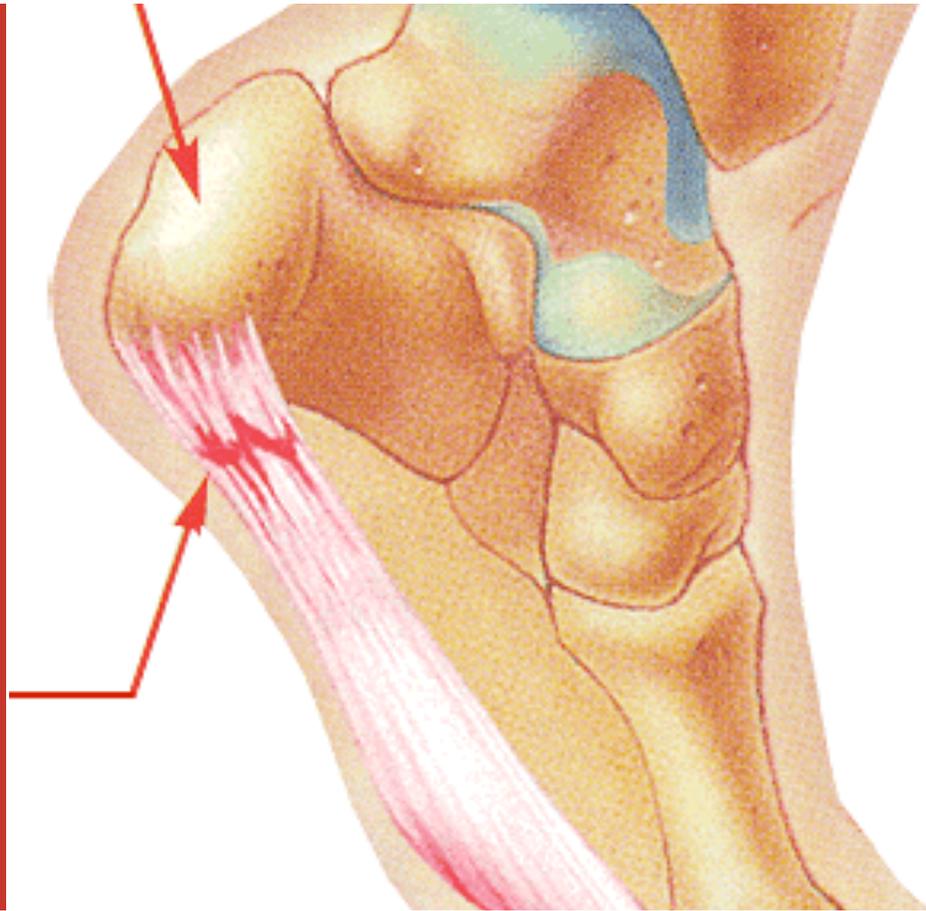


PODIATRIC ULTRASOUND



Provided exclusively
to the podiatry clients
of Fisher Biomedical.

Proper Podiatric Ultrasound Billing

How it works and how you should be doing it.

I often receive questions from podiatrists new to ultrasound (and their billing clerks), concerning how to properly submit for ultrasound reimbursements, what to expect from them, and how to ensure that they are doing everything properly. This special report is going to cover all of that and more.

The first section will provide you with our thoughts on the kind of return on your investment we feel you should be aiming for when using ultrasound in your practice.

The second section will cover how you should be billing for ultrasound reimbursements. You should print this section out for your billing clerk (pages 4 and 5).

The third and longest section will instruct you in the fundamentals of properly annotating your images and composing reports, to ensure that you are correctly documenting your ultrasound procedures in your records and making yourself bullet-proof with regard to Medicare and the various insurance companies you will be billing.

Podiatric Ultrasound ROI, Part 1

How often should you be using your ultrasound?

While you of course do not want to inundate insurance companies with ultrasound reimbursement requests, in the beginning it is more likely that you are not billing *enough* ultrasound procedures.

The trick is to continually expand your repertoire of legitimate uses you are able to put your ultrasound to in your examinations. Fisher Biomedical is continually expanding its arsenal of training materials specifically toward this end. We want you to become an *expert* in ultrasound.

