

From Prescription to Prevention: Podiatric Options for Providing Diabetic Footwear to Patients with Medicare

There are a number of pathways you can use to ensure that your diabetic patients receive this essential benefit.



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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 for more information.

The International Working Group on the Diabetic Foot (IWGDF) develops evidence-based guidelines to help health care providers worldwide prevent and manage diabetic foot disease. Its mission is to reduce the significant burden this condition places on both patients and society.

In the IWGDF's view, ensuring correctly fitting footwear or therapeutic footwear is central to wound prevention. Their 2023 Prevention Guidelines recommend that for footwear to be considered appropriate, the inside length of the shoe should be 1-2 cm longer than the foot. The internal width of shoes should equal the width of the foot at its widest part, and shoe depth should allow enough room for all the toes. If shoe fit is compromised due to a foot deformity, if there are signs of focused excessive pressure such as redness, cal-

lus formation or if there is a history of ulceration, therapeutic footwear, either extra-depth or custom made (and including accommodative insoles) should be prescribed. In the instance of partial foot amputation, the prescription for custom insoles may also include a partial foot filler.¹ According to the IWGDF:

- **Patients with diabetes but no foot deformity, pre-ulcerative lesion, or plantar ulcer history:** should be educated to wear properly fitting footwear that accommodates the shape of the foot.

- **Patients with a foot deformity or pre-ulcerative lesion:** should be considered for extra-depth shoes, custom footwear, custom insoles, or toe orthoses.

- **Patients with a healed plantar ulcer:** should be prescribed therapeutic footwear proven to relieve plantar pressure during walking and be encouraged to wear them consistently indoors and outdoors.

Why Footwear Still Matters

Aligned with the IWGDF, "Feet Can Last a Lifetime", an educational program developed as a joint effort by the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH), provides guidelines

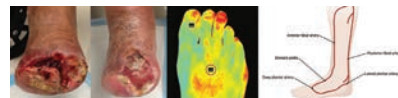
and resources for healthcare providers and patients on how to prevent serious foot problems that can arise from diabetes. Among its recommendations, the program emphasizes the importance of wearing well-fitting shoes and socks and to never go barefoot.

Even well-designed shoes can cause ulcers if fit improperly, especially if patients have neuropathy. For footwear to be effective, it must not only accommodate the shape of the foot and reduce plantar pressure, but also meet patients' aesthetic and functional needs, thus encouraging consistent wear. To deliver this standard of care, the burden falls on primary care physicians, endocrinologists, podiatrists and other medical professionals to not just prescribe footwear but ensure that it is being worn indoors and out.

The Shifting Role of Podiatrists

Since Medicare began covering therapeutic shoes for people with diabetes in 1993, podiatrists have played a key role. The program, called the Therapeutic Shoes for Individuals with Diabetes Benefit (Social Security Act §1861(s)(12)) was premised

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on evidence that protective footwear would be cost-neutral or less than treating ulcers, infections, and performing amputations. Patient eligibility required documentation of an objective finding consistent with increased risk of ulceration including foot deformity, poor circulation, pre-ulcerative callus, previous ulceration, or partial foot amputation.

Medicare covers one pair of ready-made shoes and three pair of heat-molded prefabricated or custom inserts each calendar year. Custom inserts must be made from a three-dimensional rendering of the foot and can be molded, milled or 3D printed. Medicare in 2025 allows payment for

document objective findings that create the medical necessity of increased ulcerative risk. Increasingly, podiatrists are choosing to evaluate patients and prescribe shoes, leaving the fitting and billing up to other specialists including pedorthists, orthotists/prosthetists and therapeutic shoe fitters. As it is often difficult for podiatrists to find qualified providers to which they can to refer their patients, there are various channels through which DPMs can ensure that patients will receive this essential benefit.

Options for Ensuring Patients Needing Shoes Are Professionally Fit

Podiatrists have several pathways to make sure their patients at risk for ulceration benefit from therapeutic

ments of accrediting organizations are complied with.

- May, depending on state scope of practice regulations, require medical assistants to obtain certification as a therapeutic shoe fitter or certified pedorthist to provide patient care even while under the supervision of the podiatrist.
- The podiatrist remains responsible for responding to Medicare and insurer audits.

