract on a variety of topics, including:

- Pain Management / Pain, Tingling, and Numbness, EDX analysis
- Diabetic Neuropathy / Monitoring and treatment
- Utilization of EDX testing for better patient care
- Evaluate Peripheral Neuropathy
- Evaluate Entrapment Neuropathy
- Confirm Radiculopathy
- Follow up care for the Chronic Pain and Diabetic patient
- Diagnosing Pain patients and Treatment protocols
- Patient record documentation and organization
- Billing and Coding examples

“EDX Studies are unique in obtaining real time physiologic data about nerve and muscle function”. **“MISDIAGNOSIS LEADS TO MISTREATMENT.”**

Seminar Speaker and Medical Director, Gene Melvin MD.

Rehab Management Group also provides regular email or fax documents on research articles relating to EDX Medicine, Pain Management, Diabetic treatment and other Neuromuscular Diseases. This information keeps you up to date on the latest research

available on the current developments and peer review articles on treatment and monitoring Peripheral Nerve Diseases.

We have a Board Certified Electro-Diagnostic Technicians (R.NCS.T) to oversee each test performed in your office. This assures *quality control* over the technical component. The data from the studies are then sent to our Neurologist or Physiatrist to be interpreted and sent back via the Internet within 5 - 7 business days to your office. This ensures quality control over the professional component.

Our staff offers you a variety of assessment tools that allow a more accurate evaluation of the most important aspect of healthcare, ***your patient***, in ***your office***. When an accurate evaluation has been made, you are able to develop the best treatment plan possible.

### **Legal Issues**

Rehab Management Group has experience with all types of physician clinics across the United States. Our healthcare attorneys have made sure that development of your EDX medicine services are completely within ***ALL*** guidelines for each state (e.g. Medicare and Stark laws). All data systems are HIPPA compliant.

Our method of implementing these additional ancillary services will make the transition easy and with no interruption of the daily office routine. Your equipment is paid for after the first 20 patients scheduled in your office for the initial 3 day training of your staff. Retesting is recommended by Medicare after 1 year for most patients.

We are a team of dedicated professionals who understand enhancing your practice, broadening your opportunities, and exceeding your patient's expectations, is the benchmark for the physician's success.

I am proud to introduce you to Rehab Management Group Inc. Feel free to get more information on our website [www.RMGrehab.com](http://www.RMGrehab.com) of our documented proven results.

Please contact our office today and get started giving your patients the ultimate in quality care.

Sincerely,



William E. Feley  
President  
Rehab Management Group Inc.

# What is Electrodiagnostic Medicine?

## Introduction

The electrodiagnostic medicine consultation is a direct extension of the neurological portion of the physical examination. The examination can be helpful in evaluating the causes of numbness, tingling, pain, weakness, fatigue, and muscle cramping. Several types of tests are used to study nerve and muscle function. These include nerve conduction studies (NCS), electromyography (EMG), and evoked potentials.

An electro diagnostic medicine physician undergoes special training in electro diagnostic medicine procedures. The knowledge and expertise gained from such specialized medical training maximizes the ability of the interpreting physician to consider appropriate differential diagnoses in planning and performing the electro diagnostic examination. The expertise enables the interpreting physician to assist referring physicians in establishing diagnoses, determining prognoses, and assisting in proper management.

The examination usually takes 20 to 60 minutes. There are no restrictions on activity before or after the testing and there are no lasting after effects.

NCS and evoked potentials should be performed by a physician or a trained technologist under the direct supervision of a physician. The EMG examination should be performed by a physician with special training in this area.

## EDX Affects Diagnosis and Treatment Plans

The EDX medical consultation is an assessment of a patient by a physician to establish an accurate diagnosis of a presenting clinical problem that suggests a neuromuscular disorder. When an accurate diagnosis has been made, the referring physician is able to develop the best treatment plan possible.

**Studies have been made by: Kothari et al (Division of Neurology; Penn State College of Medicine; Hershey, Pennsylvania) documenting that 4 out of 10 patients are misdiagnosed without EDX studies.** These studies showed that patient care and intervention could be handled more cost effectively and with better results utilizing EDX services. The study also stresses the importance of more primary care physicians needing to enter the EDX arena.