Common Pathologies Ideally Suited to Ultrasound Imaging:

- * Plantar fascia tears and inflammation
- * Neuromas
- * Tendonitis, tears, and ruptures
- * Fibromas
- * Cysts
- * Ganglions
- * Bone injuries, contusions, fractures
- * Bursitis
- * Ligament strains, tears, etc.
- * Heel spurs
- * Muscle injuries
- * Periarticular swelling
- * Joint swelling and capsulitis
- * Foreign bodies
- * Ultrasound-guided injections

How many patients do you see each week with the conditions listed above? How many injections are you giving, how often are you looking at plantar fasciitis, how many foreign bodies do you encounter?

As you expand your repertoire of pathologies and procedures, you will use your ultrasound more and more often. And armed with the material in this report, you will feel increasingly confident in properly annotating your images and creating reports

to back up why you elected to perform an ultrasound and documenting your findings.

Realistically ... how often should you really be billing out for ultrasound? Here is what we have found, assuming an average-sized practice:

When you are new to ultrasound and first introducing it to your practice, you should probably be practicing with it several times a day (you want to practice as much as possible to become more and more confident and build your initial repertoire), while *billing out for approximately **one or two procedures per day** — ideally at least one in the morning, one in the afternoon.*

After a month or so, you should probably be comfortable enough to double or triple this, *billing out for **four to six ultrasound procedures per day.***

That might end up being as often as you will feel it necessary and appropriate to be using your ultrasound. We have some clients, however, with larger practices, who actually end up averaging *eight to ten* ultrasound procedures every day.

Ultimately, how much you use your ultrasound is going to depend on how large your practice is, the kinds of patients you are seeing, and the extent to which you study the training material and practice in order to develop your repertoire of what you feel comfortable finding, measuring, identifying, or injecting with the aid of your ultrasound.

But set your initial goal at something realistic and easy to accomplish: aim for **two procedures per day for your first month.** Then raise your goal to three or four procedures a day by the end of your second month. This kind of schedule is very realistic. Now let's look at what that translates to in reimbursements. ...

Podiatric Ultrasound ROI, Part 2

What should you expect to be earning?

If you are using your ultrasound once in the morning and once in the afternoon, submitting for two procedures per day, what does that translate to, on average, over time?

And what if you could, over the course of three to six months, expand that to an average of four procedures per day?

How many patients do you actually see every day, and with how many of those *could* you be using your ultrasound?

Here are some numbers to consider. The average Medicare reimbursement, across the United States, for an ultrasound examination, is \$94. The average we have seen with most insurance carriers is right about \$100. And for an ultrasound-guided injection, you should see your reimbursements ranging from \$150 to \$175 (on top of what you normally would bill for the injection).

For our purposes here, we will stick with an average reimbursement of \$100 as a reasonable round number. This keeps the estimates on the low end and makes the math pretty easy ... It works out to basically \$25K a year per procedure averaged daily.

2 procedures per day

= **\$200 / day**
 = **\$1,000 / week** (5 days/week)
 = **\$4,300 / month** (4.3 weeks/month)

Or, on average, allowing for two weeks of vacation = \$50,000 / year

That's not so bad. You pull out your ultrasound with a patient in the morning, and once more with a patient in the afternoon, and your income just went up fifty thousand dollars a year. And this is actually probably as often as you would ever need to use your ultrasound to justify your in-

vestment. You will pay off your ultrasound about seven times over the first year alone, if all you do is spend ten minutes a day with it. And that's if you buy it outright.

If you are financing your ultrasound, the monthly income you are generating actually works out to anywhere from **15 to 30 times your monthly investment** depending on how long of a period over which you set up the financing.

So the ROI is exceptional even if you are only using the ultrasound once or twice each day.

But what happens if you use it more often than that? The numbers (and ROI) quickly become even more impressive:

3 procedures per day

= **\$300 / day**
 = **\$1,500 / week** (5 days/week)
 = **\$6,450 / month** (4.3 weeks/month)

Or, on average, allowing for two weeks of vacation = \$75,000 / year

And if you eventually reach the point where you are comfortably using your ultrasound *four* times a day (twice in the morning, twice in the afternoon, at about two or three minutes per exam)?

