Podiatrists can earn an additional $40,000 per year by dedicating only four hours of staff time per week. As attractive as that sounds, relatively few DPMs take advantage of the opportunity that literally walks in the door every day. While Medicare compliance requirements and audits have caused many podiatrists to stop fitting diabetic shoes, hundreds have discovered how to help their patients avoid ulceration and amputation, while substantially increasing their income, with very little investment of their own time, effort, or money.

According to the American Diabetes Association treatment recommendations, patients with diabetes should have a podiatrist evaluate their feet at least annually to determine their level of ulceration risk. Medicare offers coverage for one pair of shoes and three pairs of inserts per calendar year for patients with diabetes who have a risk factor for ulceration. Qualifying conditions include: foot deformity, decreased circulation, neuropathy and callus, a history of ulceration, or a history of amputation. Conservatively, 75% of patients with Medicare and diabetes have at least one risk factor indicating their need to be fitted with prescribed shoes.

The Medicare Therapeutic Shoe Program ensures that physicians are using a team approach to care. Patients must see an MD or DO who is managing their overall diabetic care and indicates agreement with the DPM determination of ulcerative risk factors. Podiatrists are fortunate by being permitted to prescribe shoes to their patients and to fit the shoes without violating any self-referral regulations.

Over the past several years, Medicare has audited approximately 10% of podiatry offices fitting shoes to ensure that established requirements are being followed. A lack of podiatrists’ clear understanding of the regulations, difficulty integrating shoe fitting into the practice, and fear of Medicare audits, have resulted in most podiatry offices fitting fewer shoes than they should and, in many instances, stop fitting shoes altogether.

While there are practices that have quit fitting shoes, there are many others that fit hundreds of patients each year. These practices are successfully growing their shoe-fitting programs and those that are fitting far fewer patients than possible often reflects a difference in adherence to basic practice management principles. These concepts are easy to adopt and, if followed, do not require much staff time. It is, in fact, possible to build a successful diabetic shoe program by simply dedicating four hours per week of staff time to it. Such an approach can earn a typical practice $40,000 or more each year.

Planning for Shoe Fitting Success

The keys to successful implementation of a shoe-fitting program are benchmarking success, developing protocols to reach goals, and providing motivation along the way.

Requirements for an Efficient, Profitable Diabetic Shoe Program Include:

1) Recognition of the potential benefits, and adoption of a plan to achieve success.
2) Assignment of responsibility for fitting and compliance to a committed staff person.
3) DPM understanding of Medicare and Medicaid compliance requirements.
4) DPM staff training in diabetic foot-risk assessment and shoe-fitting.
5) Providing the necessary tools for shoe-fitting, Medicare compliance, and marketing.
6) A commitment by the practice to create patient awareness.
7) Monitoring results on a weekly basis.
8) Rewarding the staff throughout the year for evaluating patients and fitting shoes according to the plan.

Solutions for all of these requirements currently exist. Successful DPM

Continued on page 122
implementation simply requires a commitment to execution.

**Tools for Medicare Therapeutic Shoe Program Success:**

**Shoe Display**
Available from therapeutic shoe companies, they feature an assortment of shoe styles in the most popular sizes. The sequential size run of shoes enables fitting patients after measuring their feet and evaluating the fit of the patient’s current shoes. Such an approach offers a way to objectively evaluate fit and subjectively consider style. It can enable a better than 90% fitting success rate.

**Medicare Compliance Documentation Procurement Service:**
The Medicare Therapeutic Shoe Program requires six customized documents:

1. A prescription written by the DPM taking care of the feet.
2. An evaluation by the DPM to determine the style shoe most appropriate for the patient’s therapeutic needs and how previous shoes fit.
3. A Certificate of Therapeutic Necessity signed and dated by the patient’s medical doctor, no more than three months prior to fitting shoes.
4. Certification from the medical doctor that they have seen patient for management of the diabetes within six months prior to fitting shoes, and that they are aware of and agree with the specific qualifying conditions determined by the DPM.
5. Signed confirmation by the patient of having received the shoes and inserts as prescribed and satisfaction with the care.

6. Documentation by the DPM that the shoes were personally fit and that, if using prefabricated inserts, they were heat-molded to the feet of the patient.

Medicare has been strictly enforcing signature legibility requirements and not allowing certifying physician forms to be signed by a physician assistant or nurse practitioner. Creating the required forms and obtaining signatures from an MD or DO is best accomplished by utilizing one of the readily available compliance documentation procurement services.