## Nerve Conduction Studies

NCS test how well signals travel along a nerve and can help find the cause of abnormal nerve function. Signals are made to travel along the nerve by applying small electric pulses to the nerve at one site and recording the response at a different place along the nerve. The small electric pulses cause a short, mild tingling feeling. The nerve's response is picked up by a recording instrument and then is measured by the physician or technologist performing the test. Several nerves may need to be tested depending on the type of problem.

## Non-invasive Examination

Electrodes are placed on the patient's hands or feet to induce a small electrical pulse. The electrical activity of the muscle is fed into the recording instrument and the physician then analyzes it by looking at a signal on the computer monitor. This test can help determine if there are abnormalities in the muscle or the nerve going to it.

## Evoked Potentials

Evoked potentials evaluate the function of nerve pathways that carry signals through the spinal cord, vision pathways, and hearing pathways. Nerve signals are produced in these nerves by applying small electric pulses to the nerves of the legs or arms. The nerve's response is picked up from the skin over the surface of the spinal cord or the head.

## Special Precautions

The patient must inform the physician prior to the examination if they are on blood thinners or have hemophilia. The physician should also be informed if you have a cardiac pacemaker or use a transcutaneous electrical nerve stimulator (TENS) unit. Avoid using skin lotions the day of the test. If the patient has myasthenia gravis, the physician must advise the patient whether or not to take medications, such as Mestinon, before the examination.

## Results

When the examination is completed, the electro diagnostic medicine-interpreting physician will analyze the results and report them to the physician who referred the patient for the tests. The referring physician will use the test results to help decide on proper management.

## Patient Questions

This document is not a substitute for an informed discussion between a patient and his or her physician about the examination.

Should the patient have questions, they should be answered at the time of the examination.

## Example Reasons to Order EDX Studies

- The Patient is not responding to the Physicians care as expected.
- The Patient has specific complaints, which clinical findings do not support.
- Negative X-rays, CT scans, or MRI, but continued patient complaints.
- The Patient has suffered a traumatic injury.
- When there is a need to substantiate the effectiveness of care.
- When needed to determine the degree of nerve irritation or damage.
- When needed to determine severity of injury in Workers Comp and PI cases.
- When needed to validate care in Personal Injury cases.
- To monitor patients with neuropathies.
- When needed to substantiate continued care when maximum insurance benefits have been reached.

## Examples of Conditions and Tests Ordered

### Symptom

### Test(s) Ordered

Carpal Tunnel	Upper Extremity
Neck Pain w/ Radiating Symptoms	Upper Extremity
Shoulder Pain w/ Radiating Symptoms	Upper Extremity
Weakness of Hands	Upper Extremity
Leg or Foot Cramps	Lower Extremity
Pins/Needles in Arms, Legs, Hands and/or Feet	Upper & Lower Extremity
Low Back Pain Radiating into Legs	Lower Extremity
Pain or Numbness in Little Finger & Elbow	Upper Extremity
Sensory Loss of Extremities	Upper & Lower Extremity
Weakness of Extremities	Upper & Lower Extremity
Diabetes	Lower Extremity
Tarsal Tunnel	Lower Extremity
Wrist Drop	Upper Extremity
Foot Drop	Lower Extremity

# Electrodiagnosis Affects Diagnosis and Treatment Plans

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## Introduction

- The electrodiagnostic (EDX) medical consultation is an assessment of a patient by a physician to establish an accurate diagnosis of a presenting clinical problem that suggests a neuromuscular disorder.
- The EDX physician establishes the diagnosis after performing a focused review of the symptoms and physical exam, and electrophysiologic evaluation of selected functions of the CNS, nerve roots, peripheral nerves, neuromuscular junctions and muscles.
- When an accurate diagnosis has been made, the referring physician is able to develop the best treatment plan possible.
- Although EDX studies can help in the diagnosis and management of patients, referring physicians are sometimes hesitant to refer their patients for a study.
- The physicians often do not believe that the EDX consultation will result in a different diagnosis and therefore would not alter their management of the patient.
- There is also a belief among both physicians and patients that the EDX study is inordinately painful.
- Physicians therefore do not refer patients for EDX studies because they do not believe that the patient should undergo such a painful procedure when it will not effect how they will manage the patient.