4 procedures per day

= **\$400 / day**
 = **\$2,000 / week** (5 days/week)
 = **\$8,600 / month** (4.3 weeks/month)

Or, on average, allowing for two weeks of vacation = \$100,000 / year

And remember, that's at only \$100 a procedure. Guided injections will pay \$150.

Ultrasound Billing: CPT Coding

Here is the good news. From everything we have heard from every podiatrist we have worked with (the sole exception, oddly, being a few podiatrist clients we have in Maryland and Pennsylvania), it would appear to be a consensus: Collecting reimbursements for podiatric ultrasound is consistently effortless. The insurance companies all seem to reimburse without any kind of fuss. Problems are rare, and generally altogether non-existent.

The CPT codes you will be using every day for ultrasound are given with their descriptions and average reimbursements in the side bar. Generally they will fall into one of two classifications:

- 1.) Use **CPT 76942** ... if the procedure involved using the ultrasound to guide a needle during an injection.
- 2.) Use **CPT 76880** ... for everything else.

Depending on your state and on the insurance company, it might be that you will be asked to bill occasionally using a Technical Code and a Modifier. You will figure this out fairly quickly with the first few reimbursements you submit to your primary insurance carriers.

Here in Florida, for example, if the ultrasound is performed by a tech, the reimbursement may be submitted with a Technical Code and the Modifier 26, where the Technical Code pays about \$83 and the Modifier about \$28, for a total of \$111 for the procedure). That's probably about as complicated as it is likely to get.

BILLING

You will be collecting reimbursements on two primary CPT codes:

CPT Code 76880

“Diagnostic Ultrasound, extremity, non-vascular, B-scan and/or real time imaging with image documentation.” The average Medicare reimbursement nationally is \$94, whereas non-Medicare reimbursements should run between \$100 and \$125.

CPT Code 76942

“Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization of device), imaging supervision and interpretation.” The average reimbursement here should fall between \$150 and \$175.

Two special cases:

There is also an additional **CPT code (76970)** you may want to try using to bill for a “Follow-up ultrasound procedure.” Not everyone uses this code, but you might have occasion to give it a try. “Follow-up” ultrasound scans generally seem to reimburse about \$50 — right around what a typical “office visit” ends up paying.

Bilateral scans can oftentimes reimburse 150% to 200%, depending on the insurance carrier and the state you are in. You should of course probably limit the number to these for which you submit requests for reimbursement, and only submit for them when they are truly appropriate. Be sure to have both images saved and refer to both in your report.

Ultrasound Billing: ICD9 Codes

You will be using the two primary CPT codes for your billing:

- 1.) **CPT 76942** ... for guided injections.
- 2.) **CPT 76880** ... for everything else.

That's pretty simple. The ICD9 codes, however, if you are using them, are a bit more varied. After interviewing some of our more experienced billing clerks, we have managed to compile a list to get you started. The most common ICD9 codes appear to be **728.71**, as well as **727.42** and **729.5** and **726.72**.

728.71 Plantar fascial fibromatosis, Contracture of plantar fascia, Plantar fasciitis (traumatic)

727.42 Ganglion of tendon sheath

729.5 Pain in limb

726.72 Tibialis tendinitis, Tibialis (anterior) (posterior) tendinitis

The ICD9 classification 728 (Disorders of muscle, ligament, and fascia) definitely seems to be likely the most appropriate for a number of possible classifications, **excluding only**: *enthesopathies (726.0-726.9)*, *muscular dystrophies (359.0-359.1)*, *myoneural disorders (358.00-358.9)*, *myopathies (359.2-359.9)*, *non-traumatic hematoma of muscle (729.92)*, *old disruption of ligaments of knee (717.81-717.89)*.

And ICD9 classification 726 (Peripheral enthesopathies and allied syndromes) also appears helpful:

726.7 Enthesopathy of ankle and tarsus

726.70 Enthesopathy of ankle and tarsus, unspecified

Metatarsalgia NOS

Excludes: Morton's metatarsalgia, neuralgia, or neuroma (355.6) — though that's a good one too!