**Marketing**
The fundamental marketing concept for a successful diabetic shoe program is to follow the American Diabetes Association recommendations to

Continued on page 123
identify every patient in the practice with diabetes and ensure each is scheduled for an annual foot-risk assessment visit. Performing a comprehensive diabetic foot exam serves to determine eligibility for shoes as well as qualification for Medicare’s Physicians Quality Reporting Service (PQRS) preventative care incentive program. Benchmark the number of patients with Medicare who can be fit with shoes, by using the practice’s electronic health records (EHR) to run a query based on a diagnosis code of 250 and Medicare as the primary payor.

A variety of tools are available to raise patient awareness and instill an appreciation of the importance of an annual evaluation and fitting for shoes, such as the following:

- Patients coming to the office for routine care should be given an informational brochure that explains the importance of annual evaluation, presents examples of qualified shoes, and serves as an appointment reminder (Figure 1).
- Established patients should be mailed reminders that can be included with statements (Figure 2).
- Patients who have been fit with shoes previously and have not been evaluated in over a year should be mailed a reminder to educate them about the importance of regular care (Figure 3).

**The Four-Hour-Per-Week Program to Earn $40,000 Per Year Fitting Diabetic Shoes**

**Week 1:** Four hours staff training, including:

a) Introduction to the Medicare Therapeutic Shoe Program

b) Comprehensive Diabetic Foot Evaluation (CDEF)

Continued on page 124
FOOTWEAR
DIABETIC SHOE PROGRAM

Week 2: Four hours to prepare office:
1) Order shoe display.
2) Order patient education shoe posters.
3) Order Comprehensive Diabetic Foot Exam forms.
4) Order CDFE/shoe-fitting patient informational brochures.
5) Order CDFE/shoe-fitting patient statement stuffers.

Week 3: Four hours to use electronic health records to identify all the patients in the practice with Medicare and diabetes.

Week 4: Four hours to prepare office:
1) Set up shoe display.
2) Display patient education posters.
3) Review with shoe-fitter and scheduling person the importance of each day identifying patients with diabetes and Medicare scheduled for routine care visits.
4) Review with practice bookkeeper the inclusion of CDFE/shoe-fitting patient statement stuffers in mailings to patients with Medicare and diabetes.
5) Review providing CDFE/shoe-fitting patient informational brochures annually to patients with diabetes and Medicare when scheduled for routine care visit.
6) Review providing DPM with CDFE forms for patients scheduled for annual risk assessment.
7) Reaffirm commitment from DPMs to communicate to every identified patient with diabetes the importance of an annual foot-risk assessment and scheduling a separate dedicated visit.

Weeks 5–7: Schedule 2 patients per day x 4 days for CDFE (30 minutes per visit x 8 appointments per week):
1) On a daily basis, shoe-fitting person identifies patients with diabetes and Medicare already scheduled for routine care visits. Ensure that the DPM is made aware of and provides a personalized CDFE/shoe-fitting patient informational brochure to each patient.

2) The front office scheduling person confirms that patients identified with Medicare and diabetes are provided information brochures and given appointments for CDFE/shoe-fitting. Schedule one CDFE/shoe-fitting per day.

3) When performing CDFE, if the patient demonstrates qualifying risk factors, fit with shoes using display stand for assistance. Use a web-based Medicare documentation procurement service to obtain MD-required documentation.

Weeks 8–13: Schedule one CDFE per day (20 minutes each, one hour 20 minutes per week).

Expect, on average, four out of five patients scheduled for CDFE to meet Medicare qualifications to be fit for shoes. (4 patients fit per week, 15 minutes each, 1 hour for fitting per week).

Use a web-based service to obtain MD required documentation. Enter shoe orders into computer once per week (20 minutes total).

Continued on page 125
ment if there is determined to be a history of falls or the presence of orthopedic risk factors.

Following this approach will result in performing CDFE on approximately 200 patients and in fitting approximately 150 patients with shoes per year. 150 patients x $200 profit per pair of shoes and three pair of inserts = $30,000 revenue.

If 150 of 200 patients demonstrate a qualifying risk factor that has resulted in a change in the status of the foot condition, annual risk assessment most likely meets Medicare qualifications to qualify for 99213 billing. 150 patient views x $65 approximate Medicare allowable = $9750.

If the practice does $100,000 in billing to Medicare, submitting PQRS measures on 50% or more of patients with diabetes will earn practice a 0.5% bonus equal to $500.

Growing the Footwear Practice Beyond Patients Already in the Practice

Once a podiatric practice has established a routine of evaluating and fitting all eligible patients in the practice, practice growth can be promoted by marketing to the medical community, including endocrinologists, diabetes educators, and internists. The goal should be to promote a referral program to address the following: risk assessment for all patients with diabetes, ongoing care as needed, and fitting for shoes when indicated.