## Cost-effective Medicine

- Because in today's age of cost-effective medicine it is important to not only prove the sensitivity and reliability of a procedure, but to also prove that the information gained is clinically useful, the author and his colleagues conducted two studies.

## Study One (1)

- Evaluation whether an EDX helped confirm the Dx suspected or even more importantly brought to light a Dx that had not been considered by the referring physician.
- In addition, whether the expected level of pain and anxiety correlated with the actual discomfort experienced by the patient.
- To determine whether an EDX consultation helped confirm the referring physician's suspected Dx or resulted in a new Dx that had not been considered by the referring physician, 126 patients were studied in the laboratory at Brigham and Women's Hospital at Harvard Medical School, Boston, Mass.
- Seventy-six (76/126) of the patients had abnormal studies. After the EDX consult was completed, an EDX Dx was determined utilizing the criteria in the *AAEM Guidelines in Electrodiagnostic Medicine*. This Dx was compared to the Dx of the referring physician.
- Of the 76 patients with abnormal studies, 30 (39%) had a final EDX diagnosis that was different from the referring physician's Dx. (Table 1).
- The author also looked at the specialty of the referring physicians in the study. Of the 126 patients, 82 were referred by neurologists, 16 by orthopedists, and 28 by internists and other specialists.
- **The study found that Dx's rendered by neurologists were not in agreement with the EDX Dx any more often than those Dx's made by other specialists.**

**Table 1. Summary of Abnormal EDX Studies:  
Comparison of Referral and Electrophysiological Diagnosis**

Referring Dx	N	EDX	C	DC
Carpal Tunnel Syndrome	13	CTS	9	
		Cerv Rad.		4
Polyneuropathy	12	PolyNeur.	10	
		L/S Neur.		2
Ulnar Neuropathy	11	Ulnar Neur.	5	
		Cerv Rad.		2
		Brach Plex		2
		CTS		2
Cervical Radiculopathy	9	Cerv Rad	6	
		Ulnar Neur		2
		M Neur Dx		1
Myopathy	8	Myopathy	3	
		Polyneuro.		3
		M Neur Dx		2
Lumbosacral Radiculopathy	8	L/S Rad	6	
		Polyneuro		2
Motor Neuron Dx	5	M Neur Dx	3	
		Brach Plex		1
		Polyneuro		1
Brachial Plexopathy	4	Brach Plex	3	
		Cerv Rad		1
Myasthenia Gravis	3	Myopathy		2
		My Gravis	1	
Peroneal Neuropathy	2	L/S Neuro		2
Radial Neuropathy	<u>1</u>	Cerv Rad		<u>1</u>
Total	76	Total	46	30

**Abbreviations: C = concordant; DC = discordant, N = number of patients**

## Study Two (2)

- This also addressed the issue of whether the EDX diagnosis was different than the referring Dx but additionally looked at how frequently the EDX consult affected patient management.
- The second study also addressed whether the referring Dx was different than the EDX Dx. In addition, it examined whether the referring physician altered the clinical management of the patient based on the results of the

EDX consultation.

- This study included 140 consecutive patients. As in the first study, for each patient both the referring and the final EDX Dx were recorded. The clinical follow-up involved either direct contact with the referring physician or a chart review to determine what, if any, action was taken in the management of the patient as a result of the normal or abnormal EDX study. Complete follow-up was obtained on 100 patients.

<b>Table 2. Responses Obtained From Pain Perception Survey</b>					
	<b>N</b>	<b>Men (%)</b>		<b>Women (%)</b>	
<b>Pretest Anxiety Levels</b>					
Low	59	22	(63)	37	(57)
Medium	27	09	(26)	18	(28)
High	14	04	(11)	10	(15)
<b>Sleep Night Before</b>					
Yes	81				
No	19				
<b>Test as bad as expected</b>					
Yes	18				
No	82				
<b>Would have test again</b>					
Yes	93				
No	07				
*2 patients did not respond. N = Total number of patients.					

