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IF THE SHOE FITS; DOCUMENT IT! DOCUMENTATION REQUIREMENTS FOR DIABETIC SHOES
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THE MEDICAL DEVICE TAX AND PEDORTHICS
PAGE 32
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We’re spreading the word and signaling members, vendors, friends and allied healthcare professionals everywhere to start planning your trip to the birthplace of America and our biggest symposium and exhibition yet – BOSTON!

14 | Thank You Little Rock! Didn’t Make It …
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Like most, I was skeptical when the PFA announced our conference location in Little Rock for 2012, but I have to say, Little Rock you did not disappoint! It’s not about the destination, which was exceptional, but so much more. Here are the reasons why YOU should make every effort next year to attend the symposium.

18 | What You Need to Know: CMS Standard Documentation Language for Local Coverage Determinations
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24 | Getting Involved! Why Is Advocacy Important to You and Your Patient?
Legislators are influenced by what they know and what they hear, especially from the people they represent. As professionals and practitioners, government regulations and laws have a significant and powerful impact on what we are able to carry out as an organization and the patients we provide for.

28 | If The Shoe Fits; Document it! Documentation Requirements for Diabetic Shoes
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If someone gives you the advice, “If it’s not documented it didn’t happen,” listen to them. Without a clean claim, you can never be assured you will be getting paid. So what is a ‘clean claim’?

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Volunteer, Why Not?

As a professional, a little due diligence can go a long way. In your professional life due diligence is that warm blanket in a cold business climate. You prepare reports, look at demographics, improve software, stay on the cutting edge of advancements in pedorthic equipment and utilize a full scope of practice. You improve your skills as a clinician, marketer, salesperson and businessperson.

Yet where you are going in your life or career can sometimes be left up to fate. What path you decide to follow at the proverbial fork in the road can be decided by the simple flip of a coin. Many of us would agree that it should take more thought in what is needed on such life factoring scenarios, than the actual reality of the decision.

Can you leave the changing world around you up to chance? How you see your profession and its current direction can be changed in an instance when you think outside yourself and consider volunteering. John F. Kennedy said “Some people see things as they are and ask why. I look at things and ask why not.” So ask yourself, why not … why not volunteer?

Pedorthics and the pedorthic profession is changing every day, and if you have developed a new casting technique or unique hand skills with shoe gear, or even have suggestions that could assist other C. Peds with their business practices or other interests, this knowledge can help the pedorthic profession learn and grow on all levels of practice and education. By becoming a volunteer, you can help pedorthists navigate the hard road ahead as both new and seasoned professionals, struggling to build profitable businesses, and educate themselves on the latest and greatest treatments. Also, on a more personal level, your inspiration and mentoring to others like yourself is a way of helping pedorthists follow ‘alternate routes’ to a more productive personal life along with their practice.

But what is a Volunteer by definition?

Beyond legal definitions of volunteers, it should be acknowledged that there are, in fact, many variations on the meaning of the term “volunteer.” According to the Fair Labor Standards Act, a ‘Volunteer’ is “an individual who performs hours of service for a public agency [or organization] for civic, charitable, or humanitarian reasons, without promise, expectation or receipt of compensation for services rendered.” Webster’s Dictionary simply defines a volunteer as one who “enters into or offers oneself for a service of his/her free will.”

In this sense the volunteer is basically distinguished as one who is not coerced to perform services. Though some remuneration is allowed in many instances, volunteers are thought of typically among the public as “persons who voluntarily render services without payment or compensation.

Even though compensation cannot be measured in dollars and cents for a PFA volunteer, it can be felt in the pride and self-satisfaction of those who freely offer their time and efforts. Volunteering also provides a professional measure in the networking and personal relationships you can build by participation and getting to know your fellow pedorthists and other pedorthic professionals, along with the great reward of experience as assistance.

Volunteering with PFA can take on the smallest to the largest contribution in keeping our organization running and current. Example, let’s say you have a great knowledge of Medicare billing issues. This expertise would be an added help to PFA’s Government Affairs Committee. If you have suggestions that might help in their advocacy, why not send them an email asking if you can help with furthering their work? Or maybe you have the expertise or suggestions on better treatment techniques, understanding certain pathologies or even suggestions for better business practices. Why not consider writing an article for Current Pedorthics Magazine or PFA Online, and give your fellow pedorthists a new angle to consider?

It is also important to realize that when you volunteer with PFA, you are not alone in building and promoting our organization. Many of our members many not be aware that it takes more than committee volunteers and the PFA Board of Directors to assist in providing the means...
to operate, especially in keeping current with the changing climate regarding insurance, federal and state mandates, certification/education and health care regulation.

Your organization, PFA, is a collaboration of the professional pedorthic industry and non-profit association knowledge, which works hand in hand for suitable and acceptable outcomes. That is why we still need you; we could always use a hand. Can I count on you to step up and help volunteer?

There are many types of volunteer opportunities PFA can offer you. Whether you may like teaching or coaching; campaigning or fundraising; collecting, making, serving, delivering goods, or providing information; serving on the board or a committee; providing care, consulting or even administrative work, there is something you can do that will help PFA continue to grow and move forward as an advocate for the pedorthics profession.

It does not matter the causes associated with volunteerism or “why people volunteer.” The reasons are varied. However, in the case of the PFA, people should volunteer because of the current direction and needs of the profession.

The benefits of voluntarism are widely praised and are many. Volunteers add to the quality and capacity of programmatic services. They provide enthusiasm, extra resources and many times, much needed skills. Volunteers supplement the normal staff during times of crisis and especially when workload demands peak. Many volunteers are trained and experienced to provide clarity, drive and services outside the normal purview of staff, such as fund raising and advocacy.

In all, volunteering can benefit yourself and the profession. These benefits will always outweigh any sacrifices made in the implementation. Can you make a difference? Mother Teresa said, “We ourselves feel that what we are doing is just a drop in the ocean. However, the ocean would be less because of that missing drop.”

PFA would also like to recognize the significant contributions made by three volunteer leaders who have had to unexpectedly make the difficult decision to leave the Executive Committee and Board because of pressing personal reasons.

Liz Chiles, C. Ped., served on the Board as Vice President and the Executive Committee for over six years. Liz has served, at one time or another, on each of PFA’s standing committees and has presented and facilitated at the Symposium. Liz’s contributions to the organization will be sorely missed, and we are truly grateful for her leadership.

Jamie Dick, C. Ped., PT, has been in the PFA leadership for over seven years until recently having to step down from the Executive Committee as Treasurer. Jamie was elected to the Board in 2005, and has served on all of PFA’s standing committees, along with having presented and facilitated at numerous symposia.

Patricia Pande, C. Ped., PT, CSCS, elected to PFA’s Board in 2011 and was involved in numerous activities, including presenting at the Symposium, PFA’s upcoming textbook and articles for Current Pedorthics magazine, while serving on numerous standing committees. PFA has been party to her invaluable insight and professionalism and we will miss her leadership.

Like Mother Teresa, PFA needs you to be a drop of water in our vast professional ocean. Past and current volunteers will affirm that volunteering can offer you numerous opportunities to become part of something bigger. Help us expand our professional boundaries and become a part of the growing ripple effect as each drop in the PFA ocean helps your friends and profession colleagues become the best pedorthists possible.
WELCOME TO PFA’S 2013 BOARD OF DIRECTORS

The Pedorthics Footcare Association is pleased to announce the seating of our new Board of Directors and Executive Committee for 2013.

**PRESIDENT**
Joseph “Jay” Zaffater, C. Ped., BOC Pedorthist; Artex Medical, Inc.
Shreveport, Louisiana

Joseph “Jay” Zaffater graduated from Louisiana Tech University in Ruston, LA in 1989 with a degree in education and a secondary degree in business administration. Jay was a four year letter winner for the university’s football team and also served one year as a graduate assistant. After teaching and coaching high school for five years, he became an athletic trainer. Working for several years from the ground up, Jay became the general manager for a chain of health clubs. He began his training in pedorthics in 2001, working for a DME company while starting an orthopaedic specialty bracing department for the company. Jay had owned and operated Ortho One, LLC, a DME company specializing in custom orthopaedic bracing and custom footwear. Jay, who is married with three children, currently works for AllenMed.

**VICE PRESIDENT**
Robert Sobel, C. Ped.; Sobel Orthotics and Shoes, Inc.
New Paltz, NY

Rob Sobel has been serving on the PFA board as chair of the Marketing/Editorial/Membership Committee, and is the volunteer editor of *Current Pedorthics* magazine. With over twenty-five years of patient care experience, Rob’s pedorthic career started over six years ago after receiving his training at Temple University’s School of Podiatric Medicine. From there, he went on to work at an O & P facility and then a pedorthic facility. He currently owns his own accredited pedorthic facility. Rob resides and works in the Hudson Valley Region of New York with his wife and daughter.

**TREASURER**
Dean Mason, C. Ped., CO, OST, BOCO, BOC Pedorthist; North Shore Pedorthic Services
Lorain, OH

Dean Mason has been certified in pedorthics since 1998, certified as an orthotist since 2002 and has been licensed by the State of Ohio since 2000. Prior to obtaining his pedorthic credential, Dean graduated in 1997 with an OST from Ball State University. Dean is the owner of North Shore Pedorthic Services in Lorain, OH. He has served on the PFA Board of Directors and the Marketing/Editorial/Membership Committee, and is currently the chair of the Government Affairs Committee. Dean earned his Bachelor’s Degree in History and Philosophy from Borromeo College of Ohio and his Masters in American History from John Carroll University.

**SECRETARY**
Christopher Costantini, C. Ped.; Buffalo, New York Veterans Affairs Medical Center
Buffalo, NY

After entering the retail footwear industry with a major East Coast retailer in 1989 Chris became certified as a pedorthist in 1994. He later became Vice President of JBC Enterprises in 1996 and, in 2001, the operations manager for The Foot Performance Center, where he launched a retail arm for this well-respected clinical pedorthic facility. Chris is currently the staff pedorthist in the Western New York Medical Center Prosthetic/Orthotic Lab at the Veterans Administration Medical Center in Rochester, NY. An avid and well-seasoned traveler and speaker, Chris has traveled the U.S. and Canada as instructor for the “When the Shoe Fits” seminar. As an active member of PFA he has served on PFA’s Board of Directors and on PFA’s Council on Pedorthic Education (COPE), which he currently chairs. Chris is also president of the Commission for the Accreditation of Pedorthic Education (CAPE).
DIRECTOR

Matthew D. Almeida, BDB/F, C. Ped., BOCPD, CPA; Limbcare Prosthetics and Orthotics of GA
Dawson, GA

Matthew has been in the orthopedic, orthotic, prosthetic, & pedorthic field for the over 15 years. Starting out in the U.S. Navy where he received most of his education and training, he specializes in areas that include foot and ankle related injuries/congenital problems and sports medicine. Matthew has been a member of the Pedorthic Footcare Association since 2009 and has been a member of the board since 2010. Currently working for Limbcare Prosthetics & Orthotics in Albany, Georgia he continues to work with a very diverse patient population. Matthew has a degree in Business with a concentration in finance from the University of Phoenix. He is a member of the American Diabetes Association, Amputee Coalition, and the American Academy of Orthotist and Prosthetists. He lives in Dawson Georgia with his wife Jennifer and his son Zachary.