726.71 Achilles bursitis or tendinitis

726.72 Tibialis tendinitis

Tibialis (anterior) (posterior) tendinitis

726.73 Calcaneal spur

726.79 Other

Peroneal tendinitis

If in the course of your billing you discover any corrections or come up with any helpful distinctions or tips, we would love to hear from you. Email us at info@fisherbiomedical.com.

Annotating Images & Writing Reports

What your ultrasound images need to say ...

Now and then, I hear of a client having submitted for numerous ultrasound reimbursements without actually printing or saving the ultrasound images. *We do not recommend that.* You need to be either printing or saving a copy of every ultrasound you are submitting to an insurance company for a reimbursement. Not because they will ask for it (they probably won't), but because they *might* ask for it. And if it really is as easy as pressing the "Print" button or saving the image to the USB flash drive — then why not?

Now, assuming you are saving or printing your ultrasound images to keep as records ... what should actually be on them?

What Belongs in Your Annotations

- 1.) Either your name or the name of your practice. (You put this into the system under the Set-Up menu and it stays on-screen at top left for all of your ultrasound scans.)

- 2.) The name of the patient *and* some kind of patient ID number, whether an ID the system generates for you or a chart number or the last four of the social. (You put this in using the Pat Data button.)

- 3.) A pretty clear image. (Just do your best in the beginning. Your images will improve with practice. And consider saving them as image files to your USB drive — the resolution there will always be superior to that of a thermal print, and keeping a digital archive on file is a great practice to follow.)

- 4.) Annotations of some kind (see the next few pages), including a *title* to tell us what we are looking at, and some *labels* to give

us an idea of where things are and how we are oriented. Your ultrasound will come with pre-installed podiatry-specific annotation phrases you can pull up quickly from a menu (and edit if you like), speeding up this step for you.

- 5.) Possibly *arrows* indicating the precise locations of pathologies or where you gave injections.

- 6.) Measurements, whenever appropriate (using the DIS or AREA modes) to show how wide, long, deep something is.

Ideally you want all six of those elements represented in the images you are printing or saving. Image quality can be somewhat subjective, especially early on. And sometimes you won't need a measurement or an arrow. But at the very least, make sure your name is on there, the patient's name and ID, and some kind of annotation explaining what it is that we are looking at.

The next few pages cover some of the common strategies and abbreviations for annotating your images. You may want to print that section out and keep it at hand, and add to it as you come up with additional elements or comments you wish to include in your annotations.

Also: Never underestimate the value of a clear, well-annotated ultrasound image to your *patients*. Share any particularly good images (either the print or the saved image file) and explain them to the patient. They will love it, they will *share it* (leading to referrals), and it just gives the entire procedure all the more weight and significance.

Annotating Images & Writing Reports

Insurance companies are generally going to want you to have your ultrasound images archived in your patient files or stored on your computer, perhaps accessible through your EMR. Most will expect you to write up reports on your ultrasound procedures, indicating what you were looking for and what it was you found. If you are documenting the essential characteristics, the essential observations, the measurements you made, etc., you should be fine.

I would prefer you be better than fine. I would prefer you to be **bullet-proof**. And by that I mean, not merely having an adequate image and a suitable report, but consistently having images annotated so well and reports written so solidly that it makes anyone looking at them immediately think: “Wow. This doctor obviously knows his stuff.”

Where are you going to best learn what to include in your annotations and reports?

- * The page just before this one in this report. Learn to incorporate all six of those elements into your image annotations and your ultrasounds will look impeccable.
- * Your copy of *The Atlas of Foot and Ankle Sonography*. This and the sample images you find throughout the rest of our training materials combined with the report templates we provide will familiarize you with the common elements and terminology you will want to work into your own ultrasound documentation.

Start there and expand your arsenal of report templates and common annotations as your repertoire of exams and procedures grows.

Common Annotations

Many standard descriptive elements will turn up frequently in your annotations.