- Patients were categorized into the following groups based on the EDX results:
  1. Abnormal EDX with a change in therapy or further workup.
  2. Abnormal EDX with no change in therapy or further workup.
  3. Normal EDX with a change in therapy or further workup.
  4. Normal EDX with no change in therapy or further workup.
- Abnormal study results were obtained in 78 patients, of which 29 (37%) had an EDX Dx that was different from the referring Dx. Results from the clinical followup are shown in Table 3.
- Therapeutic changes ranged from conservative to surgical. For example,

some patients with CTS were treated with wrist splints, while others underwent surgical decompression. Patients who underwent additional workup sometimes were referred for further therapeutic interventions.

- An example of this was a patient referred for CTS who was found to have a C5-6 radiculopathy and then went on to have a MRI scan of the C-spine with subsequent surgery.
- There was one patient who was referred for CTS and the EDX was normal; the patient still underwent surgical decompression of the median nerve.

**Table 3. Relationship Between EDX and Clinical Management**

<b>EDX</b>	<b>Number of Pt's</b>	<b>Change in therapy or further workup</b>	<b>No change in therapy or further workup</b>
Abnormal	78	43	35
Normal	22	03	19

### Conclusion

- Based on the findings of these two studies, it is clear that the EDX evaluation was often beneficial to proper patient care.
- In the two studies respectively, 39% and 37% had an entirely different EDX Dx than the referring Dx.
- The finding of an alternative Dx has significant implications for patient care.
- In addition to the Dx, the EDX study can also determine the severity of the problem.
- An EDX study is not an inexpensive test, with the cost ranging from \$180 to \$1000 depending on the extent of the study (number of limbs and nerves studied). For comparison, an MRI scan of either the cervical or lumbar spine cost approximately \$1000. Initial subspecialty consult fees are approximately \$60 to \$200 per consult.
- If the EDX consult reveals a different clinical Dx and alters patient management and avoids additional nondiagnostic studies, consults, and unsuccessful therapeutic interventions, it could be a very cost-effective tool in the early Dx and management of suspected neuromuscular disorders.

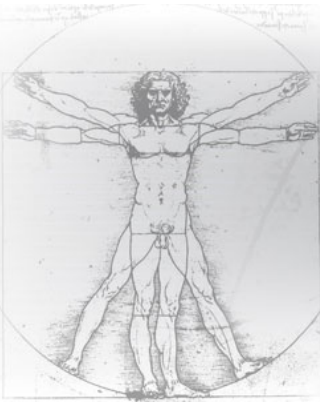
- This is crucial in the current health care environment where greater emphasis has been placed on primary care medicine and cost-effective health care.
- The primary care physicians should use EDX studies to better direct the evaluation and management of their patients in a more cost-effective manner.

### References:

- Kothari MJ, Preston DC, Plotkin GM, Venkatesh S, Shefner JM, Logigan EL: Electromyography: Do the diagnostic ends justify the means? *Arch Phys Med Rehabil* 1995; 76:947-949.
- Blakeslee MA, Simmons Z, Logigian EL, Kothari MJ: Does an EDX study change clinical manag.?, abstract. *Muscle Nerve* 1996; 19(9):1225.

### Where to Get More Information

- There can be more articles emailed by RMG Inc. at the physician's request.
- [www.AANEM.org](http://www.AANEM.org)
- [www.ASET.org](http://www.ASET.org)
- [www.RMGrehab.com](http://www.RMGrehab.com)
- Contact RMG Inc. via email: [RMG@rmgrehab.com](mailto:RMG@rmgrehab.com)



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## EDX FAQ

### **Q. What are some of the biggest challenges facing physicians today?**

A. A few of them are:

- Carrier reimbursements are steadily decreasing for every procedure.
- Physicians have to treat more patients' everyday to maintain previous revenues.
- Diminishing financial returns. It is becoming impossible to treat enough patients to maintain past revenues.

