

Capitalizing On The Therapeutic Shoe Program

Some important questions to ask when selecting a vendor.

By: Kenneth F. Malkin, D.P.M.

Bio: Dr. Malkin is a diplomate of the American Board of Quality Assurance and Utilization Review Physicians. He is immediate past president of the American College of Podiatric Medical Review and the Medicare Physicians Carrier Advisory Committee representative for New Jersey.

It appears that podiatrists have not taken ownership of the Medicare Therapeutic Shoe Benefit - only about one half of practicing D.P.M.'s have obtained a durable medical equipment provider number, which is required to bill for therapeutic shoes. This lack of participation has allowed other "qualified individuals" a marketing opening. Very often these so-called experts provide inferior quality shoes that are improperly fit to your own diabetic Medicare patients. In my opinion, the podiatric profession should own this benefit. What physician specialty is more qualified than the podiatrist to prescribe and dispense a therapeutic shoe and its associated innersoles?

Medicare patients should demand that their own podiatrists provide this service. Providing ongoing podiatric diabetic foot examinations, evaluations, and at-risk foot care are important parts of the medical care we provide for our diabetic patients, but it's only half the picture. Helping a patient select a proper shoe and prescribing the proper innersole helps to complete the comprehensive foot care we can offer.

Economically, participation in the therapeutic shoe program makes good business sense. This program is an annuity. Each calendar year a patient becomes eligible for new shoes and innersoles - as long as the current ones are not serviceable. The program provides a reasonable profit margin - even when providing a quality shoe and custom innersole - making it a service which a podiatrist should incorporate into his/her practice. Even if you do not want to become involved with the fitting and dispensing of shoes, simply dispensing the dual-density innersoles can be beneficial to the patient and profitable to you. The program guidelines allow for this activity as long as a patient meets the specific eligibility requirements of the program and it is documented that the patient already has a shoe that meets these requirements. Dual-density innersoles may be dispensed - either heat molded or custom made.

The coding and documentation specifics of the shoe program are elucidated by Dr. Paul Kesselman in his article beginning on pp. xx of this issue. Those of you that have not yet signed up for the program or would like to switch to a new vendor should explore these questions with a potential vendor before signing on:

1. What styles and manufacturers of shoes are available?
 - a. How large is the variety of shoes?
 - b. Is there a wide range of lasts to provide a proper fit for all foot types? One last does not fit all feet.
 - c. What is the quality of the product? Is it a name you know or a proprietary shoe made in Taiwan?

- d. Are mis-mated pairs available for significant foot-length differences?
- e. When new shoe styles become available will samples be sent automatically?
2. Is there training for your staff to assure a proper fit?
 - a. Does the company offer a detailed fitting system that makes fit error a rarity?
 - b. Will the training be in person or by telephone?
 - c. How long is the training session?
 - d. Is there a cost for this training?
 - e. Is retraining for new staff members available? If so, is there a cost?
 - f. Does the company provide training in a multimedia format such as a CD-ROM or video?
 - g. What does the fitting manual look like?
3. Does the company provide assistance in determining proper last selection and shoe size? In the case of a poor fit, is there consultation on corrective action?
4. Does the company provide custom fabricated innersoles?
 - a. Are the inserts tested in the shoe at the lab and then shipped together?
 - b. Are custom accommodations available?
 - c. Are toe fillers (L5000) available?
 - d. Will the company grind and trim inserts to fit a patient's existing shoes?
5. Does the company have a podiatric consultant on staff and available on a daily basis to provide documentation advice or answer any billing issues? Does the consultant keep up with changes in the DMERC policy to provide accurate and timely advice? Are all the forms provided for Medicare compliance and a smooth running program?
6. How complicated is it to complete the order forms? Do they include loads of extraneous information or "just the facts ma'am, just the facts"?
7. How many individual data elements are used to determine a shoe size? Generally the more data, the easier it is obtaining an accurate fit.
 - i. Is the girth of foot measured?
 - ii. Is an ink impression of the foot with a tracing of the outline of the foot required?
 - iii. Is a foam impression required for custom dual density innersoles?
 - iv. Is the foot sized with a Brannock device, rather than a Ritz Stick?
8. What are the hours of operation of the vendor? If you have a question is someone immediately available to answer it during your usual business hours?
9. What is the turnaround time for a completed order to be back in your office from the day it is sent?
10. What are the initial start-up costs?
 - a. How much do shoe samples cost? Is there a deposit required or is it a purchase?
 - b. How much is the display rack and what does it look like?
 - c. Is there a charge for measuring devices - Brannock device (better) or Ritz Stick?
 - d. Is there a cost for a Harris mat kit?
 - e. Who pays for the cost of the foam boxes required for custom innersoles?
11. What are the ongoing expenses?
 - a. Who pays for shipping costs for returning the foam impressions to the vendor?
 - b. Are the foam boxes sent by mail or express service?
 - c. Who pays for the completed return of shoes to the physician?
 - d. Who pays for shipping costs for returns?
 - e. How much does a typical pair of shoes cost?
 - f. How much do the typical custom innersoles cost?
12. What is the return policy?
 - a. How long can shoes be returned after they are supplied?
 - b. Who pays return shipping costs?
 - c. Are there any restocking charges?

13. Does the company assist you in obtaining a DMERC number?
 - a. Does the company provide the assistance for completion of the paperwork in the form of a live consultant to participate in the application completion - or do they merely provide you a copy of the form with written instructions?
14. Is the company able to bill DMERC electronically on your behalf?
 - a. Is the service in-house or merely a referral to a billing company?
 - b. Are the claims reviewed before submission and necessary corrections made?
 - c. Will the company follow-up and resolve billing problems with Medicare?
 - d. If you decide to self-bill, will the company train your billing staff and review initial claims for accuracy?
15. Can the company supply you with references of the last client they trained?
16. Does the company provide marketing materials to use internally for your current patient base or materials to use externally to attract new diabetic patients? Do they provide marketing materials to educate primary care physicians to the advantages of podiatric dispensing of therapeutic footwear?
17. Does the company offer credit terms or is payment required in advance?
18. Does the company maintain a patient recall system to notify your office of patients due for their annual shoe dispensing?

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