

Keys to Success for Fitting Diabetic Shoes

Here's how successful podiatric practices
make the Medicare Therapeutic Shoe Program work.

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Podiatric practices fitting diabetic shoes are, on average, fitting more pair each year. These practices have figured out how to work with Medicare's ever-changing requirements and have adapted their office protocols to capitalize on the opportunity that literally walks through their door every day. The results are better patient outcomes, significant growth in practice revenue, and overall savings to Medicare. Despite the success of some practices, the number of diabetic shoes fit by podiatrists overall has decreased as a significant number of practices have given up fitting footwear. This article shares the keys to success of practices that have figured out how to make therapeutic footwear an increasing effective part of patient care and a significant contributor to practice profitability.

With an obesity epidemic and 10,000 baby boomers turning 65 every day, demographers predict that the number of people with Medicare and diabetes will quadruple over the next 20 years. How then can it be that podiatrists fit fewer diabetic shoes in 2010 than in 2008? The numbers of pairs of shoes paid for by Medicare decreased from 310,640 in 2008 to 309,223 in 2010, the most recent year that BMAD (Part B Medicare Annual Data) information is available.

The Therapeutic Shoe Program offers patients with diabetes at risk for ulceration the opportunity to be fit

with shoes and inserts each year. Patients are protected from ulceration and amputation. For each pair successfully fit, podiatrists earn approximately \$200. Medicare benefits from the cost-effectiveness of including therapeutic footwear as an important component of a comprehensive approach to diabetic preventative foot care.

Despite these advantages, *Podiatry Management* reports a significant drop in the percentage of podiatrists who participated in the Medicare Diabetic Shoe Program. In the PM 2012 Annual Survey, only 44 percent of 363 surveyed DPMs said that they fit shoes using the program versus 65% in the 2011 study.

This article addresses the reasons why podiatrists have dropped out of the Medicare shoe program and presents solutions to encourage them to get back in. It also identifies a significant opportunity that exists in most practices fitting shoes and suggests how it can be used to help both patients and the practice.

Why Some Podiatrists Have Stopped Fitting Diabetic Shoes and What They Should Do to Start Again

As reflected in the 2012 *Podiatry Management* Practice Management survey, approximately one third of podiatrists who were fitting shoes have stopped—thus it has clearly been a challenging past few years. A host of issues have contributed to many not utilizing the Medicare shoe

program. Some of the most common and how each can be addressed are listed below:

Issue: *Fear of Medicare audits based on lack of understanding of compliance requirements.*

Solution:

- While there is the perception that there have been widespread Medicare audits, according to *Podiatry Management's* 2012 survey, the percentage of podiatrists audited by Medicare dropped from 5.2% in 2011 to 3% in 2012. Paul Kesselman, DPM, reports in *Podiatry Management* that while durable medical equipment suppliers have initially failed more than 90% of audits, most commonly for lack of appropriate compliance documentation, upon appeal, more than 90% of DPMs have had favorable outcomes resulting in claims being paid.

Issue: *Difficulty complying with revised Medicare documentation requirements.*

Solutions:

- The supplier fitting footwear must perform an examination that directs the style of shoe most appropriate for patients' pathology. This can be easily addressed by performing an annual comprehensive diabetic foot evaluation (CDFE) on every patient with diabetes.
- CMS requires that physicians managing patients' diabetes be aware

Continued on page 124

of the specific predisposing foot pathology. This can be best accomplished by podiatrists sending certifying physicians the significant findings of the CDFE.

- The patient must have been seen by the certifying physician no more than six months prior to receiving shoes. The shoes must be fit no more than three months after the Certifying Statement is completed by the MD/DO. The podiatrist must be certain to fit the shoes before these deadlines are passed.