### **Q. How are physicians overcoming these issues to maintain their practice viability?**

A. They are expanding their practice dynamics by developing additional services they perform in their clinic. These are called Ancillary Services. Ancillary services are procedures or testing the Physician may have referred out in the past.

Examples: X-ray, MRI, Bloodwork, EKG, and Electrodiagnostic Testing are some of the possibilities. Let's talk about Electrodiagnostic Testing.

### **Q. What is Electrodiagnostic Testing (EDX)?**

A. There are 3 Primary types of EDX Tests

- NCV - Nerve Conduction Velocity
- SSEP - SomatoSensory Evoked Potentials
- EMG – ElectroMyoGram

It is the “Gold Standard” in diagnostic capabilities and delivers the most valuable information for differential diagnosis of Neuromuscular and Peripheral Nerve disease.

### **Q. Which test can be performed in my office?**

A. All tests can be performed in your office. However, NCV is the primary test that will be performed in your clinic. NCV is a NON-invasive test (no needles). NCV is normally the first test ordered. Other tests may follow “depending on the results” of the NCV test.

**Q. How does the NCV test work?**

A. The NCV test measures how well signals travel along a nerve and can help find the cause of abnormal nerve function. Signals are made to travel along the nerve by applying small electric pulses to the nerve at one site and recording the response at a different place along the nerve. The short electric pulses cause a brief, mild tingling feeling. The nerve’s response is picked up by a recording instrument and then is measured by the technician performing the test. Several nerves may need to be tested, depending on the pathology. This is an “objective” study.

**Q. What about the SSEP test?**

A. This is the second test performed if a Radiculopathy is suspected. This test is a painless test that checks the nerve pathways through the spinal cord. The nerve responses are recorded over the scalp. This is an “objective” study.

**Q. What about the EMG test?**

A. This is the “needle” portion of the EDX exam that is inserted into several muscles to see if there are any suspected Radiculopathies. Most of our clients refer this test out. Patients with muscle loss or muscle dysatrophy are usually referred to a specialist for treatment. This is a “subjective” test.

**Q. Am I duplicating a full Neurological evaluation?**

A. No, NCV’s are ordered to help differentiate between a Radiculopathy (i.e. Disc) and a Peripheral Neuropathy (i.e. Pain from the nerve in an extremity). It is important information before any treatment plan is attempted, or to discover why previous treatment plans may not have been successful. If additional tests are required, the physician would proceed with additional testing.

**Q. What type of Physicians need to perform these tests?**

- A. These groups have large patient bases in need of this study.
- Family/General Practitioners
  - Orthopedic Specialists
  - Pain Physicians
  - Endocrinologists

**Q. What does EDX testing provide my patients?**

A. This is an "objective" test to differentiate a diagnosis of a Radiculopathy from a Peripheral Neuropathy. It assures the physician a complete picture of the neuromuscular disorder to provide cost effective and insightful treatment planning. For diabetic patients it is invaluable for evaluating, monitoring Diabetic neuropathies.

**Q. How many of my patients would be candidates for this examination?**

A. Family and Primary Care physician's report 30%-35% of their patients are candidates for this exam. Pain practices, orthopedic specialists, Internal Medicine and Endocrinologists report a much higher incidence of ordering the test.

**Q. What are the Reasons to order Nerve Conduction Studies?**

A. The following are some of the reasons to order NCV studies.

- Patients exhibiting neck pain with radiating symptoms.
- Patients exhibiting back pain with radiating symptoms.
- Pain and /or numbness in extremities i.e. Arms, legs, hands and feet.
- Weakness of extremities
- Carpal Tunnel
- Diabetes
- The patient is not responding to the Physicians care as expected.
- The patient has specific complaints, which clinical findings do not support.
- Negative X-rays, CT scans, or MRI, but continued patient complaints.
- The patient has suffered a traumatic injury.
- When there is a need to substantiate the effectiveness of care.
- When needed to determine severity of injury in Workers Comp or PI. Cases.
- To monitor patients with neuropathies.
- When needed to substantiate continued care when maximum insurance benefits have been reached.