DIRECTOR

Jeremy Long, C. Ped

Jeremy has been performing pedorthic services for over 25 years. Specializing in athletic shoes, he worked for the Technical Services Division at Reebok during many of the brand’s most important technology launches. After moving to North Carolina in 1996, Jeremy specialized in fitting and modifications for ski, snowboard, and skate products. In addition to being an expert in performance applications for athletes, he also possesses an extensive background in conservative treatment for a broad range of foot problems. Jeremy joined the Smoky Mountain Foot and Ankle Clinic in 2005 and is skilled in the fabrication of orthotics and in shoe modifications, combining both clinical evidence and traditional techniques, operating a fully equipped orthotic lab. In 2012 he moved to Bel Air, MD to join Solo Laboratories, Inc. Jeremy lectures on a variety of pedorthic skills, including casting and fabrication techniques and volunteers his time answering questions pertaining to pedorthics on heelspurs.com and podiatry-arena.com. Jeremy enjoys inline skating, golfing, hiking, and playing soccer.

DIRECTOR

Tamara A. Daulton, C. Ped, L. Ped; Bioworks, Inc.
Cincinnati, OH

Tammy Daulton has been employed by Bioworks, Inc., a small DME company, for 15 years. Within her scope of practice she has worked every aspect of the business from marketing and sales, billing, clinician, Orthotist Assistant, and now is the company’s only pedorthist. She attended the University of Akron, where she graduated with a Bachelors of Science in Education with an emphasis in Athletic Training. She then went back to Northwestern for her pedorthics education. Board certified and licensed by the State of Ohio in pedorthics since 2003, Tammy began networking by participating in the work study program at the PFA Symposium before she was elected to the board in 2008. She has worked on COPE and the Marketing/Editorial/Membership Committee and enjoys the time she spends with her fellow Pedorthists as well as the learning and sharing that goes along with the Annual Symposium. Tamara has been married for over 16 years and has one child, an 12 year old boy who keeps her busy during all her free time with his sporting events.

DIRECTOR

Casper Ozinga, B.A., C Ped (Au), C Ped (USA); Pedorthic Consultant
Walcha, NSW, Australia

The recipient of PFA’s 2011 Seymour Lefton Award for lifetime achievement in pedorthics,Casper Ozinga was the Managing Director of Comfort and Fit Australia Pty. Ltd., a pedorthic and comfort footwear business which opened in 1989. He was responsible for over 54 staff members through company owned stores, franchises and an active and growing wholesale business will establishing a similar business in New Zealand. With a degree in Environmental Science, he became the first Certified Pedorthist in Australia under the American system, and since then has completed courses in pedorthics, lower limb bracing, and orthoses manufacturing with pediatric pedorthics as his specialty. Currently the General Manager of the Australian Pedorthic Medical Grade Footwear Association (APMGFA), he was co-chairperson of the highly successful IVO 2012 congress, and the International Orthopaedic Footwear Technology Conference held in Sydney in March 2012. Casper works continuously for the Association’s education and certification program and has conducted with others the hands on pedorthics program at La Trobe University as part of the Australian School of Pedorthics.
DIRECTOR
Althea Powell, C. Ped., L. Ped., OST; Powell Shoes
Vero Beach, FL

Althea Powell attended Ball State University’s pedorthic precertification program, has studied foot anatomy, biomechanics, shoe construction and modification, foot orthosis fabrication and materials, footwear fitting and patient/practice management. Althea is the owner of Powell Shoes in Vero Beach, Florida, where she specializes in fabricating custom orthotics, shoes; various shoe modifications and the Arizona Brace. Althea’s business mission is to serve the customer and patient with integrity and honesty by dispensing products of the highest quality and workmanship, and to educate patients on their overall footwear needs.

DIRECTOR
David Sparks, C. Ped; Take 5 Birkenstock
Fort Worth, TX

David Sparks is the owner of Take 5 Birkenstock, a euro comfort footwear store in Ft Worth, TX opened in 2004. After opening the store, he met several pedorthists, and Birkenstock also encouraged owners to become pedorthists. David believed that pedorthics could help him improve his knowledge of shoes, feet and how to better serve his customers. He earned his pedorthic certification and immediately began using the knowledge he acquired to provide better service to his customers and grow the business. Take 5 has grown as a result of attention to customer service and efforts to solve customers’ problems. He works with all types of customers to provide them with the best options available. They have established successful relationships with doctors, physical therapists and the Texas Christian University athletic department to serve the needs of their patients/athletes. David lives in Fort Worth, TX with his wife and two children.

DIRECTOR
Stuart L. Pressman, C.Ped., CO; Pressman’s Orthotics, Inc./Sole-lutions™
Pembroke Pines, Florida

Stuart Pressman started in the field of Durable Medical Equipment in 1987, helping patients become independent again after suffering from disabilities. Stuart first became a certified orthotic fitter, then in 1991 a certified orthotist. As he advanced in the field, he recognized the tremendous need for foot care, so he studied pedorthics at Northwestern University. He earned certification in pedorthics in 1995, and opened his orthotics lab in a pharmacy immediately thereafter. Stuart opened a store called Sole-lutions™ in 2001. One of his objectives for pedorthics is “to raise the level of awareness. Pedorthists need to be recognized for their importance,” he says. “There is a huge demand for the work we do, and there are not enough pedorthists in the United States.

DIRECTOR
Benjamin Nebroski, C. Ped., Irving’s Shoe Fly New Balance
Harrisburg, PA

Benjamin Nebroski resides in Harrisburg, PA. He started in the footwear profession in 1977 at Kinney Shoe distribution center and then went on to television production between 1983 and 1999. In 1999, Ben went back into the shoe business at Wildware, a specialty retailer, and attended Phil Oren’s fitting training for climbing shoes, ski, hiking boots, skates and trail shoes. In 2005, he moved on to Bass Pro Shops, where he fitted hunting boots, waders, and casual shoes in a big box store, before moving to Foot Solutions in 2008 where he fits shoes, pre-fabricated and custom orthotics in a medical/retail environment. In 2010 he obtained his C. Ped. credential and in 2011 joined Irving’s Shoe Fly New Balance as the staff C. Ped. in a retail shop, leading outreach to the medical/healthcare community and selling products and making recommendations of products and services.
DIRECTOR

John E. Shero, CPA, C. Ped., COF; Pride Pharmacy
Dallas, TX

John E. Shero is a Certified Public Accountant, Certified Pedorthist and Certified Orthotic Fitter. John graduated with a BBA from the University of Oklahoma in 1985 and began his career in Public Accounting with the big 8 firm Touche Ross & Co. In 1992, John entered the medical industry through ownership of an O&P focused DME. He sold his interest in that company in 2010 and is now President of a pharmacy in Dallas, Texas. The pharmacy also employs approximately 17 pedorthists in multiple states. In addition to his pharmacy responsibilities John provides billing and financial consulting. He has provided education to the Texas Podiatric Association, Oklahoma Podiatric Association, Scott & White, Pedorthic Footcare Association and The Oklahoma Pedorthic Association. John is a member of The AICPA, TSCPA, OPA and PFA. He has also served on numerous Boards including the Medicare Region “C” Advisory Council, North Texas Healthcare Council and The Oklahoma Medical Board for Pedorthic Licensure.

VENDOR/MANUFACTURER REPRESENTATIVE

Andrew B. Simonds; p.w. minor
Batavia, NY

Andrew Simonds has been Executive Vice President of p.w. minor, based in Batavia, NY since 2009. Prior to taking on this role, Andy served as Vice President of Sales and Marketing with p.w. minor. Andy has an extensive background in sales and marketing, having worked in the shoe and apparel industry as well as other diverse markets. A graduate of the University of New Hampshire, Andy is the voting representative of PFA's Vendor/Manufacturer membership, and also liaison to the board of the larger population of companies that exhibit at PFA's annual Symposium and Exhibition.

MEDICAL ADVISOR

Dr. James B. McGuire, DPM, PT, C. Ped.; Temple University School of Podiatric Medicine
Philadelphia, PA

Dr. James McGuire is PFA's current Medical Advisor to the Board. Dr. McGuire had the total experience in Podiatric Medicine and Wound Care having started and managed the development of a busy and successful private practice in Rutland, Vermont where he also served as the State Podiatry Association Secretary, Treasurer and President, and the State Medical Board Representative. He represented Vermont in Washington D.C where he had the opportunity to meet with lobbyists and elected representatives.

After moving to Philadelphia in 1992, Dr. McGuire turned to an academic environment. He started as an instructor at the Temple University School of Podiatric Medicine and has achieved the rank of Associate Professor in the Department of Podiatric Medicine and Orthopedics. He served as department chair for many years and director of two clinical departments: Physical Medicine from 1992 until 2008, and Wound Healing from 1999 until the present. Dr. McGuire’s colleagues have elected him faculty president numerous times and he has participated in all aspects of a university academic program. Dr. McGuire lectures nationally and internationally and has become a nationally recognized expert in both podiatric medicine and wound care.

In addition to academics, Dr. McGuire sees a large number of clinic patients in the process of managing the Wound Healing Center and participates in several clinical research projects.

continued on page 42
The Pedorthists Are Coming!

You’ll have to excuse our excitement, and our use of Paul Revere’s famous call, but PFA is planning a REVOLUTION!

We’re spreading the word and signaling members, vendors, friends and allied healthcare professionals everywhere to start planning your trip to the birthplace of America and our biggest conference yet! It doesn’t matter if you’re coming by land, sea or air … we want you to mark your calendar and save-the-date!

Join us October 31 – November 2, 2013 for PFA’s 54th Annual Symposium and Exhibition at the John B. Hynes Veterans Memorial Convention Center in BOSTON!

One of America’s oldest cities and the largest in New England, Boston is regarded as the unofficial "Capital of New England" for its economic and cultural impact on the entire New England region. Every history lover knows Boston was the location of several
major events during the American Revolution, including the 
Boston Massacre and the Boston Tea Party, along with several 
early battles of the war for independence, such as the Battle of 
Bunker Hill and the Siege of Boston, which actually occurred 
within the city and surrounding areas.

