



## FOOTWEAR

# The 4-Hour-per-Week \$40,000 Diabetic Shoe Program

Here's a step-by-step blueprint for a win-win for you and your patients.

BY JOSH WHITE, DPM, CPED

**P**odiatrists 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 and fit more each year. The difference between practices that 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 very 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 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

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# FOOTWEAR DIABETIC SHOE PROGRAM

**What are symptoms of diabetes that put you at greater risk for developing foot problems?**

- Poor circulation causes scratches and cuts to heal much slower, becoming prone to infection.
- Lack of feeling can make most sores, cuts and blisters unnoticeable.
- Blisters and calluses can result from improperly fit shoes. This is dangerous because if not addressed, they can develop into infected wounds.
- Dry skin, especially on your feet, can become cracked and may lead to open sores that are difficult to heal.

**As a person with diabetes, you must care for your feet every day**

You need to be aware of what to look for. "Prevention Pays": To ensure the care and health of your feet:

- Wash and clean your feet daily
- Check your feet for have someone do it) every day (look for breaks in the skin, abrasions or color change)
- Do not trim your toenails yourself – ask your podiatrist.
- Wear properly fitted shoes (your feet may become larger or arthritic as you age)
- Be sure to schedule an annual foot exam with your podiatrist. CDFE (Comprehensive Diabetic Foot Exam)

**With diabetes, your feet are at risk for complications that may lead to amputation**

Treatment and referral to a podiatrist can reduce amputation rates related to diabetes by 45-85%.

Maintain a comprehensive foot care program that includes an annual CDFE with risk assessment, foot care education and preventive therapy:

- Only wear podiatrist prescribed shoes and insoles
- Check your feet every day.

**Maintain foot health through prevention, care and monitoring.**

**Start today with a podiatric foot exam appointment.**



**Your Diabetes Your Feet Our Concern**

Your Next Appointment for a Comprehensive Diabetic Foot Exam (CDFE)

As recommended by the American Diabetes Association once a year

has an appointment with:

date: \_\_\_\_\_ time: \_\_\_\_\_

**What is a Comprehensive Diabetic Foot Exam (CDFE)?**

The CDFE is a thorough examination of your feet to determine the risk of developing a second or requiring amputation. Your podiatrist will check for sensory perception (feeling), circulation, orthopedic or structure changes of your feet. You will be made aware of any findings and be told how to take proper care of your feet. Based on the findings, appropriate care will be described. The purpose and need for self-monitoring will be reviewed with you and you will be instructed on how and what to look for.

Care and prevention will be the message you leave with for in-home foot monitoring. For added prevention, you may receive a prescription for diabetic or therapeutic shoes and insoles, which might, if you qualify, be covered by Medicare's Therapeutic Shoe Program.

**How do you qualify for coverage under Medicare's Therapeutic Shoe program?**

Upon selecting your shoes, your physician will provide the documentation and prescription needed for approval. Results from your CDFE are major factors that determine your eligibility for Medicare coverage of your diabetic shoes. SafeStep® – the supplier of diabetic shoes to your podiatrist – will expedite the paperwork approval process for your doctor.

**Shoe guide and selection**

Here are a few of the many types and styles available for you to choose from (sport, casual, dress). You will have the opportunity to select from a full range of shoes and be properly fitted when ordering your shoes. (You may also go to SafeStep.net to view the full catalog of favorite shoes from the most respected shoe manufacturers.



Figure 1: An informational brochure explains the importance of annual evaluation, presents examples of qualified shoes, and serves as an appointment reminder

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 Pro-

gram 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

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**It's been a year, how are your feet?**

It's time for your annual Comprehensive Foot Exam (CDFE)



**It may be time to be refitted for a new pair of shoes**

It's been awhile since your last foot exam, and your therapeutic shoes are probably showing signs of wear. If so, it's time to be refitted for another pair, which may be covered by Medicare.



To properly fit your new shoes, we'll first need to conduct a Comprehensive Foot Exam (CDFE) to check for any existing foot complications and for changes to your feet. The exam itself should only take about 10-15 minutes to administer. Be sure to bring your current therapeutic shoes with you.

Please call my office to schedule your CDFE and therapeutic shoe fitting – two essentials for maintaining your quality of life.

Sincerely,

PLACE STAMP HERE

Figure 2: Comprehensive Foot Exam (CDFE) Reminder

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*

**Your Foot Health = Your Quality of Life**  
Schedule a CDFE today for foot care, comfort & prevention



It's been awhile since your last foot exam, and your therapeutic shoes may be showing signs of wear. If indicated, you may need to be refitted for another pair, which may be covered by Medicare.

We'll first need to conduct a 15-minute Comprehensive Foot Exam (CDFE) to check for any existing foot complications or for changes in the condition of your feet. Also, please bring your current therapeutic shoes with you.