**Q. What examples of conditions and tests would the NCV test be ordered for?**

<u>A. Symptom</u>	<u>NCV Test(s) Ordered</u>
• Carpal Tunnel	Upper Extremity
• Neck Pain w/radiating Symptoms	Upper Extremity
• Shoulder Pain w? Radiating Symptoms	Upper Extremity
• Weakness of Hands	Upper Extremity
• Leg or Foot Cramps	Lower Extremity
• Pins/Needles in Arms, Legs, Hands and Feet	Upper/Lower Extremity
• Low Back Pain Radiating into Legs	Lower Extremity

- |   |                       |
|---|-----------------------|
| • Pain Numbness in Little Finger or Elbow | Upper Extremity       |
| • Sensory Loss of Extremities             | Upper/Lower Extremity |
| • Weakness of Extremities                 | Upper/Lower Extremity |
| • Diabetes*                               | Lower Extremity       |
| • Tarsal Tunnel                           | Lower Extremity       |
| • Wrist Drop                              | Upper Extremity       |
| • Foot Drop                               | Lower Extremity       |

\* (Diabetes; NCV tested recommended by American Diabetes Association for evaluation and monitoring Diabetic Peripheral Neuropathy)

**Q. As a Physician, why should I order the test?**

A. Approximately 4 out of 10 patients with neuromuscular disease are misdiagnosed without the nerve conduction study. "Misdiagnoses leads to Mistreatment". Having the EDX ancillary services in your clinic enables you to diagnosis and treat these diseases "in your office". (See Peer Review article, Electrodiagnosis Affects Diagnosis and Treatment Plans Division of Neurology, Penn State College of Medicine.)

**Q. Is it convenient and cost effective for my patients?**

A. Absolutely. It maintains the continuity and integrity of patient care in a timely fashion. It's not necessary to wait for weeks or months for a neurological consultation and additional expense for the patient of additional medical workups. It assures the Physician the ability to provide immediate treatment and control of his patients care.

**Q. How does it work?**

- A. RMG's EDX Program is a unique, professionally managed opportunity for the physician:
- RMG trains members of your existing staff and certifies them upon completion of our training.
  - Technicians are trained in your office with your patients.
  - There is no additional space required other than your current exam rooms
  - Equipment is the size of a laptop.
  - Physicians participate in an on-line seminar and are invited to attend additional seminars in Orlando FL, where they will be invited to join the AANEM after completion of an advanced study in EDX Medicine.
  - Education to Physicians and staff is provided for proper ordering and documentation of the tests performed.
  - Quality control of each test performed in your office is supervised by Board Certified technicians to ensure completeness and quality assurance.
  - Over read reports by Board Certified physicians are provided in 3-5 working days.

- Instruction on approved CPT and ICD 9 coding and answers to billing questions.
- Reactivation alerts for repeat testing, usually required annually (ex: Diabetes).
- HIPPA compliant database for storage and easy tracking of all reports.
- Full library of peer review articles and instructional videos for review.
- Assistance in procuring equipment at wholesale cost.

Every aspect of a complete operation has been thoroughly tested and provides the physician confidence in his newly developed EDX ancillary service.

**Q. How is the Physician trained?**

A. RMG provides online seminars which are available at the physician’s convenience. We also have multiple one day seminars, always on Saturday across the country which are regularly attended by clients and their staff to continue their education on a variety of EDX topics including: diagnosis and treatment planning, diagnosing peripheral neuropathies, pain, tingling and numbness, diabetic polyneuropathies, and all topics concerning successful implementation of the EDX program.

**Q. What is the cost of the EDX program?**

A. The only cost for the program is the purchase of the EDX testing equipment. The equipment cost is \$14,950. This is a wholesale cost that encompasses complete training. If the equipment is leased then the breakeven point is only one (1) test per month.

**Q. Do I pay extra for additional Technician Training?**

A. Training is included when you commit to our EDX Management Agreement. RMG bills the physician a “fee for services” rendered on the quality control oversight and the professional interpretations provided by our Board Certified physicians on every test you perform. We continue to train your technicians whenever the physician requests or when we feel it is necessary to improve performance of your techs skills.