Boston is also home to many colleges and universities within 
the city and surrounding areas and is known as an international 
center of higher education and medicine. This academic 
foundation contributes to the city’s economy which includes 
research, manufacturing, finance, and biotechnology. As a 
result, Boston is a leading financial center and ranks number 
one for innovation, both globally and in North America, for its 
diversity and forward thinking.

Attendees can look forward to our expanding program and 
workshop topics that allow industry experts and business 
entrepreneurs a platform to teach you their expertise and 
knowledge on all aspects of pedorthics. From clinical practices, 
business management to even social issues facing our profession, 
this is a smart way to put your practice on the cutting edge of 
patient care.

Beginning December 1, 2012, the PFA’s Council of Pedorthic 
Education (COPE) will begin accepting abstracts for with a 
‘call for submission’ for programming. If you have a program 
or workshop you feel is an educational and informative topic in 
or for the pedorthic community, then go to our website at www. 
pedorthics.org to fill-out the application to submit your abstract 
for review to speak in Boston.

As an added bonus, we want to give you the tools and 
information you need to acquire the most out of your 54th 
Annual Symposium and Exhibition experience. Watch Current 
Pedorthics magazine and PFA Online for related articles and 
information discussing Boston and the preparation involved in 
bring you this experience as we work to plan and grow our world 
class, truly ‘pedorthics only venue’ to educate and promote our 
profession.

So pedorthists to unite! Save-the-date, and come join us in 
Boston in 2013 and we work together to revolutionize pedorthics 
and our profession, one patient at a time!

PFA Announces Its 2013 
Call for Abstracts

HELP PFA CELEBRATE ITS 54TH YEAR OF HIGH-QUALITY PEDORTHIC HEALTH CARE EDUCATION. SHARE YOUR KNOWLEDGE AND EXPERTISE WITH PEDORTHIC PROFESSIONALS ATTENDING PFA’S 54TH ANNUAL SYMPOSIUM & EXHIBITION October 31 – November 2, 2013 AT THE JOHN B. HYNES VETERANS MEMORIAL CONVENTION CENTER BY SUBMITTING A PRESENTATION ABSTRACT.

PFA’s Commission on Pedorthic Education (COPE) is seeking presentations in the following areas: diabetes, sports medicine, general pedorthics, geriatrics, pediatrics and more.

To download an abstract submission form, visit PFA’s website at www.pedorthics.org and click on the Symposium tab. The deadline for submissions is February 28, 2013, and individuals having their presentations selected for the 54th Annual Symposium & Exhibition will be notified by April 1, 2013.
Thank You Little Rock! Didn’t Make It …

Then Here’s Why You Need to Attend Next Year’s Symposium and Exhibition

By Rob Sobel, C. Ped.

To those of you that missed PFA’s 53rd PFA Symposium in Little Rock Arkansas, I am sorry you did. If it was due to Hurricane Sandy, I hope you and your family are safe and your businesses undamaged. Like most, I was a skeptic when when PFA was trying to sell the location, but I have to say, Little Rock, you did not disappoint! Not that it is about the destination, which was exceptional, but the PFA Symposium is so much more. Here are the reasons why YOU should make every effort every year to attend the symposium.

Education and Keeping our Profession Relevant

Many of us are in need of continuing education credits. It is true they can be achieved through online media as well as through Current Pedorthics magazine, and at other symposia. But there are some limitations to using those avenues.

For example, online and other media outlets are limited. They do not always offer question and answer periods after the presentation or a thought provoking discussion amongst your peers. This type of group discussion helps everyone who partakes in the presentation’s educational aspects, a firm grasp as a way to gain more in-depth knowledge and understanding of the topic just shared.

There are other symposia available that may have a “Pedorthics’ Track” offering just a sampling of pedorthic content sprinkled through the other more diverse content. But in our symposium, PFA focuses on multiple tracks, multiple times a day, over three days, solely focused on pedorthists and their needs. We offer each year, quality seminars with various types of topics and speakers related to the pedorthics profession.

If you are working or interested in the clinical side of pedorthics, we invite speakers who are DPM’s, CO’s, C. Peds., and M.D.’s. If you are focusing on the retail side, we have that covered too with CPA’s, legal specialist, and C.Peds. with
decades of retail experience who will gladly share their knowledge and insight.

Suppliers and The Latest Treatment Technology
How many of us have our suppliers right down the street from our office? In addition to the great symposium workshops and general sessions everyone attended in Little Rock, the vendors and the exhibit hall is one of the best parts of the symposium. I know that once a year, I can get “face time” with my vendors, and also keep an open mind to the possibility of taking on new ones as well.

I encourage everyone who attends the exhibit hall to always ask:

- “What new materials have you got?” These people never disappoint me, and I know they won’t disappoint you either. There is always something new, and if you experiment and take the time to try their suggestion, it may work better, faster, or just set you apart from your competition.
- Ask technical questions about the adhesives from the people who know everything about it. Touch the products, and feel the textures. You can’t get that out of a catalog.
- Talk to your shoe vendors. Tell them about changes you would like to see, compliment them on their customer service or their styling. Giving them our feedback, good or bad is needed if we are to achieve our highest goals. Through your discussion you may learn more about their product line than you knew. I know I learned something new at every booth I stopped at.

Networking, Community and Friends that Last a Lifetime
And last but not least, remember, PFA is about the people. Pedorthists are a dedicated community of sharing, and passionate practitioners. Sometimes you might find the closest C.Ped. in the next town over from you may not be willing to talk about his best and most successful marketing techniques, but meet a fellow practitioner from across the country, and they will be more than happy to share tips and ideas with you.

Everyone will even share their worst flops (we have all made them) and take the kind hearted ribbing that follows. We all have both successes and failures, and what I have found is that through sharing this information at the symposia with each other, we all learn and grow as practitioners and business owners. Through those casual conversations over three days, I still come away with 6-12 ideas that can help my business and practice. If you do not come away with ideas, then you are not paying attention, or you have achieved enlightenment.

But I have to say the best part about our symposia and especially in Little Rock is the friendly atmosphere of seeing and talking with the same people every year, who have become friends … lifelong friends. You will meet people both young and old who will inspire you, even reconnect with mentors from early in your career, or even find new ones. You might just become a mentor to someone else.

Either way there is really just too much to put into one article as to the benefits of attending the PFA symposium. Even if things didn’t work out for you this year to enjoy all the fun we had in Little Rock this year, you should do yourself (and maybe someone you don’t even know yet) a favor and be at next year’s symposium. I guarantee you will be back again and again and look forward to it every time.

I am already missing my friends and looking forward to next year. See you in Boston 2013!
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Many errors reported in DME MAC MR Reviews and CERT Audits arise from problems associated with submitted documentation. Discussions about documentation issues commonly focus on inadequate medical record information not created by the billing supplier. However, in addition to medical record information related errors, numerous errors are identified due to noncompliance with non-medical record documents.

An expanded and standardized DOCUMENTATION REQUIREMENTS section has been developed. It is written in a modular format to allow each policy to contain information relevant to that policy while not including material that does not apply. This revised section includes considerable detailed information about existing Medicare requirements that has historically been found in the DME MAC Supplier Manual or in CMS interpretive manuals. Suppliers are strongly encouraged to review this material and use it to ensure that the records created will meet the standards required to justify payment for the DMEPOS item(s) provided.

What You Need to Know:
CMS Standard Documentation Language for Local Coverage Determinations

In addition to medical record information related errors, numerous errors are identified due to noncompliance with non-medical record documents.

Associated with submitted documentation. Discussions about documentation issues commonly focus on errors are identified due to noncompliance with non-medical record documents. These errors can often be avoided by the supplier.
This article provides a complete listing of all of the documentation requirement modules. All modules may not be used in every LCD. For example, the CMN sections would not be included in the DOCUMENTATION REQUIREMENTS section of an LCD for an item that does not require a CMN.

IMPORTANT:
Many policies contain coverage and documentation requirements that are unique to that specific policy. Such unique information is not included in this article. It is important that suppliers review the actual LCD to be sure to have all of the relevant information necessary applicable to the item(s) provided.

In several places you will see "placeholders" like "XXX" or "###". Information specific to healthcare professionals and test reports. This documentation must be available upon request.

PRESCRIPTION (ORDER) REQUIREMENTS
GENERAL (PIM 5.2.1)
All items billed to Medicare require a prescription. An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items dispensed and/or billed that do not meet these prescription requirements and those below must be submitted with an EY modifier added to each affected HCPCS code.

DISPENSING ORDERS (PIM 5.2.2)
Equipment and supplies may be delivered upon receipt of a dispensing order except for those items that require a written order prior to delivery. A dispensing order may be verbal or written. The supplier must keep a record of the dispensing order on file. It must contain:
- Description of the item
- Beneficiary’s name
- Physician’s name
- Date of the order and the start date, if the start date is different from the date of the order
- Detailed description of the item(s) (see below for specific requirements for selected items)
- Physician signature and signature date
- For items provided on a periodic basis, including drugs, the written order must include:
  - Item(s) to be dispensed
  - Dosage or concentration, if applicable
  - Route of Administration
  - Frequency of use
  - Duration of infusion, if applicable
  - Quantity to be dispensed
  - Number of refills

The dispensing order must be available upon request.

A prescription is not considered as part of the medical record. Medical information intended to demonstrate compliance with coverage criteria may be included on the prescription but must be corroborated by information contained in the medical record.

For the “Date of the order” described above, use the date the supplier is contacted by the physician (for verbal orders) or the date entered by the physician (for written dispensing orders).

Signature and date stamps are not allowed. Signatures must comply with the CMS signature requirements outlined in PIM 3.3.2.4.

The dispensing order must be available upon request.

For items that are provided based on a dispensing order, the supplier must obtain a detailed written order before submitting a claim.

DETAILED WRITTEN ORDERS (PIM 5.2.3)
A detailed written order (DWO) is required before billing. Someone other than the ordering physician may produce the DWO. However, the ordering physician must review the content and sign and date the document. It must contain:
- Beneficiary’s name
- Physician’s name
- Date of the order and the start date, if start date is different from the date of the order
- Detailed description of the item(s) (see below for specific requirements for selected items)
- Physician signature and signature date
- For items provided on a periodic basis, including drugs, the written order must include:
  - Item(s) to be dispensed
  - Dosage or concentration, if applicable
  - Route of Administration
  - Frequency of use
  - Duration of infusion, if applicable
  - Quantity to be dispensed
  - Number of refills

For the “Date of the order” described above, use the date the supplier is contacted by the physician (for verbal orders) or the date entered by the physician (for written dispensing orders).
Frequency of use information on orders must contain detailed instructions for use and specific amounts to be dispensed. Reimbursement shall be based on the specific utilization amount only. Orders that only state "PRN" or "as needed" utilization estimates for replacement frequency, use, or consumption are not acceptable. (PIM 5.9)

The detailed description in the written order may be either a narrative description or a brand name/model number.