2) Enroll and Fit as Part of a Therapeutic Shoe Fitting Network

- May be most relevant if the podiatrist is unable to enroll as an in-network Medicare Advantage DME provider.
- Entails contracting with one of several fitting networks that are participating providers with Medicare Advantage plans.
- Enables podiatrist to fit patients with Medicare Advantage coverage.
- Network compensates podiatrists for fitting without the podiatrist having to bill insurers directly.
- The contracted provider may help in obtaining compliance documentation.
- Enables podiatrists to fit Medicare Advantage patients without having to enroll as Medicare DMEPOS supplier.
- Examples include Quantum Medical, Diafoot.

3) Refer to a Credentialed Facility

- Requires coordination with accredited patient care facilities and the medical doctors managing patients' diabetes.
- Facility may provide expert fitting by certified pedorthists, therapeutic shoe fitters, certified orthotic fitters or orthotists/prosthetists.
- Retail-based locations may offer the widest range of styles and brands; clinical facilities provide a more medical setting.
- Examples include Foot Solutions, Comprehensive Prosthetics and Orthotics, Cray Footwear, Foot Companion and Hanger.

4) Refer to a Therapeutic Shoe Fitting Network

- Specialized services manage documentation, coordinate with phy-

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Enrolling as a Medicare DMEPOS supplier and fitting prescribed patients offers the highest level of reimbursement to the podiatrist.

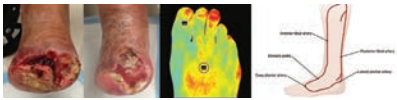
depth shoes with three pairs of prefabricated, heated molded inserts up to \$395; for depth shoes with custom inserts, it's \$502. These amounts typically increase 3-4% each year.

Most importantly, if the diagnosis and documentation criteria are met, Medicare and other insurers cover these therapeutic shoes and inserts fitted by a variety of providers and methods which provide options for podiatrists seeking quality care for their patients but seeking options on how to provide that standard of care. For many years, podiatrists fit more shoes than any other specialty, benefiting from Medicare's allowance for podiatrists to both prescribe and dispense footwear. However, utilization of shoes fit by podiatrists and paid for by Medicare peaked in 2010. Since then, despite the growing number of people with diabetes, fewer shoes have been paid for by Medicare to podiatrists each year. Much of this decline stems from the more than half of Medicare beneficiaries choosing Advantage plans, but increasingly podiatrists are choosing to refer patients at risk for ulceration elsewhere. Like any prescription, Medicare coverage requires the physician to

footwear. Practices can choose between becoming suppliers of footwear, working with one of several fitting networks, or referring patients to a qualified provider if one is available.

1) Enroll as a Medicare DMEPOS Supplier and Fit Prescribed Patients

- Provides podiatrists with direct control over shoe selection and fitting.
- May be the only option available if no credentialed fitters are available to whom to refer patients.
- Works best with clear staff roles for compliance, billing, and fitting and utilizes a shoe fitting display.
- Works most efficiently when electronic health records platform can integrate with a document management program to streamline compliance documentation procurement from medical doctors managing patients' diabetes. Should integrate process to ensure compliance of documentation with all Medicare requirements.
- Offers highest level of reimbursement to the podiatrist.
- While podiatrists are exempt by Medicare from obtaining patient care facility accreditation, there remains the expectation that require-



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sicians, and fit patients at home, in patient-care facilities, or at designated clinics.

- Can routinely schedule fitter to be at DPM office or wound clinic to

- Examples include National Diabetes Care, Quantum Medical

Moving Forward

Every podiatry practice caring for patients with diabetes should decide which option for providing therapeutic

the most practical and reliable way—whether in-office or through referral—to ensure their patients receive footwear that prevents ulceration, improves quality of life, and ultimately lowers health care costs. **PM**

References

¹ Nicolaas C. Schaper, Jaap J. van Netten, Jan Apelqvist, Sicco A. Bus, Robert Fitridge, Fran Game, Matilde Monteiro-Soares, Eric Senneville, on behalf of the IWGDF Editorial Board (2023) Practical guidelines on the prevention and management of diabetes-related foot disease (IWGDF 2023 update) Diabetes Metab Res Rev. 2024;e3657.

Referring to a therapeutic shoe fitting network prevents gaps in care that can increase the risk of ulcer recurrence.

enable seamless transition from healing devices to preventive footwear without delays.

- Prevents gaps in care that can increase the risk of ulcer recurrence.
- Prescribing podiatrists are not permitted to receive any compensation from supplier for referral as it possibly could violate the Medicare anti-kickback statute.

footwear best fits its organizational capacity and cost-benefit analytics. With value-based care on the rise, and with diabetic foot care representing one of the costliest complications in medicine, preventive footwear is both clinically essential and cost-effective.

The challenge is not whether therapeutic shoes should be provided, but how. Podiatrists must identify



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