Issue: *Difficulty understanding new enrollment requirements and encountering an NPI crosswalk error.*

Solution:

- DME suppliers are required to “link” their Medicare NSC # (DME supplier number) to their NPIID (National Plan Identifier). Linkage can be ensured by going to the NPPES website, <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

Issue: *Tri-annual \$505 Medicare registration fee*

Solution:

- This new fee, payable every three years, is well worth paying given the allowable reimbursement for DME products.

Issue: *Failure to renew Medicare DME enrollment as required every 3 years.*

Solution:

- Medicare sends DME suppliers a letter requesting updated information every 3 years. If not responded to within 30 days, Medicare will inactivate the PTAN supplier number, requiring the DPM to re-enroll, a process that can take several months and prevents payment for claims submitted during that time.

Issue: *Feeling overburdened by implementation of electronic medical records.*

Solution:

- For many practices, the opportunity to receive the incentive bonus for implementation of EMR has been top priority, has required tremendous ef-

fort, and has superseded many other desires. Now that most offices have made the transition, the opportunity exists to focus back on shoe-fitting.

Issue: *Lack of cooperation from certifying physicians who are required to sign and date compliance documentation.*

Solution:

- Some MDs have felt burdened by frequent requests for their certification of qualifying risk factors. Combined with a lack of understanding of the Medicare program, some have been resistant to comply with their Medicare requirement and made it difficult for their patients to receive shoes. Generally, the situation can be improved if better communication is initiated by the referring DPM. Ideally, physicians managing diabetes should refer all patients to DPMs to be evaluated and fit for shoes when indicated.

The Financial Benefit of Participating in the Medicare Therapeutic Shoe Program Can Be Significant

The opportunity exists for podiatrists to significantly increase practice revenue by fitting at-risk patients, already in the practice, with shoes. According to the Center for Disease Control, in 2011 an estimated 10.9 million people, age 65 or older, had diabetes. The Bureau of Labor Statistics states that in 2010, there were 12,900 podiatrists in the U.S. Assuming that there is 25 patient enrollment in Medicare managed care programs and also that only half of patients with diabetes even see a podiatrist, there is the opportunity for every podiatrist to see, on average, 316 patients with Medicare and diabetes. If 75% of patients with Medicare and diabetes have risk factors that qualify them for footwear according to Medicare’s requirements, that means that an average of 237 patients with Medicare and diabetes should be fit by every one of the 12,900 podiatrists, each year. Fitting approximately one pair of shoes per day would earn every single podiatrist approximately \$47,000 more each year. Contrast this with statistics in 2010: approximately 5,676 podiatrists fit an average of 54 pairs of shoes and earned a profit of approximately \$10,800.

The number of people over 65 with diabetes is expected to quadruple over the next 20 years. The bottom line is that by following Medicare and American Diabetes Association protocols, podiatrists have the potential to significantly increase their median net incomes. Medicare has embraced such an approach via its PQRS program that will pay podiatrists an additional 0.5% of the total amount they collect from Medicare. Medicare recognizes that should such a preventative approach to care actually become widely adopted, it has the potential to save money, even after all shoes and inserts are paid for.

How Practices Fitting Shoes Can Very Easily Fit a Lot More

The good news is that practices fitting shoes are, on average, fitting more shoes each year. The average number of pairs fit increased from 37 per year in 2008 to 54 in 2010. Despite this growth, a high percentage of at-risk patients fit with shoes one year are not fit the subsequent year.

It would be unusual for patients who qualify for shoes one year to not qualify again. The therapeutic shoe program is designed to replace worn shoes and inserts each calendar year. From one year to the next, a percentage of patients move, die, or elect to obtain care from a different foot care provider. Still, the majority of patients in a practice one year are believed to remain in the same practice the subsequent year. If 100 patients are fit with shoes one year, it is estimated that approximately 75 should be fit with a replacement pair the following year.