Signature and date stamps are not allowed. Signatures must comply with the CMS signature requirements outlined in PIM 3.3.2.4.

The DWO must be available upon request.

A prescription is not considered as part of the medical record. Medical information intended to demonstrate compliance with coverage criteria may be included on the prescription but must be corroborated by information contained in the medical record.

WROTTEN ORDERS PRIOR TO DELIVERY (PIM 5.2.4) (OPTIONAL)

A detailed written order prior to delivery (WOPD) is required for XXX. The supplier must have received a WOPD that has been both signed and dated by the treating physician and meets the requirements for a DWO before dispensing the item.

MEDICAL RECORD INFORMATION

GENERAL (PIM 5.7 -5.9)

The Indications and Limitations of Coverage and/or Medical Necessity section of this LCD contains numerous reasonable and necessary (R&N) requirements. The Nonmedical Necessity Coverage and Payment Rules section of the related Policy Article contains numerous non-reasonable and necessary, benefit category and statutory requirements that must be met in order for payment to be justified. Suppliers are reminded that:

Supplier-produced records, even if signed by the ordering physician, and attestation letters (e.g. letters of medical necessity) are deemed not to be part of a medical record for Medicare payment purposes.

Templates and forms, including CMS Certificates of Medical Necessity, are subject to corroboration with information in the medical record.

Information contained directly in the contemporaneous medical record is the source required to justify payment except as noted elsewhere for prescriptions and CMNs. The medical record is not limited to physician's office records but beneficiary medical records or supplier records may be used to confirm that a DMEPOS item continues to be used by the beneficiary. Any of the following may serve as documentation that an item submitted for reimbursement continues to be used by the beneficiary:

- Timely documentation in the beneficiary’s medical record showing usage of the item, related option/accessories and supplies.
- Supplier records documenting the request for refill/replacement of supplies in compliance with the Refill Documentation Requirements this is deemed to be sufficient to document continued use for the base item, as well.
- Supplier records documenting beneficiary confirmation of continued use of a rental item.

Timely documentation is defined as a record in the preceding 12 months unless otherwise specified elsewhere in this policy.

CONTINUED USE

Continued use describes the ongoing utilization of supplies or a rental item by a beneficiary.

Suppliers are responsible for monitoring utilization of DMEPOS rental items and supplies. No monitoring of purchased items or capped rental items that have converted to a purchase is required. Suppliers must discontinue billing Medicare when rental items or ongoing supply items are no longer being used by the beneficiary.

CONTDNED MEDICAL NEED

For all DMEPOS items, the initial justification for medical need is established at the time the item(s) is first ordered; therefore, beneficiary medical records demonstrating that the item is reasonable and necessary are created just prior to, or at the time of, the creation of the initial prescription. For purchased items, initial months of a rental item or for initial months of ongoing supplies or drugs, information justifying reimbursement will come from
this initial time period. Entries in the beneficiary’s medical record must have been created prior to, or at the time of, the initial DOS to establish whether the initial reimbursement was justified based upon the applicable coverage policy.

For ongoing supplies and rental DME items, in addition to information described above that justifies the initial provision of the item(s) and/or supplies, there must be information in the beneficiary’s medical record to support that the item continues to be used by the beneficiary and remains reasonable and necessary. Information used to justify continued medical need must be timely for the DOS under review. Any of the following may serve as documentation justifying continued medical need:

- A recent order by the treating physician for refills
- A recent change in prescription
- A properly completed CMN or DIF with an appropriate length of need specified
- Timely documentation in the beneficiary’s medical record showing usage of the item.

Timely documentation is defined as a record in the preceding 12 months unless otherwise specified elsewhere in the policy.

Suppliers, their employees, or anyone else having a financial interest in the delivery of the item are prohibited from signing and accepting an item on behalf of a beneficiary (i.e., acting as a designee on behalf of the beneficiary).

REFFIL DOCUMENTATION (PIM 5.2.5-6) (OPTIONAL)

- A routine refill prescription is not needed. A new prescription is needed when:
  - There is a change of supplier
  - There is a change in the item(s), frequency of use, or amount prescribed
  - There is a change in the length of need or a previously established length of need expires
  - State law requires a prescription renewal

For items that the beneficiary obtains in-person at a retail store, the signed delivery slip or a copy of the itemized sales receipt is sufficient documentation of a request for refill.

For items that are delivered to the beneficiary, documentation of a request for refill must be either a written document received from the beneficiary or a contemporaneous written record of a phone conversation/contact between the supplier and beneficiary. The refill request must occur and be documented before shipment. A retrospective attestation statement by the supplier or beneficiary is not sufficient. The refill record must include:

- Beneficiary’s name or authorized representative if different than the beneficiary
- A description of each item that is being requested
- Date of refill request
- Information documenting that the beneficiary’s remaining supply is approaching exhaustion by the expected delivery date

PROOF OF DELIVERY (PIM 4.26, 5.8)

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. For medical review purposes, POD serves to assist in determining correct coding and billing information for claims submitted for Medicare reimbursement. Regardless of the method of delivery, the contractor must be able to determine from delivery documentation that the supplier properly coded the item(s), that the item(s) delivered are the same item(s) submitted for Medicare reimbursement and that the item(s) are intended for, and received by, a specific Medicare beneficiary.

Suppliers, their employees, or anyone else having a financial interest in the delivery of the item are prohibited from signing and accepting an item on behalf of a beneficiary (i.e., acting as a designee on behalf of the beneficiary). The signature and date the beneficiary or designee accepted delivery must be legible.

For the purpose of the delivery methods noted below, designee is defined as "Any person who can sign and accept the delivery of durable medical equipment on behalf of the beneficiary.”

Proof of delivery documentation must be available to the Medicare contractor on request. All services that do not have appropriate proof of delivery from the supplier will be denied and overpayments will be requested. Suppliers who consistently fail to provide documentation to support their services may be referred to the OIG for imposition of Civil Monetary Penalties or other administrative sanctions.

Suppliers are required to maintain POD documentation in their files. There are three methods of delivery:

1. Delivery directly to the beneficiary or authorized representative
2. Delivery via shipping or delivery service
3. Delivery of items to a nursing facility on behalf of the beneficiary
Method 1—Direct Delivery to the Beneficiary by the Supplier

Suppliers may deliver directly to the beneficiary or the designee. In this case, POD to a beneficiary must be a signed and dated delivery slip. The POD record must include:

- Beneficiary’s name
- Delivery address
- Sufficiently detailed description to identify the item(s) being delivered (e.g., brand name, serial number, narrative description)
- Quantity delivered
- Date delivered
- Evidence of delivery

If a supplier utilizes a shipping service or mail order, suppliers must use the shipping date as the date of service on the claim.

Suppliers may also utilize a return postage-paid delivery invoice from the beneficiary or designee as a POD. This type of POD record must contain the information specified above.

Method 2—Delivery via Shipping or Delivery Service Directly to a Beneficiary

If the supplier utilizes a shipping service or mail order, the POD documentation must be a complete record tracking the item(s) from the DMEPOS supplier to the beneficiary. An example of acceptable proof of delivery would include both the supplier’s own detailed shipping invoice and the delivery service’s tracking information. The supplier’s record must be linked to the delivery service’s records by some clear method like the delivery service’s package identification number or supplier’s invoice number for the package sent to the beneficiary. The POD record must include:

- Beneficiary’s name
- Delivery address
- Delivery service’s package identification number, supplier invoice number or alternative method that links the supplier’s delivery documents with the delivery service’s records.
- Sufficiently detailed description to identify the item(s) being delivered (e.g., brand name, serial number, narrative description)
- Quantity delivered
- Date delivered
- Evidence of delivery

If a supplier utilizes a shipping service or mail order, suppliers must use the shipping date as the date of service on the claim.

Suppliers may also utilize a return postage-paid delivery invoice from the beneficiary or designee as a POD. This type of POD record must contain the information specified above.

Method 3—Delivery to Nursing Facility on Behalf of a Beneficiary

When a supplier delivers items directly to a nursing facility, the documentation described for Method 1 (see above) is required.

When a delivery service or mail order is used to deliver the item to a nursing facility, the documentation described for Method 2 (see above) is required.

Regardless the method of delivery, for those beneficiaries that are residents of a nursing facility, information from the nursing facility showing that the item(s) delivered for the beneficiary’s use were actually provided to and used by the beneficiary must be available upon request.

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

GENERAL

CERTIFICATE OF MEDICAL NECESSITY (PIM 5.3) (OPTIONAL)

A Certificate of Medical Necessity (CMN), which has been completed, signed, and dated by the treating physician, must be kept on file by the supplier and made available upon request. The CMN may act as a substitute for the detailed written order if it contains the same information as required in a detailed written order. The CMN for XXX is CMS Form ### (DME form ###). In addition to the order information that the physician enters in Section B, the supplier can use the space in Section C for a written confirmation of other details of the order or the physician can enter the other details directly.

(Add specific DIF instructions as needed)

A new CMN is not required just because the supplier changes assignment status on the submitted claim.

DME INFORMATION FORM (PIM 5.3) (OPTIONAL)

A DME Information Form (DIF), which has been completed, signed, and dated by the supplier, must be kept on file and made available upon request. The DIF for XXX is CMS Form ### (DME form ###).

(Add specific DIF instructions as needed)

REPAIR/REPLACEMENT (BPM Ch 15, §100.2)

Documentation Section

A new Certificate of Medical Necessity (CMN) and/or physician’s order is not needed for repairs.

The supplier must maintain detailed records describing the need for and nature of all repairs including a detailed explanation of the justification for any component or part replaced as well as labor time.

A physician’s order and/or new Certificate of Medical Necessity (CMN), when required, is needed to reaffirm the medical necessity of the item for replacement of an item.

Refer to the specific LCD and DME MAC Supplier manual for additional information about documentation.
Legislators are influenced by what they know and what they hear, especially from the people they represent.
Getting Involved!

Why Is Advocacy Important to You and Your Patients?

