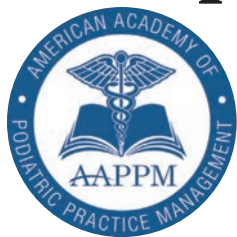


# Podiatrists Don't Want to Fit Diabetic Shoes: An Increasing Trend



How can their patients still get the protection that they need?

BY JOSH WHITE, DPM, CPED

*Practice Management Pearls is a regular feature that focuses on practice management issues presented by successful DPMs who are members of the American Academy of Podiatric Practice Management. Visit [www.aappm.org](http://www.aappm.org) for more information.*

Medicare has provided coverage for shoes for people with diabetes since 1993. The decision to offer the coverage was based on a study that showed the cost of shoes and inserts would not exceed the cost of treating foot ulceration, if shoes were not covered. From the program's inception, podiatrists fit more shoes than any other specialty, in part because Medicare allows them to both self-prescribe and fit shoes on patients at risk. Following a steady rise, the number of shoes fit by podiatrists peaked in 2010, but since then, while the number of beneficiaries with diabetes has steadily increased, fewer shoes each year have been paid for by Medicare to podiatrists. While some of this decline is attributable to the increase in patients covered by Medicare Advantage plans, increasingly, podiatrists prefer to refer patients out, and not fit shoes themselves.

The lifetime risk of a person with diabetes developing a foot ulcer is between 19% and 34%.<sup>1</sup> To prevent ulceration, it's important that feet are

protected from repetitive stresses whenever they are weight-bearing. In addition, limiting re-ulceration is critical. In one study, for example, patients with diabetes and previous ulceration who wore specially designed shoes for one year had significantly fewer foot ulcer relapses (27.7 vs. 58.3%).<sup>2</sup>

Special diabetic footwear has been described as a "visible representation of the disease". Podiatrists are often confronted with the challenge that people with diabetes at

risk factors for ulceration, are eligible for coverage for one pair of shoes and three pairs of either prefabricated or custom diabetic inserts, per calendar year. Coverage requires documentation of objective findings consistent with at least one of the following requirements: a foot deformity, decreased circulation, callus, amputation, or a history of ulceration.

An additional goal of the shoe program is to promote a team approach to care; and as such, it's re-

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risk for foot ulceration may choose sub-optimal shoes to align with non-diabetic functional requirements and style.<sup>3</sup> The protective benefits of shoes are highly dependent on balancing a number of competing considerations that fall outside of what many podiatrists, given an alternative, wish to take on. While shoe companies offer ways to streamline fitting and style selection, probably the greatest obstacle to podiatrists fitting shoes is the difficulty ensuring that all the Medicare required documentation is obtained, and in order, prior to fitting shoes.

Patients with Medicare insurance, who have diabetes and one of five

quired that the medical doctor (MD, DO) managing the patient's diabetes signs a form indicating their agreement with the foot examination finding. Additionally, they need to agree with a podiatrist's finding that the patient would benefit by being fit with shoes and that they have seen the patient for diabetes management no more than six months prior to when the shoes are fit.

Increasingly, when available, podiatrists refer patients who need these shoes to pedorthists, orthotists, and therapeutic shoe fitters. They do this to ensure their patients are getting the care they need but

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## Diabetic Shoes (from page 57)

don't wish to add additional work and complexity to their practice. Unfortunately, because of a lack of effective coordination between prescribing podiatrists, certifying medical doctors and fitters, there is often months of delay for patients to get fit with prescribed shoes. Besides creating frustration for prescribers and fitters, there is increased risk of patients developing an ulceration during this gap period. The objective is for podiatrists who refer patients out for diabetic footwear to work better with shoe fitters and physicians managing patients' diabetes to streamline utilization of this valuable benefit.

Coordination between podiatrists, shoe fitters, and physicians managing patients' diabetes poses the greatest challenge to patients easily getting shoes prescribed by DPMs. What follows are recommendations that can significantly streamline the documentation procurement process required to prevent ulceration in patients by getting shoes prescribed by DPMs to CPed, O&P, or certified shoe fitters.

## Roles and Responsibilities

### Podiatrist

- Perform diabetic foot exam including ulcerative risk assessment, at least annually, on every patient with diabetes
- Document, if present, at least one qualifying risk factor for therapeutic footwear and inserts.
- Medicare eligibility for shoes can be satisfied by objectively documenting a foot deformity, decreased circulation, callus, amputation, or ulceration.
- Fax to shoe fitter: foot exam findings, a prescription for shoes and inserts, and patient insurance information
- Emphasize to patient the importance of getting shoes; show patient samples or catalogs to demonstrate how more modern diabetic shoes can be aesthetically pleasing to allay concerns.
- Explain to patient that the fitter must first obtain authorization from their medical doctor. Encourage them to follow through with their physician to facilitate return of signed forms.

- Remind patient that they are required to have been seen by their MD/DO during the prior five months (6 months prior to when fit with shoes).
- Provide the patient with an informational brochure explaining the importance of shoes for people with diabetes, some examples of what the shoes look like, and the location of the shoe fitter.

### Patient

- Recognize his/her risk of ulceration and the importance of protecting their feet, indoors and out.
- Follow-up with the certifying physician to encourage their signature

speciation and to continue seeing their podiatrist

- Acknowledges agreement with foot evaluation findings from DPM that presents findings that qualify patient for shoes. It is important to note that a signature by a nurse practitioner or physician's assistant is insufficient to meet Medicare requirements.

The Medicare therapeutic shoe program was designed to reduce ulceration by promoting a team approach to care and includes checks to prevent over-utilization. Unfortunately, these objectives have also created obstacles that have resulted in vast under-utilization of this valuable benefit.

**By following these recommendations, podiatrists can more effectively get their patients fit and make the Medicare process easier for fitters, physicians, and patients.**

to approve authorizing documentation faxed over by their shoe fitter.

### Fitter

- Communicates with DPM about shoes that patient can receive and how to best accommodate complicated requirements to meet patient's special needs.
- Communicates to MD/DO office that they will be receiving compliance documentation, which is required by Medicare, for their signature. Clarifies that patient will be following up to ensure authorization forms are returned.
- Faxes to certifying physician: DPM foot findings, and Statement of Therapeutic Necessity
- Fits patient with shoes within the three months allowed before Statement of Therapeutic Necessity expires.
- Provides patient with delivery receipt and reviews break-in instructions.

### MD/DO

- Ensure that every patient with diabetes is also seeing a podiatrist for foot care
- Reiterates to patient the importance of footwear and daily foot in-

zation of this valuable benefit. There are specific requirements that must be met for patients to get their needed protection. By following these recommendations, podiatrists can more effectively get their patients fit and make the Medicare process easier for fitters, physicians, and patients. **PM**

## References

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