While it’s expected that 75% of patients fit with shoes one year should be fit the next, data obtained from a review of 2000 diabetic patients indicates that the actual “repeat rate” is less than 25%. “Repeat Rate” is referred to as the percentage of patients fit with shoes one year, who by the end of the next calendar year are fit with a new pair of shoes. This low rate of refitting patients on an annual basis is consistent over several years. In other words, when patients are fit with shoes one year, they are unlikely to be fit with shoes again. This unfor-

Continued on page 126

tunate pattern is resulting in less than optimal care of patients, significant loss of practice revenue, and Medicare having to pay for a lot of diabetic foot care that is preventable.

Let's examine why offices are re-fitting on average of only one of every four patients originally fit with therapeutic shoes and present solutions on how to improve this:

Issue: *Difficulty in organizing the office to accommodate the number of patients with diabetes and Medicare in the practice.*

There are, on average, 316 patients with diabetes and Medicare in every podiatry practice. Most offices have unfortunately not created protocols to ensure that every patient with diabetes is evaluated on an annual basis and when indicated, fit for shoes. Consequently, patients are commonly seen every 61 days for "routine care" but not afforded the

opportunity for more thorough risk assessment nor refitting for shoes.

Solution:

- Schedule all patients with diabetes for annual ulcerative risk assessment and allow time for shoe-fitting when indicated. Scheduling a separate, dedicated visit will allow sufficient time to discuss with patients the importance of footwear, daily self-examination, and the selection of appropriate shoe size and styles.

Issue: *In many practices, there is no clear assignment of responsibility to a person for fitting patients determined to be at risk for ulceration, and determined to qualify for shoes.*

Solution:

- Assign personnel, under DPM supervision, to perform the bulk of CDFE and therapeutic shoe fitting.

Issue: *Lack of training to effectively fit and recommend shoes, taking into consideration size, shape, need for stability, and available styles.*

Solution:

- Shoe-fitting is not rocket science but there are most right and wrong ways to perform. The shoe-fitter should recommend two or three styles and not allow patients a choice based solely on personal preference. Training is available online, at professional meetings, and through manufacturer-sponsored therapeutic shoe-fitter courses.

Issue: *Lack of shoe samples reflecting models most popular for practice.*

Solutions:

- Display shoe samples of styles most popular for a particular region.
- Discard sample shoes that have

Continued on page 127

been discontinued or prove unpopular.

- Stay abreast of new styles offered.
- Display a range of manufacturers to reflect models.

Issue: Failure of the DPM to establish targeted numbers of shoes to fit based on the number of patients in a practice with diabetes and who have Medicare as the primary payer.

Solution:

- “If you can’t measure it, you can’t measure it”. It’s possible to predict at the beginning of each year approximately how many patients should be fit by the end of the year.

Issue: Failure to incentivize the shoe-fitter and patient-scheduler if they have achieved targets for the number of patients evaluated and fit.

Solution:

- Many practices track the number of shoes fit, and this relates to employee compensation.

Issue: Failure to outsource document procurement so as to reduce workload on office staff as well as to ensure Medicare compliance.

Solutions:

- There are services available that can more efficiently and less expensively perform the routine task of compliance documentation procurement.
- Staff time can be better spent fitting shoes and not faxing.

Issue: Failure of DPM to monitor on a year-to-year basis which patients have received shoes and to ensure that they are evaluated to determine need to be fit each subsequent year.

Solution:

- Shoes are covered on a calendar basis. If patients are tracked, they will be more likely to be scheduled for evaluation and fitting (Figure 1).

Issue: Failure to implement a patient recall program to contact patients fit with shoes in years past and not fit in the current calendar year.

Solution:

- Offices would benefit by sending reminder notifications (Figure 2) to patients fit one year if they have not been fit by the second half of the subsequent year. It’s important to allow sufficient time to obtain required documentation.

Step-by-Step Protocol to Reduce the Incidence of Amputation, Satisfy Medicare Compliance Documentation Requirements, and to Enhance Practice Revenue

- 1) Determine the number of patients in the practice who have diabetes (250.xx diagnosis).