BY CURRENT PEDORTHICS STAFF

As professionals and practitioners, government regulations and laws can have a significant and powerful impact on what we’re able to carry out as an organization and the patients we provide for. To assist in protecting the pedorthic field and our scope of practice, PFA’s Government Relations Committee has strived over the years to be both involved and influential on all levels of policymaking. From all city, county, state and national government levels, it’s important we deliver effective and credible messaging that will help elected officials understand the advances, challenges and improved quality of life pedorthics can provide for our patients and customers.

The root and heart of this support is advocacy. Advocacy can be implemented on many levels and can take on different forms to assist in educating policy decisions about important issues and advancements to help and preserve our profession. From establishing regular communication with elected officials to the more advanced efforts by developing grassroots programs that strengthen PFA’s influence in Washington, D.C., and in state capitols, the Government Relations Committee plays a huge role in its dedication to assisting our membership when assistance and support is crucial to pedorthics.

Lead by PFA’s Executive Director Brian Lagana, Director of Government Affairs Bill Applegate, and the volunteers on our government affairs committee, these individuals spend countless hours representing the interests of the entire membership by developing policy positions, responding to legislative challenges, and educating legislative and regulatory decision makers at both the federal and state levels on protecting the rights of the credentialed Pedorthists to practice. It’s important to remember their tremendous efforts and dedication when you might be called upon to lend a hand in their efforts – your support is crucial to PFA’s continuing success in advancing our advocacy efforts.

Legislators are influenced by what they know and what they hear, especially from the people they represent. So what do you need to do to make your voice heard to have an impact on government polices relating to Pedorthics? Below is a road map to getting your voice heard:

**Getting Started**

Communicating Directly with Your Legislator. Legislators are greatly influenced by what they know and what they hear, especially from the people they represent. By communicating with a state legislator or a member of Congress, you can have a profound impact on the government policies related to Pedorthics.

Your elected officials need to hear from you. They hear from constituents and interest groups about many issues from education to transportation to foreign policy to healthcare. They need to hear from the Pedorthic community as well. Don’t assume they know all of the facts about the important role that credentialed Pedorthists may play in their community. The Pedorthic community as a whole is relatively small when compared to other allied healthcare providers, and therefore requires even more effort to stay in front of the policymakers. It is incumbent upon you to provide them with the information they need to fully appreciate the vital role that your practice plays in their hometown district or state.

Remember that you should communicate with legislators from around your state, not just the elected representative from the district in which your pedorthic facility is located. Legislators from neighboring districts also need to know that your practice and field of patient care are essential to their constituents as well.
What to Do

Send an introductory information packet to your Congressional delegation, especially new legislators. New sessions of Congress start in January, and it is an ideal time to introduce – or reintroduce – the field of pedorthics. The same applies to your state legislative sessions.

Provide information, such as PFA’s position statements, to educate or update legislators in your state about the important role that pedorthics plays in your community. Use the mailing to develop or strengthen your relationship with the office.

Maintain regular contact with a legislator’s office. Keep your legislators informed about your practice. Make sure you find opportunities to send positive articles and information about Pedorthics at least a few times a year. Also communicate about relevant legislation, and depending on the urgency, follow-up with letter writing, faxes, email and phone calls.

Increasing Your Voice -- Building a Relationship with Your Legislator. Over time, you will have a much greater impact on public policy by developing and sustaining relationships with your elected officials and their staffs. It’s important for legislators to be aware of your practice and the community it serves. However, in order for you to affect their decision making, they must come to know you, your practice and the people that you serve, as well as the other community leaders who form the backbone of your support.

People respond to people, and it is important to build personal relationships. These can be with legislators or with their key legislative staff. Building a relationship will take time and hard work but, if done well, it has the potential to yield significant results for PFA members and their practices. You will be able to involve your stakeholders and build upon their existing relationships with legislators. Here are a few ideas to help in building those relationships:

PFA members must tell legislators how the important issues we support will impact those in their home district.

Get to know the district staff. Building relationships with the district office can prove to be very useful.

Arrange for a tour of your facility by local legislators. A firsthand tour of your facility is the most effective way to educate an elected official.

Prepare for the visit with clear goals. Prepare for the visit by coordinating closely with the legislator’s staff and determine the length of the visit. Make sure you develop a clear agenda and demonstrate the needs of a pedorthics practice and the accomplishments. Consider preparing appropriate take-away materials for your visiting elected official.

Visit your elected officials in Washington, D.C. Ultimately, you will want to schedule a personal visit to your members of Congress in Washington, D.C. Elected officials will take notice of your visit, and taking the time out of your schedule to travel to Washington sends a very clear and powerful message to your legislators about the importance that you place on public policy matters. Plan your visit carefully by being clear about what you seek to accomplish and whom you want to meet.

Prepare for the meeting. Be prepared to state your specific request. Develop two or three well-documented talking points to reinforce your message.

Invite a legislator to a local pedorthic meeting. If there is a formal or informal Pedorthic organization in your state or if you hold educational forums in patient care and related public settings (nursing homes, health fairs, etc.), it would be beneficial for you to enhance your relationship with your legislator by inviting the elected official to speak at one of the meetings. Take advantage of relationships that other members of your local Pedorthic organization may have with the legislator when arranging the visit.

Thank legislators and staff for their interest and support. Take the time to thank legislators and staff, whether it is for a meeting or support of legislation.

Local Constituents Drive Action

PFA’s government affairs staff and volunteer Government Affairs Committee members are important to the continuous process of educating state and national legislators and regulators on issues that are critical to the Pedorthic profession; gaining access to key decision-makers; facilitating communications between legislators or regulators and constituent groups; monitoring legislation and regulations to determine the impact on the profession; developing policy positions on issues of importance, testifying before appropriate federal and state legislative committees; and more.

It is important to remember that no matter how much time, effort and resources PFA provides to open doors and introduces legislators to our professional needs and issues, if they do not hear the same message from you as a constituent. PFA members must tell legislators how the important issues we support will impact those in their home district. PFA strongly encourages its membership to get involved – independently and when called to action by PFA, at all levels of government at the local state and federal.

For more in-depth details of how you can become an advocate of pedorthics, contact PFA for a copy of its Advocacy and Grassroots Toolkit at information@pedorthics.org. And to learn more about legislative issues, read PFA’s position papers, etc., by visiting www.pedorthics.org.
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If The Shoe Fits; Document It!

Documentation Requirements for Diabetic Shoes

BY JOHN SHERO, C. PED., CFO, COF
As a member of the Medicare Jurisdiction “C” Advisory Council, I get many provider calls proclaiming the difficulties in getting paid on diabetic shoe claims. My response is always the same; without a clean claim you can never be assured in getting paid. An even bigger fear is getting paid without the proper documentation, and being required to return it in the future. Now that we agree on the fears of loss, what is a “Clean Claim”?

If someone has given you the advice, “If it's not documented it didn’t happen”—listen to them. A clean claim requires the clinician to develop a rational trail of medical necessity from the prescription, through the evaluation, to the selection of proper footwear and eventually fitting and follow-up. Diabetic Shoes are a medical device and as such should be selected based on the underlying medical condition requiring the shoes.

In order to develop this well documented “Clean Claim”, let's start with 3 categories as follows: (1) Required forms, (2) Required documentation, and (3) Limitations and coding.

The required forms are probably the most important area of compliance. The forms required are:

1. **Detail Physician Order** – This, as any other prescription, must have a description of the products provided, Physician signature and date, beneficiary’s name, Physician name, start date of the order and list any additional options and features.

2. **Statement of Certifying Physician** – Must obtain a signed statement from a physician who is managing the patient’s systemic diabetes condition (Must be M.D. or D.O.). The statement must specify the patient has diabetes, patient has one of the qualifying conditions related to the LCD and policy article. The conditions include (a.) Previous amputation of the other foot, or part of either foot, or (b.) history of previous foot ulceration of either foot, or (c.) history of pre-ulcerative calluses of either foot, or (d.) Peripheral neuropathy with evidence of callus formation of either foot, or (e.) foot deformity of either foot, or (f.) poor circulation in either foot; and documentation in the patient’s medical record supporting the conditions identified on the certifying statement.

3. **Authorization of Benefits** – Document signed and dated by the beneficiary allowing the provider to bill insurance or Medicare. This is also a good time to have the patient acknowledge HIPPA guidelines and your ability to share this information in order to process the claim.

4. **Proof of Delivery** – Suppliers must obtain signature and date on a form documenting proof of delivery. The form should include beneficiary name, quantity delivered, detail description of items (It is a good idea to include serial or SKU numbers as well) and brand name. If you have made other accommodations, it is a good idea to document those as well. Your proof of delivery should document other items you have provided the patient such as supplier standards, patient rights, wearing schedule, warranty and others. If your patient is unable to sign their own proof of delivery, you should note the reason and relationship to the person signing on their behalf.

The second are of importance we discussed is documentation.

1. **Medical Documentation from Physician** – I touched on this briefly above but it's definitely worth additional discussion. This is an area where many providers and Physicians fall short. Diabetic Shoes are a medical device, so why would we not expect the same medical documentation as any other prescribed item? I am President of a Pharmacy so I always use Morphine as an example. Ask yourselves these questions; replace diabetic shoes with Morphine. Would you issue Morphine without a detailed prescription? Would you issue Morphine without documentation in the medical record supporting the need for the medication? Would you issue Morphine without a recent evaluation/examination of the patient? Of course the answer to all of these questions is NO! The sooner providers stop treating a Medical Shoe as a retail shoe, the sooner we all get paid and the audits stop. It is also incumbent on us to teach the M.D. and D.O. the difference as well. Let’s talk about the documentation required. The documentation, either provided by or agreed with, from the Certifying Physician should support the Certifying Statement. It should include the patient has diabetes and the underlying examination support for the conditions identified and the need for Diabetic Shoes and type of inserts.

2. **Documentation of Evaluation/Measurement** – The supplier must also document an in-person evaluation prior to the selection of product. This should include examination of the patient's feet with a description of abnormalities; documentation of measurement; and for custom shoes or inserts method of cost, scan or impression used to create positive model.

If during the evaluation you find something that contradicts the prescription given by the Physician you should contact the Physician and discuss the situation. The evaluation is not the time to play Doctor unless you are one. If you do not have the credentials, do not diagnose. However, if you observe a change in condition or question if the prescribed product is the right choice for the patient, I think a dialog with the Physician is appropriate and in most cases appreciated.
3. **Documentation at Delivery** – We already discussed the Proof of Delivery form but you must also document an evaluation of the Patient wearing the shoes and inserts, shoes and inserts fit properly and any modifications including heat molding. It is also important to communicate with the Certifying Physician before you make any modifications based on a diagnosis not already documented and prescribed.