- ◆ Give every image a title (usually in the lower left corner), label at least one or two anatomical landmarks, and label pathologies.
- ◆ Abbreviate where possible, and try to be consistent.
- ◆ Save common words as custom annotations so you can apply them with a few clicks.

Type of Scan or Probe Orientation:

Longitudinal - Transverse
 Sagittal - Coronal
 Medial - Lateral

Which Foot:

Every image should include “Left” or “Right”

Anatomy:

Skin (generally obvious, so rarely labeled)
 Calcaneus
 Metatarsals (as in “MT2” and “MT3” etc., as well as the met head and interspaces)
 Fascia (or Plantar Fascia)
 Achilles Tendon, PT Tendon, etc.
 Ligaments
 Sesamoids
 Patella, Fibula, and Tibia
 Malleolus and Talus
 Etc.

Pathologies:

Abscess, Bursae, Cyst, Fibroma, Foreign Body, Fracture, Hematoma, Neuroma, Rupture, Spur, Tear, Tendonitis, etc.

Other Elements:

Needle, Stand-Off (indicating you used one), the word “Injection” if it’s a guided injection (along with “INJ” beside the arrow pointing to the location), etc.

Annotating Images: Quick Tips

Some ideas worth trying out ...

Speeding Things Up: The ANNOT Key

Your system should have custom podiatry annotations already in place, but follow our short tutorial notes to edit or add to these. With those in place, by simply pressing “ANNOT” you will be able to call up the menu of common words and phrases, select them with the track ball, and fix them on the image without having to type them out. This saves a great deal of time and, like putting in the patient’s name and ID at the start of the exam, can often even be delegated to an assistant.

position it pointing at the location of the injection, and press Enter to stick it on the screen; for another arrow, press “A” again). With arrows pointing at your injections, now press “Text” and move the cursor next to each arrow and label them “INJ.” And finally, when giving the image a title, be sure to include the word “Injection”: for example, “Right Plantar Fascia Injection.” (You may also want to ask about our short tutorial on using the split-screen technique, which you can use to capture “before” the injection and “during” the injection images side by side on the same screen.)

Positioning Measurements on the Print

If you have a CTS-5500+, your measurements automatically display where they ought to be: bottom left corner. If you have a CTS-7700+, however, you can press the letter “P” to *move* your displayed measurements to different corners of the screen.

Dictation Software - Naturally!

If you aren’t using dictation software to prepare your reports (and using templates for those reports — covered further on), you might want to consider it. Dragon NaturallySpeaking is the most common, and it has a Medical Solutions package with a suite of podiatry words and phrases. The system learns as you go, and therefore you really do want to speak naturally and at a normal speed. I have been astonished at just how fast I have seen doctors rattle off their notes with Dragon keeping up easily. Another tip: use a headset, and buy a mouse with extra buttons, which you can assign in your Windows settings to control the “Record” and “Stop” commands. When entering information into existing templates, you are able to simply highlight or position the cursor, and speak over that point in the report, changing or inserting information as needed. It takes some getting used to, but in the end, the time it saves you might have a fantastic impact on the quality of your life (and how soon you can leave every day!).

Needle-Guided Procedure Annotations

Capturing the perfect image *while* you are giving an injection can be challenging if you’re not doing it properly. Make it easy on yourself by following the correct work flow. Have a nurse hold the probe for you, keeping the image steady (it’s all about maintaining the same *pressure and angle* with the probe), freeing up your hands so you can deliver the injection. Observe the injection taking place, watch the liquid go in, remove the needle, and only *then* press Freeze. Now use your trackball to back up in your cineloop to find the best frame to work with. Now press the letter “A” on your keyboard to pull up an arrow (use the Value knob to rotate it, use the trackball to

Charts & Reports, Part 1

The value of a control image.

It can often be helpful having a “control” image in the patient’s chart, and being able to refer to that control in your reports when contrasting it with the image showing the pathology you are documenting. Having an ultrasound image of a patient’s neuroma is one thing. But having an image of your patient’s neuroma *side by side with a second image showing the absence of a neuroma* might be even better. Nothing underscores pathology more clearly than a side-by-side comparison with a normal condition.

