

If you as a podiatric physician have not established yourself as the expert of the diabetic foot within in your area, now is the time. There is no reason why you shouldn't be the "go to" guy or gal in your community when it comes to treating, managing, and preventing diabetic related lower extremity complications.

Managing the diabetic foot is all about a team approach, and establishing yourself as the quarterback will not only improve the quality of care for your patients but it can also greatly enhance your business.

The podiatric literature is replete with dozens of studies demonstrating the correlation of foot pressures and ulceration. As the community foot and ankle specialist who reads and is aware of issues relating to pressure and ulceration prevention, diabetic shoes should be an integral part of your "diabetic foot program".

If shoes and inserts are not a part of how you manage your diabetic patients consider the following:

1. Pressure relief correlates to a reduced incidence of ulceration. Studies show that most amputations are preceded by ulceration. Appropriate fitting inserts and supportive shoes thus can significantly reduce the risk of ulceration.
2. Poor, ill fitting shoes correlate to skin irritation and ulceration. If you aren't looking at your patient's shoes, you are missing a critical area of examination.
3. Who would you like dispensing shoes to YOUR diabetic patients? A pharmacy? A local DME company or Charlie's traveling diabetic shoe company? Don't be a spectator when it comes to your patient's shoes.
4. Providing a comfortable shoe that pads and protects your patient's foot will make them a patient for life.
5. Make one patient happy with a pair of comfortable protective diabetic shoes and MANY MORE WILL COME.
6. Medicare reimburses approximately \$300.00 for one (off the shelf) pair of extra - depth therapeutic shoes and three sets of heat molded/custom multilaminar insoles. Your cost for shoes and inserts can range between 120-200.00 dollars. If you don't provide shoes for your patients, someone MUCH less qualified will.

As the cost of diabetic related lower extremity complications has skyrocketed over the past decade, Medicare developed the diabetic shoe program with the idea of saving money by preventing ulcers. Although debate still looms over whether diabetic shoes can reduce the overall amputation rate, the bottom line remains that pressure and friction in a neuropathic diabetic patient lead to devastating consequences and there is no one better to address those issues than the podiatric physician.

Here are the highlights of the Medicare shoe bill:

Diabetic patients with one or more of the following diagnoses may receive 1 pair of therapeutic shoes (A5500 x 2) and 3 pair of heat- moldable multilaminar inserts (A5509/ A5511 x 6) per year. A patient who received shoes August 6 of 2003 will be eligible for another pair August 6 of 2004.

Must have diabetes mellitus with accompanying: (ICD-9 diagnosis codes 250.0 – 250.91)

1. history of partial or complete amputation of the foot
2. history of previous foot ulceration
3. history of pre-ulcerative callus formation
4. foot deformity
5. poor circulation

Documentation that must be maintained includes:

Signed CMN

Shoe prescription, including size, style, and required modifications (documentation must be present that states that the heat moldable inserts achieve total contact)

Invoices from shoe/ insert order

Statement of fitting/ pick – up

Notations of any adjustments made at fitting

Getting Started:

1. You must have a DMERC supplier number. Information on how to obtain one of these is available through your Medicare Carrier. We also strongly recommend obtaining a state DME supplier number also, although typically a Medicare DME number is required in order to apply. (http://www.pgba.com/palmetto/main.nsf/allframesets/pro_nati.html) Remember that most coverage is retroactive, so you may begin supplying shoes within weeks after you apply for a number. Another great resource in getting started with DME numbers and other aspects of the diabetic shoe program is *Sure Fit*: <http://www.surefitlab.com/index.html>
2. Develop a thorough EASY TO READ AND SIGN certificate of medical necessity. Before you can bill Medicare or Medicaid for your shoes you must provide this CMN. Be sure to check state regulations- Medicare will accept Medicaid approved CMNs, but Medicaid will not always accept Medicare's recommended CMN.
3. Select the shoes you wish to carry, and then contact those companies for a display packet. There may be a cost involved, but having sample shoes and educational literature in your office is well worth the investment.
4. Get the word out.

- a. Let your diabetic patients know you are now a certified supplier of diabetic shoes.
- b. Educate the primary care doctors in your area regarding the benefits of therapeutic shoes.
- c. Purchase a mailing list from the American Diabetes Association of diabetics in your area.
- d. Use your traditional media outlets, such as newspaper articles, ads, and radio. Remember, however, that you need to set yourself above pharmacies and DME shops – you are a physician, not a sales person.
- e. Involve your staff – a “shoe - informed” back office assistant will make a HUGE difference in the success of this program. Programs like Sure Fit help with marketing and measuring.