**Q. What is the “Fee for Service” charge?**

A. We charge a flat rate per test that is never to exceed 33% of your collected revenues. This is easily determined by a quick review of your payors. If no tests are performed, no services are billed. There are no hidden maintenance or contract fees.

**Q. Does Medicare reimburse for the EDX test?**

A. Medicare reimburses over \$425 per exam. Most carriers exceed this amount. Most clients average between \$600 and \$650 per test, depending on their carrier mix.

**Q. How do I know I will get reimbursed?**

A. All carriers recognize the CPT codes for the testing. It is the “Gold Standard” in testing. RMG reviews your top seven payors and works with your billing department to assure your insurance companies pay the codes.

**Q. It sounds very interesting, but “I don’t have the time?”**

A. It doesn’t take any more time than you would spend to refer the patient out for the same test to a specialist. We train your staff to respond to your ordering the test, just as you would if you were referring the patient to another physician. Except you get the results, quicker, (and you are assured of the patient returning to you for treatment.)

We provide custom order forms that the physician simply checks a box, documents in your notes why the test is being ordered and document the results from the exam. Just as you would normally do with any other treatment performed by you or your staff or documenting any service referred to other physicians.

RMG trains and manages your technician responsibilities, so you don’t have to while they are performing the tests.

The only time requirement is the one hour on line seminar with our physician to familiarize you with the program. It is time well spent for this dynamic potential.

**Q. I don’t have a technician to perform the test, how will it work?**

A. RMG will train members of your current staff, in your office, with your patients. We recommend a Medical Assistant who is comfortable working with patients, has an understanding of anatomy, and is computer literate. The technician is initially trained over a 3 day period at your clinic with your patients. Additional training is performed over time. We recommend 2 people for training so you have full time coverage in case of illness.

**Q. How is my technician’s performance monitored?**

A. Every test is monitored by our Board Certified Technicians through our HIPPA compliant servers and checked for accuracy. If a test is not done correctly, the technician is notified to repeat the test. RMG is available by phone and email to assist the technician during office hours to answer any questions.

Our technicians monitor every test performed, assuring the physician that the test was done correctly before it is billed. Certificates are issued for successful completion of our training.

**Q. Is a second opinion or over read interpretation available?**

A. Yes, once our techs have reviewed the results from the test, it is forwarded to our Board Certified Neurologist or Psychiatrist for review and a written interpretation is provided. This report is NOT a computer generated report; each test is reviewed by our physicians. Our Doctors are available for consultation on their interpretation of the test performed.

**Q. When can you expect to get the test/interpretation results back?**

A. Approximately in 3-5 days.

**Q. Is your program a "true" nerve conduction study?**

A. Yes! Our program is a true NCV test.

Unlike some other "handheld" equipment that is being marketed which is NOT a true NCV test. Be careful about claims from other companies that say they are the same. Some of these companies offer a lower cost, but the capabilities of the equipment LIMITS the number of nerves that can be tested. They cannot perform certain portions of electro diagnostics test. Ex; F-wave, H reflex and SSEP etc. They also have "computer" generated reports.

***Medicare clearly states they will not pay for this type of report.***

OIG warns physicians to be careful using these machines. Many people bill these incorrectly, billing as an approved CPT code which it is NOT.

**Q. How long has Rehab Management Group Inc. been in business?**

A. RMG Inc. has been in business over 9 years and has provided services to hundreds of clinics across the country.

**Q. Does your program meet all regulatory issues?**

A. Yes, we are operating within all known federal and state guidelines and RMG has been thoroughly vetted by legal council, assuring the physician peace of mind in developing professional diagnostic capabilities for his patients.

**Q. What are the Physician responsibilities/requirements?"**

A. The only requirement for the physician is he/she has to be in the office when tests are performed.

**Q. I like the potential, how do I get started?**

A. To summarize our next steps:

- Contact RMG’s management team to initiate the EDX Management Agreement.
- RMG will establish a “fee for service” after input from your billing personnel.
- Schedule time for an Online Power Point Conference ASAP.
- Designate 20 tests for NCV training in your office.
- Pick 2 technicians to be trained to perform the test. Manuals will be provided for study.