The patient will also very much appreciate seeing a comparison. Telling them, for instance, that their plantar fascia has an abnormality only carries a certain amount of weight. Even showing them an ultrasound image only goes so far. But *showing* them the good versus the bad, actually giving them a clear visual of the abnormality by comparing their plantar fasciitis against a *normal* plantar fascia ... that makes more of an impact.

Does it take extra time? Of course. Is it worth it? Almost always. (And by comparing, it also helps you learn to better identify pathologies and make sharper distinctions.)

My Foot or Yours?

Some podiatrists prefer to scan their own foot first as the control. This can be a really nice touch. The patient sees it performed and, in effect, gets a sneak preview of what to expect and what to be looking for when it is his foot under the probe. If your foot is of a significantly different size, you will want to mention any compensatory adjustments they will want to keep in mind when you look at their foot, but for the most part, the scan of your foot (whether you save the image and then pull it back up, or if you run a print) will serve as an excellent visual comparison.

I think one of the best advantages of scanning your own foot might be that if you have been practicing on your own foot (which is always a good idea), you will already have a knack for pulling up a really nice image to serve as the control.

The other option is to scan the patient’s other (presumably good) foot and use that as your control. *You won’t be able to bill for that scan, of course, just as you won’t be able to bill for scanning your own foot.* But it might make an even stronger impression on the patient if she sees her own “good” foot side by side with her “bad” foot. If the pathology is particularly pronounced, the comparison might drive the point home even more strongly.

If you are scanning the patient’s good foot to contrast with the patient’s bad foot, you may want to take two separate scans, make two separate prints ... or you may want to go through our short tutorial on the split-screen technique and simply put the “good” on one side of the screen, the “bad” on the other (and label each accordingly).

Charts & Reports, Part 2

Templates, templates, templates.

Patient Charts

Paper Charts: If you are keeping paper charts, create a page titled “Ultrasound Film” at the top and have lines on which to fill in the patient’s name and ID and the date. Keep a stack of these at hand, and then simply tape the ultrasound prints to the page, fill in the information, and toss it in the patient’s chart.

Electronic Charts: If you have an EMR system or if you keep some or all of a patient’s files on your computer network, simply save the ultrasound image to your USB flash drive and then transfer those images to your computer, into whatever folder organization you have in place. Ideally, name your images so that they include the patient’s name and the date of the scan and *be rigorously consistent in the format you use.*

Reports

Templates are the name of the game here. You need to take the time to assemble a set of reports covering most, if not all, of the ultrasound procedures you regularly perform and the pathologies you investigate using your ultrasound. Written well, once, they will serve you day after day, year after year, and save you an immeasurable amount of time.

(You should have our set of Sample Report Templates. Start with these and modify them to fit your needs and your style of writing. If you don’t know where to find these samples, let us know. And if you would be willing to share with your colleagues some of the templates you put together yourself or any of ours that you modify or improve, we would love to see them. You can email your templates to me at: shawn@fisherbiomedical.com.)

Two excellent tips on making use of report templates:

* Dig into your *Atlas of Foot & Ankle Sonography* for the proper terminology and syntax. You want your reports to be complete, accurate, and professional.

* Use *systems* to mark out the places you will need to insert patient-specific information and measurements. For example, if you use “XYZ” in every place in your reports where you need to insert information or measurements, you can not only easily spot them as you customize the report for a specific exam, but also easily run a “Search” or “Find” in your word processor when you are done to see if any XYZ’s escaped your notice. Another system might involve marking optional paragraphs with an “OPT” in front of them, for the same reasons: it is easy to pick out the ones you want to keep and the ones you want to delete, and easy, when you are finished, to run a Search/Find for “OPT” to make sure you didn’t miss any of them.

A Sample Report Template

Plantar Fascia Exam

Notice in the following sample report template that it clearly breaks elements into paragraphs, making it easy to visually scan. It also makes use of a consistent system to mark out where you would need to insert information or measurements specific to the exam performed and optional paragraphs that can be chosen among and deleted as necessary.