What about the certificate of medical necessity?

This form is critical for your success in the diabetic shoe program. Despite that fact that your patient’s primary doctor may not have looked at your patient’s feet in 20 years, they can still refuse to sign the form. If the primary doctor is well educated and well informed about risk factors among diabetic patients they will GLADLY sign.

Here are some things that you must convey to your referring primary doctors as relating to diabetic shoes.

1. You must convey that you are doing an actual diabetic exam on these patients to determine if they qualify for shoes. Pharmacies, DME companies etc. DO NOT DO DIABETIC FOOT EXAMINATIONS.
2. Write down or call and tell the doctor the results of your exam. i.e. Patient Jones’ Semmes Weinstein neurological exam indicated that their protective sensation is absent or Patient Jones’s preulcerative callus is the result of a severe deformity along with neuropathy. This patient would really benefit from diabetic shoes.
3. It is important to make the primary doctor aware of the components of the diabetic shoe. i.e. they are extra depth with a multilaminar insole. Make the doctors aware that you are not dispensing a \$20.00 shoe.
4. Let the signing doctor know that the patient is involved in your unique comprehensive diabetic foot program that includes diabetic shoes. Make the doctor aware that you will be following the patients after dispensing shoes in order make sure they accomplish the desired effect.
5. Develop a risk classification for your patients and let the signed doctor know what risk category your patients are in. The University of Texas diabetic foot risk classification is perfect for this.
<http://www.diabeticfoot.org/Research.html#Anchor-The-11481>

6. Make your certificate of medical necessity unique to your practice. Make sure that the CMN the primary doctor is getting from your patients makes you stand out. Put some handwritten notes on your CMN or insert some information on how proper shoes can lower the risk of amputation. Whatever you do, make sure your CMN looks professional and make sure it does NOT look a pharmacy or DME company CMN.

What Kind of Shoes Should I Offer?

Now that you have the word out, you must have a product that your patient is going to wear and recommend to their friends. Clearly, if you carry or order only black Velcro - fastened diabetic shoes with no tread on the bottom, you aren't going to have a lot of diabetic women interested. Although the diabetic shoe program is not a "choose the shoe of your choice" program, you have to be mindful that you want patient to be comfortable with the shoe's appearance. You are the prescribing doctor, so make sure your patients know that you are going to recommend and order a shoe that will benefit them the most. Remember that diabetic shoes don't do a lot of good in the closet.

The more types of shoes you can offer to your patients the more patients will come to your office. One type of shoe is NOT going to be appropriate for all of your diabetic patients.

Here are a few recommendations:

1. Offer a diabetic type *tennis shoe* for those patients that need to exercise and walk. The New Balance 810 or the 900 is perfect. Offer both lace and Velcro. The Apis shoe available through Sure Fit goes up to a 6E.
2. Offer a *Lycra* type shoe for those patients with severe deformity or for those that get shoe irritation no matter what type of shoe they wear. Our favorites are Acor's Comfort street and Comfort Rite's Sunrise.
3. Offer a more "*dress*" type diabetic shoe for those patients that must wear this type of shoe for work purposes. Apex carries a nice loafer style shoe for men, and Acor has recently developed a more fashionable women's Mary Jane.
4. Offer a diabetic "*boot*" for those that must work in environment where boots are a requirement. The BIO 4000 from Apex and the Gentry from Comfort Rite are our most popular boots.

Measuring and Fitting

Keep in mind that currently more diabetic shoes are being dispensed out of "medical supply (DME)" stores and pharmacies than out of podiatric offices. **This should be the reverse**. You, as a prescribing physician know more about the foot and diabetic risk factors than any pedorthist or physical therapist.

Much of what is involved in fitting and molding patients for shoes is common sense. Here are some considerations:

1. Measure right the first time!

The first thing you need to have is an accurate measuring device. Some diabetic shoe companies have their own specific measuring tools for their shoes, so it's important to measure correctly for the prescribed shoe.