With an established protocol to schedule patients already coming into the practice for routine care, additional growth can be created by reaching out to patients not routinely scheduled as well as by promoting the program to other primary care physicians.

Ongoing Patient Education

Not only does the following literature help achieve your current patients’ compliance, but it may be read by and influence their peers who could be in similar need of your expertise.

Selecting any of the listed educational print collateral available for distribution in your office will enhance and supplement your existing patient outreach program. From appointment reminders to educational pieces, this literature is designed to encourage patient compliance for those considering improving their quality of life with therapeutic footwear and your services.

CDFE Explanation and Appointment Card

Use as both an appointment reminder for patients’ CDFE and to explain to patients its importance. Includes at-home foot care tips. It also shows a preview of stylish athletic,

Continued on page 126
FOOTWEAR
DIABETIC SHOE PROGRAM

patients the importance of an annual foot risk assessment and a preview of stylish athletic, dress, or casual Medicare-covered diabetic shoes.

**Diabetic Shoes Poster**
The waiting room is a great place to introduce your patients with diabetes to the importance of being fitted for shoes (Figure 4).

**Patient Appointment Reminder Letter**
Customized letters encourage annual shoe refitting. Studies indicate that, in most practices, less than one quarter of patients with diabetes fit with shoes one year are fit again in the subsequent year. Medicare covers a replacement pair of shoes each calendar year. If patients have not been scheduled for annual CDFE during a routine course of treatment, send an informational mailer to promote a dedicated visit for foot-risk assessment.

**Invoice Envelope Stuffers**
A common marketing concept is that you need to communicate repeatedly and frequently for a message to get understood. Use your choice of three envelope stuffers in every bill you send out to increase office re-visits by informing your diabetic and elderly patients about services and products that will help them.

**Referring Physician Pamphlet**
Make it easy for primary care physicians to refer patients to your podiatry practice. It also shows diabetic

ers a replacement pair of shoes each calendar year. If patients have not been scheduled for annual CDFE during a routine course of treatment, send an informational mailer to promote a dedicated visit for foot-risk assessment.

**What are symptoms of diabetes that put you at greater risk for developing foot problems?**
- Poor circulation causes cracks and cuts to healcrow's feet, decreased joint mobility.
- Numbness and coldness causes weak in the toes. Coldness can be a sign of peripheral neuropathy, which can cause you to step on something and not feel it.
- Dry skin, especially on your feet, can be caused by foot and leg swelling.

You may not think your feet are at risk, but it is important to know the common factors that put you at risk. You can take steps to prevent foot problems:
- Wash and dry your feet daily.
- Check your feet each day for cuts, bruises, and other changes.
- Don't wear your socks or pantyhose without your shoes.
- Wear shoes that are too tight for your feet, which can cause blisters and other foot problems.
- Don't walk barefoot inside.

**What is a Comprehensive Diabetic Foot Exam (CDFE)?**
A CDFE is a thorough examination of your feet to assess their overall health and identify areas of concern. Your podiatrist will check for any signs of inflammation, infection, ulcers, or structural changes of your feet. If you do not have an established podiatrist or have not had a CDFE in the past year, the diabetes care provider will be notified. If you are diabetic, you may receive a comprehensive foot exam during your regular appointment, or if you do not have diabetes.

**Important Metrics for Shoe-fitter and DPM to Monitor on Ongoing Basis:**
1) “The Number”: Total patients in practice with Medicare and diabetes. Successful shoe-fitting is best achieved if “The Number” is current and documented.
2) Fit Rate: It’s possible to successfully fit 9 out of 10 patients on the first try. If a podiatry office is return-

Medicare offers an end of year bonus of 50% or better by the end of the year. This is critical to identify all the patients in the practice who should be fit with shoes.

The Medicare Therapeutic Shoe Program offers a win-win-win opportunity to podiatrists, patients, and Medicare.
- Patients get the care they need to reduce their likelihood of developing ulceration and amputation.
- The cost of care to Medicare is reduced.
- Podiatric practice revenue increases substantially.

The vast majority of podiatric practices have unfortunately not implemented protocols to enable shoe-fitting of all patients at risk for ulceration and amputation. Relatively little investment of time and practice resources is required to make a substantial difference in practice revenue. Resources are readily available to assist practices committed to adopting a proven approach hundreds of times over. PM

Figure 5: Make it easy for primary care physicians to refer patients to your podiatry practice.