4. **Survey** – Although not clearly defined by Medicare as a requirement, a survey is required by most accrediting agencies and a good business protocol. A well-documented survey can inform you not only of your customers’ perspective of your business but performance of your staff.

   This can be useful in annual evaluation and training opportunities.

   The third and final area is **Limitations and Coding**.

   Coverage for Diabetic Footwear is limited to one pair of custom molded shoes (A5501) and two additional pairs of inserts (A5512 or A5513) or one pair of depth shoes (A5500) and three pairs of inserts (A5512 or A5513).

   Claims require the proper coding as well.

   **KX** – This states all required documentation is on file, including medical necessity.

   **LT / RT** – You must bill left and right a separate line item for shoes and inserts.

   These are the primary modifiers required, there are a few others related to claims without a Physician order and ABN. You can find documentation on these in the LCD. You noticed my article seems very bland and factual in nature, it should be. You don’t need my opinion or anyone else’s. As a provider, it is your responsibility to learn, understand and interpret the rules. You will often notice those who give opinions are nowhere to be found once problems arise. My suggestion, be careful where you get your advice, know the LCD, NCD and Medicare/Insurance documents. Invest in your business by taking time to study the rules.

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**did we leave anything out??**

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The Medical Device Tax and Pedorthics

Understanding How the PPACA Act of 2012 Will Account For Providing Medical Devices In Patient Care and Treatment

BY CURRENT PEDORTHICS STAFF
With the passage of The Patient Protection and Affordable Care Act of 2012 (PPACA or “Obamacare”), medical device providers need to know the new law includes a provision imposing a 2.3% excise tax on the sale of certain medical devices. There has been a great deal of concern about the applicability of the tax to devices that are dispensed by pedorthists. The following overview of the implementation of this requirement describes the circuitous route that essentially exempts pedorthic devices from the tax during this phase of the regulatory process.

In February of this year, the Internal Revenue Service (IRS) published a Notice of Proposed Rulemaking (RIN 1545-BJ44) relative to the applicability and implementation of the medical device excise tax. The excise tax primarily impacts manufacturers, importers and producers of taxable medical devices.

Generally, a “taxable medical device” is defined as an “…instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including any component, part or accessory, that is recognized in the official National Formulary, or the United States Pharmacopeia, or any supplement to them; intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease; or intended to affect the structure or any function of the body, and that does not achieve its primary intended purpose through chemical action within or on the body and that is not dependent upon being metabolized for the achievement of its primary purposes.”

In general, taxable medical devices do not include eyeglasses, contact lenses, hearing aids, and any other device that is generally purchased by the general public at retail for individual use (the retail exemption).

A device will be considered covered under the retail exemption as being of a type generally purchased by the public at retail for individual use if it is regularly available for purchase and use by individual consumers who are not medical professionals, and if the design of the device demonstrates that it is not primarily intended for use in a medical institution or office or by a medical professional. The fact that a device requires a prescription is not a factor in the determination of whether or not the device falls under the retail exemption.

Factors relevant to determining if a device falls under the retail exemption include:

1. Consumers who are not medical professionals can purchase the device through retail businesses that also sell items other than medical devices, such as drug stores, supermarkets, and similar vendors;
2. Consumers who are not medical professionals can use the device safely and effectively for its intended medical purpose with minimal or no training from a medical professional;
3. The device is classified by the U.S. Food and Drug Administration (FDA) under Physical Medical Devices.

Factors relevant to determining if a device does not fall under the retail exemption include:

1. The device generally must be implanted, inserted, operated, or otherwise administered by a medical professional;
2. The cost to acquire, maintain and/or use the device requires a large initial investment and/or ongoing expenditure that is not affordable for the average consumer;
3. The device is a Class III device under the FDA system of classification;
4. The device is classified by the FDA under certain categories such as Clinical Chemistry and Clinical Toxicology Devices; Immunology and Microbiology Devices; Cardiovascular Devices; Ophthalmic Devices; Orthopedic Devices; Radiology Devices, etc.
5. The devices qualifies as DMEPOS, and supplies for which payment is available exclusively on a rental basis under Medicare Part B payment rules, and is an “item requiring frequent and substantial servicing”.

PPACA “safe harbor” provisions consider certain devices to be of a type generally purchased by the general public at retail for individual use to include – specific to pedorthics – “…and Subpart D of 42 CFR 414 [Durable Medical Equipment and Prosthetic and Orthotic Devices], for which payment is available on a purchase basis under Medical Part B payment rules, and are: [1] ‘Prosthetic and orthotic devices,’ as defined in 42 CFR 414.202, that do not require implantation or insertion by a medical professional;…[3] “Customized items” as described in 42 CFR 414.224; [4] “Therapeutic shoes;” as described in 42 CFR 414.228(c); or [5] Supplies necessary or the effective use of DME, as described in section 110.3 of chapter 15 of the Medicare Benefit Policy Manual (Centers for Medicare and Medicaid Studies Publication 100-02).”

The bottom line at this time is that the medical device excise tax does not impact pedorthists or their suppliers. The IRS is expected to issue a final rulemaking later this year codifying the applicability and implementation of the medical device excise tax. PFA will continue to monitor the rulemaking process and update you on the final regulation and whether its impact on pedorthics remains the same or has changed.
What You Need to Know About Accountable Care Organizations (ACOs)

BY PFA GOVERNMENT AFFAIRS
On October 20, 2011, the Centers for Medicare & Medicaid Services (CMS) finalized new rules under the Patient Protection and Affordable Care Act (PPACA) to help doctors, hospitals, and other health care providers better coordinate care for Medicare patients through Accountable Care Organizations (ACOs). ACOs create incentives for health care providers to work together to treat an individual patient across care settings — including doctor’s offices, hospitals, and long-term care facilities. The Medicare Shared Savings Program (Shared Savings Program) will reward ACOs that lower their growth in health care costs while meeting performance standards on quality of care and putting patients first. Provider participation in an ACO is purely voluntary.

The goal of an ACO is to deliver seamless, high-quality care for Medicare beneficiaries, instead of the fragmented care that often results from a Fee-For-Service payment system in which different providers receive different, disconnected payments.

What Is an ACO?

An ACO refers to a group of providers and suppliers of services (e.g., hospitals, physicians, and others involved in patient care) that will work together to coordinate care for the Medicare Fee-For-Service patients they serve. The goal of an ACO is to deliver seamless, high-quality care for Medicare beneficiaries, instead of the fragmented care that often results from a Fee-For-Service payment system in which different providers receive different, disconnected payments. The ACO will be a patient-centered organization where the patient and providers are partners in care decisions.

The Affordable Care Act specifies that an ACO may include the following types of groups of providers and suppliers of Medicare-covered services:

- ACO professionals (i.e., practitioners meeting the statutory definition) in group practice arrangements,
- Networks of individual practices of ACO professionals,
- Partnerships or joint ventures arrangements between hospitals and ACO professionals,
- Hospitals employing ACO professionals, or
- Other Medicare providers and suppliers as determined by the Secretary.

The Secretary has determined that certain critical access hospitals, federally qualified health centers, and rural health clinics are eligible to participate independently in the Shared Savings Program. Additionally, any other Medicare enrolled provider or supplier (including pedorthists) in good standing is encouraged to participate in an ACO since all providers are important for the ACO to achieve its goal of better coordinating care.

How do you participate?

To participate in the Shared Savings Program, providers must come together to become a Medicare ACO and the ACO must apply to CMS. An existing ACO will not be automatically accepted into the Shared Savings Program. To be accepted, ACOs must meet all eligibility and program requirements, must serve at least 5,000 Medicare Fee-For-Service patients and agree to participate in the program for at least 3 years. Medicare providers who participate in an ACO in the Shared Savings Program will continue to receive payment under Medicare Fee-For-Service rules.

The statute also requires each ACO to establish a governing body representing ACO providers of services, suppliers, and Medicare beneficiaries. The ACO will be responsible for developing processes to promote evidence-based medicine, promote patient engagement, internally report on quality and cost, and coordinate care. The ACO will be responsible for maintaining a patient-centered focus.

How will shared savings work?

Medicare will continue to pay individual providers and suppliers for specific items and services as it currently does under the Medicare Fee-For-Service payment systems. CMS will also develop a benchmark for each ACO against which ACO performance is measured to assess whether it qualifies to receive shared savings, or for ACO’s that have elected to accept responsibility for losses, potentially be held accountable for losses. The benchmark is an estimate of what the total Medicare Fee-For-Service Parts A and B expenditures for ACO beneficiaries would otherwise have been in the absence of the ACO, even if all of those
WHAT YOU NEED TO KNOW ABOUT ACCOUNTABLE CARE ORGANIZATIONS (ACOS)

MS will also develop a benchmark for each ACO against which ACO performance is measured to assess whether it qualifies to receive shared savings, or for ACO’s that have elected to accept responsibility for losses, potentially be held accountable for losses.

services were not provided by providers in the ACO. The benchmark will take into account beneficiary characteristics and other factors that may affect the need for health care services. This benchmark will be updated for each performance year within the agreement period.

CMS is implementing both a one-sided model (sharing savings, but not losses, for the entire term of the first agreement) and a two-sided model (sharing both savings and losses for the entire term of the agreement), allowing the ACO to opt for one or the other model for their first agreement period. CMS believes this approach will have the advantage of providing an entry point for organizations with less experience with risk models, such as some physician-driven organizations or smaller ACOs, to gain experience with population management before transitioning to a shared losses model, while also providing an opportunity for more experienced ACOs that are ready to share in losses to enter a sharing arrangement that provides a greater share of savings, but with the responsibility of repaying Medicare a portion of any losses.

CMS will also establish a Minimum Savings Rate (MSR) and a Minimum Loss Rate (MLR) to account for normal variations in health care spending. The MSR is a percentage of the benchmark that ACO expenditure savings must meet or exceed in order for an ACO to qualify for shared savings in any given year. Similarly, an ACO with expenditures at or above the MLR will be accountable for repaying shared losses. Under the final rule, ACOs in the one-sided model that have smaller populations (and having more variation in expenditures) will have a larger MSR and ACOs with larger populations (and having less variation in expenditures) have a smaller MSR. Under the two-sided model, CMS will apply a flat 2 percent MSR to all ACOs.

Under both models, if an ACO meets quality standards and achieves savings and also exceeds the MSR, the ACO will share in savings, based on the quality score of the ACO. ACOs will share in all savings, not just the amount of savings that exceeds the MSR, up to a performance payment limit. Similarly, ACOs with expenditures meeting or exceeding the MLR will share in all losses, up to a loss sharing limit.