When measuring the patient, be sure to measure both feet as sizes may differ. Measure the width of the foot and be aware and educated as to what shoe types come in the wider widths. Avoid putting a patient with a 4E width into an "extra wide shoe". Some shoes only go up to an extra wide width, while others (like the New Balance 810) go up to a 4E width. Include the size and width on your prescription along with your recommended shoe. MOST VENDORS WILL SEND YOU INFORMATION OR WILL EVEN SEND A REP TO YOUR OFFICE TO TRAIN YOUR EMPLOYEES HOW TO APPROPRIATELY MEASURE. DON'T BE AFRAID TO ASK!

2. Fitting

When the patient comes in for fitting, it is well worth your time to make sure the shoe fits their foot well. If it doesn't fit, reorder. Make sure you also have a policy in place that informs your patients when you will and will not accept returned shoes for replacement.

3. Molding inserts:

Medicare will only cover diabetic inserts that are either custom fabricated (A5511) or heat molded by an external heat source (A5509).

****For heat molded pre-fabricated inserts, Medicare mandates that these inserts must achieve "total contact" with the patient's foot. MANY prefabricated inserts sold as heat moldable diabetic devices DO NOT nor CAN NOT meet this criteria.

Here are some easy steps if using a prefabricated heat molded device.

- a. Heat inserts using a heat gun (1 – 1.5 minutes) or toaster oven (30 seconds). A hair dryer does NOT qualify as a heating source!
- b. Place inserts on foam pillow (a supplier can provide you with the required pillow).
- c. Have patient step onto the insert for 1 minute.
- d. ***Remember that the prefab insert you use must achieve "total contact" with your patient's foot. This means that the device should actually hold and retain its shape.
- d. Repeat this process for all three pairs of inserts.
- e. REMEMBER these folks are often insensate, so be careful that they do not burn their feet during this process!

Lastly, keep in mind that some patients with certain foot types (cavus foot) will absolutely require a custom made device as opposed to a prefab heat molded

insert. In addition, patients with severe deformity (Charcot osteoarthropathy or a partial amputation) should not use a heat moldable prefab. In these cases, a cast impression should be taken and sent for a custom insert (A5511). Companies like *Sure Fit* fabricate custom devices and can help with other additions like toe fillers and bars.

Last minute Pearls:

1. Don't get caught up with high profits while compromising quality and proper fit. Avoid using cheap shoes and cheap inserts in order to increase profits. Word gets around quick and sometimes the shoes you dispense represent you as a physician. Provide a great product and people WILL COME.
2. Consider sending the CMN with the patient to get it signed. Sometimes mailing the CMN takes weeks to months to get returned. Also Medicare requires an original copy of the CMN in the chart.
3. Always include a self addressed stamped envelope when you are mailing the CMN's or even if sending it with the patient.
4. Send reminders to patients when it is time for them to change their inserts, or when they are eligible for new shoes. You'll be surprised at how many patients come in that you haven't seen in a year.
5. Start the process a month before the patient eligible for new shoes- it will take 4-6 weeks from evaluation to fitting of shoes.
6. Many private insurances also cover diabetic shoes and inserts (A5500 x 2, A5509 x 6). It behooves you to have someone call on these patients to see if their insurance will cover yearly therapeutic shoes.
7. Take great care in measuring your patients, and set policies on when you will and when you won't replace or accept returned shoes. Reordering and returning shoes can eat up your profit if it gets out of hand.

STEPS FROM EVAL TO BILLING

1. Evaluate patient for shoe eligibility (includes evaluating diagnosis and insurance coverage)
2. Educate patient regarding shoe program, coverage and benefits.
3. If eligible under Medicare guidelines, prescribe appropriate shoe
4. Measure patient for shoes using appropriate measuring device
5. Complete CMN along with note to PCP
6. Send CMN with patient or by mail to PCP
7. When CMN is returned, order prescribed shoes and inserts.
(Some Medicaid programs require pre-authorization- it is smart to do this before you order the shoes to cut down on returns.)
8. When shoes are received, have patient come in for fitting/ molding of inserts.
9. Physician checks to make sure shoe appropriate fit.
10. Note any adjustments/ modifications in chart
11. Patient signs DME delivery form
12. Shoes billed to insurance carrier (A5500 x 2 with KX modifier; A5509 or A5511 x 6). You can bill DME either paper- based (HCFA 1500) or electronically.
13. Original signed CMN, prescription, supplier invoice, and DME delivery form filed in patient's chart.
14. Payment received – whew!

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