Having something like this saved as a template will make you look great — and preserve your sanity.

Diagnostic Ultrasound Report

Diagnostic ultrasound was performed in the sagittal and transverse planes on the plantar aspect of the patient's XYZ foot. Results of diagnostic ultrasound were compared to that of a control, the plantar fascia of the patient's non-pathological foot.

Vertical thickness of the plantar fascia was measured in the sagittal plane and recorded at XYZ millimeters in thickness inferior to the calcaneal tuberosity, XYZ millimeters in thickness at the distal end of the calcaneal tuberosity, and XYZ millimeters in thickness 1.5 - 2cm distal to the leading edge of the calcaneal tuberosity. This is in contrast to the control, which was measured and recorded at XYZ mm, XYZ mm, and XYZ mm, respectively.

OPT/ALT: A significant amount of subcutaneous edema and hyperechoic signal within the substance of the plantar fascia was noted, in contrast to that of the control, which showed the control's plantar fascia substance to have a signal intensity isoechoic with tendon and connective tissue.

OPT/ALT: The plantar fascia was inspected from its insertion on the calcaneal tuberosity in the medial, central, and lateral bands, extending into the medial arch approximately XYZ cm, and no evidence of plantar fascia rupture was noted.

OPT/ALT: No evidence of subcutaneous bursa or space occupying mass or plantar fibroma was identified in the study.

OPT/ALT: Range of motion of the metatarsal phalangeal joints was performed during simultaneous observations of the insertion of the plantar fascia on the medial, central, and lateral bands.

OPT/ALT: Inspection of the entire plantar fascia, encompassing all three bands from calcaneal origin throughout the medial arch was performed, and no evidence of plantar fascia rupture or disruption was noted at the insertion or throughout the substance of the plantar fascia on all three bands.

OPT/ALT: Palpation of the insertion of the medial and central bands of the plantar fascia was performed with direct ultrasonic visualization of areas of discomfort during this examination, confirming insertional plantar fasciitis of the medial and central bands of the plantar fascia.

Assessment: Plantar Fasciitis confirmed through Diagnostic Ultrasound examination.

Bonus: Attracting More Referrals ... It's not just about the reimbursements.

How many formal referral systems do you have in place? *Formal* systems ... systems you and your staff execute every single day, regularly, consistently, to attract more patients?

Ultrasound gives you two exceptionally effective new formal referral systems you can have working for you within your practice every single day.

And they are both pretty simple to perform.

- 1) Print **two copies of every quality ultrasound image you capture**, one for your charts and one for the patient. Take a moment to explain to the patient what is going on in the image and to point out your annotations. Now the important part: keep a stack of your business cards always at hand, along with a small stapler. Staple *two* copies of your business card to the back of the print you are giving the patient to take home. Your patient now has something to pull out afterward to share with friends, family, co-workers — and business cards to hand out. *This works. And it is easy.*

- 2) Ideally, after you annotate an image and print out a copy, you should then press “Disk” and **save an image to your USB flash drive**. Not only does this become a great archive for you, but you can also have someone on your staff, at the end of the day, **email particular patients a copy of their ultrasound image**, possibly attached to a message of encouragement, or even merely attached to an email saying simply: *“The doctor asked me to write to say thank you for coming in to see us today — and also wanted me to send along a copy of your ultrasound image, which I am attaching to this email for you. We are looking forward to seeing you next Thursday ...”* Emails get forwarded all over the place constantly. Your ultrasound images are going to get passed along, and they will make a great impression. Just be sure that at the bottom of the email you have your name, office number, and website listed!

What is a referral worth to you?

Begin putting these two practices into play with at least half of the patients you examine with your ultrasound, and you will begin seeing more and more referrals calling in saying something very much like: “Hi. One of your patients is a friend of mine, and I saw an ultrasound you did for him ...” You will start seeing more of the friends, family, and acquaintances of your patients turning to *you* for their podiatry needs, rather than to the phone book or to whoever pops up for them on Google.

Some referrals just sort of happen. But if you put a few *systems* in place, you will start *making* referrals happen for you. These two ultrasound ideas are a great place to start.