Please call my office to schedule your CDFE and therapeutic shoe fitting – two essentials for maintaining your quality of life.

DOCTOR'S INFORMATION HERE

Find more helpful tips and resources at

Figure 3: Reminder to previously fitted patients.

**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 (CDFE)

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- c) Shoe fitting
- d) Medicare compliance
- e) Marketing
- f) Goal setting

**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 book-keeper 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.



**Figure 4:** Waiting room poster for diabetic patients

**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 (approximately 20 minutes per week) (2 hours 40 minutes total time per week)

• Tell patients to expect a call to pick up shoes in approximately one month as you must first obtain required documentation from their medical doctor.

• Shoe-fitting person should continue to review daily list of scheduled patients and identify those with diabetes who have Medicare as the primary payer. Shoe-fitter should ensure that the DPM gives these patients with Medicare and diabetes CDFE informational brochures and schedules them for an evaluation and possible shoe-fitting appointment.

**Weeks 14–16:**

- Appoint one patient per day for CDFE (20 minutes) X 5 days (1 hour 40 minutes).
- Appoint one patient per day for shoe selecting (15 minutes) x 4 days (1 hour total).
- Enter shoe orders into computer once per week (20 minutes total).
- Appoint one person per day for shoe-dispensing (15 minutes) x 4 days. (1 hour total).

• It is reasonable to assume that four patients out of five with Medicare and diabetes demonstrate a risk factor that meets qualifications for footwear under the Therapeutic Shoe Program.

• The Comprehensive Diabetic Foot Exam visit may qualify for billing as CPT 99213, if it meets E & M requirements, the visit lasts 15 minutes, half of which time is spent on patient education, and the patients condition has changed in some way since the last time evaluated. The CDFE can also be used to document qualifying measures for Medicare's Physician Quality Reporting System (PQRS) preventative care incentive program. One of the best ways to satisfy the PQRS requirement is to annually report quality measures, including checking circulatory status, neurological status, and evaluating shoe fit. *Beginning in 2015, Medicare will begin penalizing practices that fail to annually report quality measures.*

The CDFE may also highlight a need for further evaluation, including non-invasive vascular testing if there is specific evidence of peripheral artery disease, nerve fiber density testing if there is diminished protective threshold, and balance assess-

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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 pa-

tients' 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,

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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 cov-

ers the importance of an annual foot risk assessment and a preview of stylish athletic, dress, or casual Medicare-covered diabetic shoes they can choose (Figure 5).

### Important Metrics for Shoe-fitter and DPM to Monitor on On-going 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-

ing more than 10% of shoes ordered, it indicates a need for additional fitting training.

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.

**What are symptoms of diabetes that put you at greater risk for developing foot problems?**

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- Lack of feeling can make most sores, cuts and blisters unnoticeable.
- Blisters and calluses can result from improperly fit shoes. This is dangerous because if not addressed, they can develop into infected wounds.
- Dry skin, especially on your feet, can become cracked and may lead to open sores that are difficult to heal.

**You may not think your feet are at risk. But...**

You need to be aware of what to look for. "Prevention Pays" - To ensure the care and health of your feet:

- Wash and clean your feet daily
- Check your feet for have someone do it every day (look for breaks in the skin, abrasions or color change)
- Do not trim your toenails yourself - ask your podiatrist
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Treatment and referral to a podiatrist can reduce amputation rates related to diabetes by 45-85%.

Maintain a comprehensive foot care program that includes an annual CDFE with risk assessment, foot care education and preventive therapy:

- Only wear podiatrist prescribed shoes and insoles.
- Check your feet every day.

**Maintain foot health through prevention, care and monitoring. Start today with a podiatric foot exam appointment.**

**What is a Comprehensive Diabetic Foot Exam (CDFE)?**

The CDFE is a thorough examination of your foot to determine the risk of developing a wound or requiring amputation. Your podiatrist will check for sensory perception (feeling), circulation, orthopedic or structure changes of your feet. You will be made aware of any findings and be told how to take proper care of your feet. Based on the findings, appropriate care will be described. The purpose and need for self-monitoring will be reviewed with you and you will be instructed on how and what to look for.

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

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.

### 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

ing more than 10% of shoes ordered, it indicates a need for additional fitting training.

3) Number of patients who have had CDFE performed: every patient with Medicare and diabetes should have a scheduled ulcerative risk assessment visit at least once per year.

4) Number of shoes fit: should conservatively be 75% of "The Number" by the fall of the year.

5) "Repeat Rate": a measure of the percentage of patients fit one year who are fit in the subsequent year. Should equal better than 50% by year-end.

6) "PQRS %": Percentage of patients with Medicare and diabetes who have had CDFE performed. According to the American Diabetes Association, it should be performed on every diabetic patient and so it should be 100% by the end of the year.

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**



**Dr. White** is a certified pedorthist and is president and founder of SafeStep. He is an expert panelist for Codingline.