ACOs participating in the two-sided risk model can obtain greater shared savings

To provide a greater incentive for ACOs to adopt the two-sided approach, the maximum sharing percentage based on quality performance is higher for the two-sided model. ACOs adopting this model will be eligible for a sharing rate of up to 60 percent, while ACOs in the one-sided model will be eligible for a sharing rate of up to 50 percent. Under both models, CMS will base the actual savings percentage for the individual ACO (up to the maximum for that model) on its performance score for the quality measures. The final rule also provides a methodology for determining shared losses for ACOs in the two-sided model if the assigned beneficiary per capita cost is at least 2 percent higher than the benchmark. As with shared savings, the amount of shared losses will be based in part on the ACO’s quality performance score. Additionally, CMS will limit losses by capping the ACO’s loss sharing rate at 60 percent and by limiting the dollar amount at 5 percent of the updated benchmark in the first year of the Shared Savings Program, 7.5 percent in the second year, and 10 percent in the third year.

ACOs may obtain the maximum sharing rate in their first performance year if they successfully report quality measures

CMS is encouraging providers to participate in the Shared Savings Program by setting the quality performance standard to reporting only for the first performance year of the ACO’s agreement period and providing a longer phase in to performance over the second and third performance years. This means that ACOs will be eligible for the maximum sharing rate (60 percent for the two-sided model and 50 percent for the one-sided model) if the ACO generates sufficient savings and successfully reports the required quality measures. After the first year, the ACO must not only report but also perform well on selected quality measures. This flexibility will allow newly formed ACOs a grace period as they start up their operations and learn to work together to better coordinate patient care and improve quality.

How will CMS measure quality of care?

CMS will measure quality of care using nationally recognized measures in four key domains: patient experience, care coordination/patient safety, preventive health, and at-risk population. These measures are aligned with the measures in other CMS programs such as the Electronic Health Records (EHR) and...
Physician Quality Reporting System (PQRS). Eligible professionals in an ACO that successfully report the quality measures required under the Shared Savings Program in any year of the program will be deemed eligible for the PQRS bonus, regardless of whether the ACO qualifies to share in savings.

Providers and suppliers who are already participating in another shared savings program or demonstration under Fee-For-Service Medicare, such as the Independence at Home Medical Practice pilot program, will not be eligible to participate in a Shared Savings Program ACO.

Existing clinically integrated entities do not have to form new entities to participate in the Shared Savings Program

If a group of providers and suppliers are already a self-contained financially and clinically integrated entity that has a board of directors or other governing body, the organization does not have to form a separate governing body or create a new legal entity to participate in the Shared Savings Program. The existing organization, however, must be recognized under applicable State or tribal law, be capable of receiving and distributing shared savings and repaying shared losses, and meet the other ACO functions identified in the statute.

How ACOs help coordinate care

Health care providers have reported that a barrier to improving care coordination is lack of information. While they may know about the services they provide to the beneficiary, they don’t know about all other services provided to the beneficiary. To better treat patients and to coordinate their care, ACOs will be able to request Medicare claims information about their patient from CMS. Before doing so, ACOs must notify a beneficiary in writing that it will request the beneficiary’s claims information from CMS. ACOs must allow beneficiaries to decline having their claims information shared with the ACO. Declining to have this information shared, however, does not affect the provider’s participation in the ACO or CMS’ use of the patient’s data for the purpose of assessing ACO’s performance on quality or cost measures. This notification may happen by mail but must also happen the first time an ACO practitioner provides a primary care service to the beneficiary.

Where can I learn more?

Visit the CMS website at http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/index.html for more information on Accountable Care Organizations.
2011-2012 was an active year for legislation impacting the pedorthic profession. Two states – Iowa (SB364) and Pennsylvania (HB48) -enacted licensure requirements for pedorthists, along with orthotists and prosthetists, bringing the total to eleven states now making such requirements. Other initiatives included expanding insurance coverage to include orthotics and prosthetics, exempting orthotics and prosthetics from state sales tax, and more.

Following is a summary of state initiatives that are still active as of press time. Those initiatives that died at their respective state legislative adjournments sine die, are not included in this list.
Illinois
Bill: HB 2028

Legislative Session: 2011-2012 (1/12/2011 through 1/8/2013 in session)
Date of Introduction: February 17, 2011
Sponsor: Reitz

Summary:
PHARMACY ACT-DIABETIC SHOES - Amends the Pharmacy Practice Act. Defines "pharmacist clinician", "prescriptive authority", and "appropriately trained". Provides that a pharmacist clinician shall have on file at his or her place of practice written guidelines and protocols authorizing prescriptive authority. Provides that the guidelines and protocols authorizing prescriptive authority shall include a statement (i) identifying the practitioner authorized to prescribe and the pharmacist clinician who is a party to the guidelines or protocol, (ii) of the types of decisions a pharmacist clinician is authorize to make, (iii) of the activities the pharmacist clinician is to follow in the course of exercising prescriptive authority, and (iv) that describes appropriate mechanisms for reporting to the practitioner monitoring activities and results. Provides that claims of professional superiority in filling prescriptions or in any manner implying professional superiority that may reduce the public confidence in the ability, character, or integrity of other pharmacies or pharmacists are unlawful. Provides restrictions in advertising. Makes other changes. Effective immediately.

Latest Status:

New Jersey
Bill: AB 1734

Legislative Session: 2012-2013 (1/10/2012 through 1/7/2014)
Date of Introduction: January 10, 2012
Sponsor: Prieto

Summary:
Requires health benefits coverage for orthotic and prosthetic appliances and provides reimbursement therefor. [This bill requires health insurers, including health, hospital and medical service corporations; commercial individual and group health insurers; health maintenance organizations; and health benefits plans issued pursuant to the New Jersey Individual Health Coverage (IHC) and Small Employer Health Benefits (SEH) Programs to provide health benefits coverage for expenses incurred in obtaining an orthotic or prosthetic appliance from any licensed orthotist or prosthetist, or any certified pedorthist, as determined medically necessary by the covered person's physician. The benefits shall be provided to the same extent as for any other medical condition under the health benefits plan. The bill requires health insurers, on and after the bill's effective date, to reimburse for these benefits at the same rate as reimbursement for orthotic and prosthetic appliances under the federal Medicare reimbursement schedule.]

Latest Status:

Bill: SB 5064 (AB 9677)

Date of Introduction: May 3, 2011
Sponsor: Seward

Summary:
Amends S5102, adds S5110, Ins L. Relates to coverage for certain benefits under comprehensive motor vehicle insurance; prohibits assignment of benefits to durable medical equipment providers unless approved.

Current Status:
March 12, 2012: Print Number 5064A; Amended and recommitted to Committee on Insurance.

Bill: AB 3395

Date of Introduction: January 25, 2011
Sponsor: Maisel

Summary:
Amends SS3216, 3221 & 4303, Ins L. Requires health insurance policies and contracts shall provide coverage for the diagnosis and treatment of lymphedema; and requires such coverage shall include benefits for equipment, supplies, devices, complex decongestive therapy and out-patient self-management training and education for the treatment of lymphedema.

Current Status:
January 4, 2012 referred to Insurance Committee.
L3XXX Coalition Agrees Several Coding Descriptor Interpretations

BY CURRENT PEDORTHICS STAFF

Following are the agreed-upon interpretations of several L-series codes common to pedorthists, podiatrists, orthotists and prosthetists, along with the original PDAC descriptor.

L3000:
PDAC Long Description: FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, UCB TYPE, BERKELEY SHELL, EACH

L3020 Coalition Interpretation:
Prescription Custom Fabricated Foot insert, each, removable.

This type of device is fabricated from a three dimensional model of the patient’s own foot (e.g. cast, foam impression, or virtual true 3-D digital image). This type of orthotic is a functional device, reduced pathological forces) which has a molded heel cup and trim lines with substantial height to provide both medial and lateral directive forces to control the hind and fore foot. It may also have intrinsic or extrinsic post designed to control foot motion. This device is made of a sufficiently rigid material to control the forefoot through a longitudinal arch support. It may also have an intrinsic or extrinsic post designed to control foot motion. This device is made of a sufficiently rigid material to control the forefoot through a longitudinal arch support. It may also have an intrinsic or extrinsic post designed to control foot motion. This device is made of a sufficiently rigid material to control foot motion and or reduce pathological forces. HCPCS code L3010 includes additions such as postings, padded top covers, soft tissue supplements, balance padding and lesion or structure accommodations. Other additions may be required as well.

L3010:
PDAC Long Description: FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH

L3020 Coalition Interpretation:
Prescription Custom Fabricated Foot insert, each, removable.

This type of device is fabricated from a three dimensional model of the patient’s own foot (e.g. cast, foam impression, or virtual true 3-D digital image). This type of orthotic is an accommodative/functional device, which has minimal to no heel cup and is intended to control the forefoot through a longitudinal arch support. It may also have an intrinsic or extrinsic post designed to control foot motion. This device is made of a sufficiently rigid material to control the forefoot through a longitudinal arch support. It may also have an intrinsic or extrinsic post designed to control foot motion. This device is made of a sufficiently rigid material to control foot motion and or reduce pathological forces. HCPCS code L3020 includes additions such as postings, padded top covers, soft tissue supplements, balance padding and lesion or structure accommodations. Other additions may be required as well.

L3030:
PDAC Long Description: FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH

L3020 Coalition Interpretation:
Prescription Custom Fabricated Foot insert, each, removable.

This type of device is fabricated directly to the patient’s foot through the use of an external heat source, activating a resin, or other method by which the shape of the device is sufficiently and permanently altered in order to provide continuous contact with the unique characteristics of the plantar aspect of the patient’s foot. It may also have an intrinsic or extrinsic post designed to control foot motion. This device is made of a sufficiently rigid material to control foot motion and or reduce pathological forces. HCPCS code L3030 includes additions such as postings, padded top covers, soft tissue supplements, balance padding and lesion or structure accommodations. Other additions may be required as well.

The coalition will be advancing these interpretations through their individual memberships and also using them in advocacy efforts. If you should have any questions concerning this article, please direct them to PFA’s Coding Committee through info@pedorthics.org.
Foot Focus Offers Fabrication Classes

Foot Focus, a locally owned business in Dayton Ohio, specializing in the hard to fit or problem foot issues is offering hands on fabrication classes for certified pedorthists who want to learn how to make custom foot orthotics or brush up on using various casting material techniques. Participants can also learn shoe modification and other techniques, tailored to their needs and practice. Classes are administered by Reggie Swickard, a C.Ped. with over 21 years of experience in the profession with a solid background in identifying foot problems, fabricating custom orthotics, gait analysis and working with the public.

Individuals interested in taking these classes should contact Ms. Swickard at 937-256-3668/Office or 937-716-0265/Cell. Please note, these classes do not offer CEP credits towards continuing education, but are for knowledge purposes.