RMG’s training is designed to be as comprehensive and as non disruptive as possible. You are establishing a new diagnostic wing to your existing practice. RMG looks forward to being your full time manager of your EDX Direct service.

**Q. What are RMG’s Goals?**

A. Your Goals are our Goals! We are a team of dedicated professionals who understand enhancing the Physicians practice, broadening his opportunities and exceeding his patient’s expectations, is the benchmark for the physician’s success.

Give us a Call!



**EDX PROFORMA  
100 PATIENTS PER MONTH**

<b><u>PAYORS</u></b>		<b><u>MONTHLY</u></b>	<b><u>ANNUAL</u></b>
<b>MEDICARE</b>	20		
Standard Test	\$400.00	\$ 8,000.00	\$ 96,000.00
Add. Nerves	\$ -		
<b>INSURANCE</b>	50		
Standard Test	\$ 600.00	\$ 40,000.00	\$ 480,000.00
Add. Nerves	\$ 200.00		
<b>HMO's</b>	30		
Standard Test	\$ 545.00	\$ 16,350.00	\$ 196,200.00
Add. Nerves	\$ -		
<b><u>GROSS REVENUE</u></b>		<b>\$ 64,350.00</b>	<b>\$ 772,200.00</b>
<b><u>FIXED EXPENSE</u></b>			
Equipment	\$ 14,950.00		
60 mo lease - Approximate		\$ 330.00	\$ 3,960.00
<b><u>VARIABLE EXPENSE</u></b>			
Technician	100 hr x \$10	\$ 1,000.00	\$ 12,000.00
Supplies		\$ 200.00	\$ 2,400.00
RMG Mang. Expense		\$ 15,000.00	\$ 180,000.00
100	\$ 150.00		
<b><u>TOTAL EXPENSE</u></b>		<b>\$ 16,530.00</b>	<b>\$ 198,360.00</b>
<b><u>NET REVENUE</u></b>		<b>\$ 47,820.00</b>	<b>\$ 573,840.00</b>



"Financing the Future of Healthcare"

LEASE APPLICATION

Legal Name of Business: Office Contact:
Address: City: State: Zip:
Business Phone: Business Fax: Business Email:
Nature of Business: Time in Business: Corp. Prop. Partnership Non Profit

Owner's full legal name: (List full legal name, title and current address)

1. Name: SS # - - Title:
Address: City: State: Zip:
2. Name: SS # - - Title:
Address: City: State: Zip:

Bank Reference:

Bank: Contact: Telephone:
Checking Account No.: Loan No: Facsimile:

Equipment Information:

Supplier: RMG, Inc. Contact: Dr. Mark Lee Telephone: 843-676-9634
Equipment Description: XLTEK Equipment Cost: \$14,950
Lease Term Requested: Payment: Purchase Option: \$1.00

The undersigned certifies that the information requested above is accurate. The Lessee named above, its owners and/or principals, and all individuals whose names appear on the application expressly authorize consumer reporting agencies and other persons to furnish credit information to Lessor, separately or jointly with other creditors or lessors, for use in connection with this agreement.

NOTICE: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact Affinity Financial Services at the above address or call 866-809-5619 within 60 days from the date you are notified of our decision.

ALL APPLICANTS LISTED HEREIN MUST SIGN THIS APPLICATION. READ PRECEDING PARAGRAPHS CAREFULLY.

Signature: Title: Date:
Signature: Title: Date:

FAX TO: SCOTT SOSLOW @ 856-216-1106 PHONE: 856-216-1128

Sell Price to  
Customer

Term

Monthly Payment

Advance

Buyout

\$14,950.00	36	\$486.00	First Month	\$1.00
\$14,950.00	60	\$322.00	First Month	\$1.00
\$14,950.00	36	\$512.00	90 Day Deferred	\$1.00
\$14,950.00	60	\$343.00	90 Day Deferred	\$1.00

Scott Soslow  
P.O. Box 4325  
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