- 2) Provide patient educational materials to raise awareness of diabetic preventative foot care.

- 3) Educate referring physicians about Medicare’s Therapeutic Shoe Program, requirements for their signature, and return of Statement of Certifying Physician and report of comprehensive diabetic foot exam.

- 4) Determine staffing requirements for scheduling all patients with diabetes for Comprehensive Diabetic Foot Exams. Hire and train additional help as needed.

- 5) Provide established patients with diabetes information about the importance of the Comprehensive Diabetic Foot Exam and schedule an appointment separate from the routine foot care.

- 6) Perform CDFE, satisfying requirements for PQRS measures 126,127 and 163. Submit to Medicare using procedure codes G8404, G8410, and 2028F. Consider billing for CDFE as 99213 to satisfy requirements for items covered and time spent. For further explanation of CDFE, see article by Kenneth Malkin, DPM, “A Guide to Review of Systems”, www.docstoc.com/docs/3419459/AGuide-to-the-Review-of-Systems-Kenneth-F-Malkin.

- 7) At the CDFE visit, if the patient meets Medicare requirements for therapeutic footwear, select a size and style based on the patient’s risk categorization and aes-

Continued on page 128

thetic considerations. Shoe-fitting is best accomplished by having the patient try on shoes from a fitting inventory. Patients who cannot be satisfactorily fit in depth shoes must be fit with custom-molded shoes. Podiatrists may cast and order these themselves or alternatively refer patients to an outside facility.

8) Write a prescription for therapeutic shoes and accommodative inserts.

9) Use a service to send to the certifying physician a copy of the Statement of the certifying physician AND the report of findings from CDFE. It is required to obtain from the certifying physician signed copies of both documents. Podiatrists as physicians/suppliers are permitted to send findings of CDFE with diagnoses to the certifying physician to satisfy requirements that the MD/DO have documented in their own chart the condition(s) that qualify the patient for footwear.

10) Schedule the patient to return for fitting of shoes and therapeutic inserts after required compliance documentation has been received from the certifying physician. At the time of shoe-fitting, pre-fabricated inserts are heat-molded to the shape of the patient's feet, and the patient is advised of supplier standards, break-in instructions, and warranty information. The patient signs a certificate of receipt. Shoe-fitting may be refined by the addition or removal of sizing spacers.

11) Provide patient education and emphasize the importance of daily patient foot examination.

12) Schedule the patient for a follow-up visit.

Conclusion

Our healthcare system is on a path that is economically unsustainable. One of the greatest challenges to providing broad-based, affordable healthcare coverage is the huge cost associated with diabetic foot disease.

The significant costs of treating ulceration, infection, and amputation are to rise significantly, based on the increasing incidence of diabetes and demographic changes.

It has been demonstrated that a multi-pronged approach to diabetic preventative foot care can effectively

FIGURE 1

Diabetic Shoe Patient Tracking Chart

Patient	2010	2011	2012
Jones, Robert	3/12/10	Missed refitting	Missed refitting
Wishborne, Carol	—	5/9/11	Missed refitting
Greenberg, Edward	—	2/23/11	Missed refitting
Davidson, John	11/18/10	Missed refitting	Missed refitting
McDonald, Mary	—	—	7/10/12
Smith, Fredrick	5/30/10	Missed refitting	Missed refitting



Figure 2: Reminder Letter to Patients

reduce the likelihood of foot disease and its associated costs. Podiatrists are well-positioned to implement frequent examinations, direct patient self-care, and provide properly fitting footwear.

Medicare has created programs that support such an approach and offer podiatrists a way to significantly improve practice revenue. The implementation of effective practice protocols is the key to reducing patients' likelihood of ulceration, and reducing the costs to Medicare while increasing podiatrists' earnings. A concerted commitment on the part of physicians and patients holds the promise of mutual benefit. PM



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