Past President Steps Down

The PFA Board of Director, Executive Committee and PFA members would like to extend a special thanks to our current Past-President Kristi Hayes, C.Ped. for her dedication and inspiration to PFA and the pedorthics community. Kristi has recently stepped down from her position as Past-President due to personal reasons. For over 10 years Kristi has served as a volunteer and in various board and executive committee positions, striving to bring recognition to our profession and stressing the need for continuing education. She was also key in making Current Pedorthics magazine grow as a significant health publication by expanding content, editorial and a new design format, allowing for a new-found level of visual professionalism reflective of other allied health professional magazines and journals. Kristi’s departure does not affect the governance of the Board of Directors, since per our by-laws the Past-President position is strictly an advisory position and not a voting one. We wish Kristi well as she begins the next exciting chapter of her career and life.

Pedorthic Footcare Association (PFA) is announcing a delay in the publication of their 2-volume textbook set focusing on the application, treatments and the practice of pedorthics. Pedorthic Principles and Practices Volume 1 and 2 are the first educational textbooks available, focusing on the most detailed and up-to-date information on using pedorthics for various disease and injury related maladies.

For those individuals who have purchased/pre-ordered the textbooks, please email Margaret Hren at margaret@pedorthics.org if you would like us to continue holding your order until the textbooks have arrived, or cancel your order for a full refund. We will announce when these textbooks are availability in Current Pedorthics magazine later this spring for purchase.

The publication format availability for these textbooks will be as a single two-volume soft-bound set, or as individual volumes. Eventually, PFA will offer individual chapters as “white paper” presentations. Along with discounts for bulk purchases, PFA members can take advantage of discounted pricing. For PFA Members, the cost for the two-volume set will be $150 (or $99 each for each single volume if bought separately) and $299 for non-members (or $199 each per volume bought singly).

The following rates are calculated by counting complete words. (A telephone number is counted as a complete word.)

To place a classified ad, email CPadvertising@pedorthics.org, send a fax to (202) 367-2145, or mail to Pedorthic Footcare Association, ATTN: Current Pedorthics, 2025 M St., NW, Suite 800, Washington, DC 20036.

### CLASSIFIED RATES

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The U.S. Dept. of Health & Human Services’ Office of the Inspector General (HHS OIG) conducted this study because Administrative law judges (ALJ) within the Office of Medicare Hearings and Appeals (OMHA) decide appeals at the third level of the Medicare appeals system. In 2005, among other changes, ALJs were required to follow new regulations addressing how to apply Medicare policy, when to accept new evidence, and how the Centers for Medicare & Medicaid Services (CMS) participates in appeals. Medicare providers and beneficiaries may appeal certain decisions related to claims for health care services and items.

The HHS OIG based this study on an analysis of all ALJ appeals decided in fiscal year (FY) 2010; structured interviews with ALJs and other staff; structured interviews with Qualified Independent Contractors (QIC), which administer the second level of appeal, and CMS staff; policies, procedures, and other documents; and data on CMS participation in ALJ appeals.

The HHS OIG found that providers filed the vast majority of ALJ appeals in FY 2010, with a small number accounting for nearly one-third of all appeals. For 56 percent of appeals, ALJs reversed QIC decisions and decided in favor of appellants; this rate varied substantially across Medicare program areas. Differences between ALJ and QIC decisions were due to different interpretations of Medicare policies and other factors. In addition, the favorable rate varied widely by ALJ. When CMS participated in appeals, ALJ decisions were less likely to be favorable to appellants. Staff raised concerns about the acceptance of new evidence and the organization of case files. Finally, ALJ staff handled suspicions of fraud inconsistently.

The HHS OIG recommended that OMHA and CMS: (1) develop and provide coordinated training on Medicare policies to ALJs and QICs, (2) identify and clarify Medicare policies that are unclear and interpreted differently, (3) standardize case files and make them electronic, (4) revise regulations to provide more guidance to ALJs regarding the acceptance of new evidence, and (5) improve the handling of appeals from appellants who are also under fraud investigation and seek statutory authority to postpone these appeals when necessary. Further, the HHS OIG recommend that OMHA: (6) seek statutory authority to establish a filing fee, (7) implement a quality assurance process to review ALJ decisions, (8) determine whether specialization among ALJs would improve consistency and efficiency, and (9) develop policies to handle suspicions of fraud appropriately and consistently and train staff accordingly. Finally, they recommend that CMS: (10) continue to increase CMS participation in ALJ appeals.

OMHA and CMS concurred fully or in part with all 10 of our recommendations.

To view the full HHS OIG report, visit PFA's website at www.pedorthics.org and click to the Information for DMEPOS Suppliers section.
Obama Administration moves forward to implement health care law, ban discrimination against people with pre-existing conditions

The Obama Administration moved forward on November 20th to implement provisions in the health care law that would make it illegal for insurance companies to discriminate against people with pre-existing conditions. The provisions of the Affordable Care Act also would make it easier for consumers to compare health plans and employers to promote and encourage employee wellness.

"The Affordable Care Act recognizes that well-run, equitable workplace wellness programs allow workers to access services that can help them and their families lead healthier lives," said Secretary of Labor Hilda L. Solis.

A proposed rule that, beginning in 2014, prohibits health insurance companies from discriminating against individuals because of a pre-existing or chronic condition. Under the rule, insurance companies would be allowed to vary premiums within limits, only based on age, tobacco use, family size, and geography. Health insurance companies would be prohibited from denying coverage to any American because of a pre-existing condition or from charging higher premiums to certain enrollees because of their current or past health problems, gender, occupation, and small employer size or industry. The rule would ensure that people for whom coverage would otherwise be unaffordable, and young adults, have access to a catastrophic coverage plan in the individual market.

A proposed rule outlining policies and standards for coverage of essential health benefits, while giving states more flexibility to implement the Affordable Care Act. Essential health benefits are a core set of benefits that would give consumers a consistent way to compare health plans in the individual and small group markets. A companion letter on the flexibility in implementing the essential health benefits in Medicaid was also sent to states.

A proposed rule implementing and expanding employment-based wellness programs to promote health and help control health care spending, while ensuring that individuals are protected from unfair underwriting practices that could otherwise reduce benefits based on health status.

Health insurance companies would be prohibited from denying coverage to any American because of a pre-existing condition or from charging higher premiums to certain enrollees because of their current or past health problems, gender, occupation, and small employer size or industry. The

"The Affordable Care Act is building a health insurance market that works for consumers," said Health and Human Services Secretary Kathleen Sebelius.

"Thanks to the health care law, no one will be discriminated against because of a pre-existing condition."

"The Affordable Care Act recognizes that well-run, equitable workplace wellness programs allow workers to access services that can help them and their families lead healthier lives," said Secretary of Labor Hilda L. Solis.

Employers, too, can benefit from reduced costs associated with a healthier workforce."

The Obama administration issued:

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A proposed rule implementing and expanding employment-based wellness programs to promote health and help control health care spending, while ensuring that individuals are protected from unfair underwriting practices that could otherwise reduce benefits based on health status.

Visit PFA’s website at www.pedorthics.org to access the proposed rules and learn more.
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**Editor's note:** The listings provided in the Pedorthic Education Calendar are provided as an informational service. Inclusion of a course in this listing does not imply endorsement or support by the Pedorthic Footcare Association. Students and others considering courses are alone responsible to conduct due diligence when selecting their education provider.

**UPON REQUEST**

Eneslow Pedorthic Institute  
470 Park Avenue South @ 32nd Street, New York, NY  
1-on-1 Training & Tutoring Program, Individual and Small Group Program, One Day Review for Pre-Certification Exam.  
Contact: Sarah Goldberg, (212) 477-2300 ext 211 or sarah@eneslow.com or visit www.eneslow.com/epi

**COURSES**

Robert M. Palmer M.D., Institute of Biomechanics  
1601 Main St., Elwood, IN  
Courses providing pedorthic education for the retail, clinical or biomechanical knowledge seeking pedorthist. Also offering traveling courses to your area. Course dates for Levels 1-3 in a variety of locations in the United States, Hong Kong, Mainland China and Korea are available.  
Contact Pam Haig, (765) 557-7216; pam@pedorthicbiomechanics.org; www.pedorthicbiomechanics.org

Scholl College at Rosalind Franklin University  
Pedorthic pre-certification course  
Contact: Ellie Wydeven, Special Programs Office, (847) 578-8410, Ellie.Wydeven@rosalindfranklin.edu, or visit www.rosalindfranklin.edu/scpm/ce

**MONTHLY**

Riecken’s Orthotic Labs  
5115 Oak Grove Rd., Evansville, Ind.  SAFIO Class and Wax and Sand Casting Class, held on an as-needed basis. Contact Charles at 800-351-8040, extension 102.

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**Acor (1979)**
Custom and comfort footwear, inserts and materials. Originator of Tri-Lam and P-Cell.
Cleveland, OH
Phone: (800) 237-2267
Fax: (216) 662-4547
Email: info@acor.com
Website: www.acor.com

**Aetrex Worldwide, Inc. (1973)**
Aetrex Worldwide has been a supplier of footcare products for 60 years. Aetrex’s brands include Aetrex® and Apex Footwear, Lync® Orthotics, iStep® and raw materials.
Teaneck, NJ
Phone: (800) 526-2739
Fax: (201) 833-1485
Email: sales@aetrex.com
Fax: (360) 566-1380
Phone: (800) 356-3668
Website: www.aetrex.com

**Affinity Insurance Services, Inc. (1998)**
Affinity Insurance Services administers the PFA product and malpractice liability insurance program. Designed for pedorthists, insurance protection can be customized for each-PFA member.
Chicago, IL
Phone: (800) 544-2672
Fax: (312) 922-9321

**Akaishi Co., Ltd. (2011)**
Shizuoka-City, Japan
Phone: +81-54-256-5551
Fax: +81-54-256-5550
Email: koichi@akaishinet.com
Website: www.akaishinet.com

**Amfit Inc. (1996)**
Vancouver, WA
Phone: (800) 356-3668
Fax: (360) 586-1380
Email: sales@amfit.com
Website: www.amfit.com

Mt. Emey therapeutic line - accommodate, never correct! We have the shoes to accommodate charcot, edema, hammer toes, bunions & RA. Whether for depth, width or even for shape, select from our variety of styles to fit that special foot of your patient.
S. El Monte, CA
Phone: 626-448-8905
Fax: 626-448-8783
Email: sales@apisfootwear.com
Website: www.footfaxsl.com

**Arizona AFO, Inc. (2003)**
Arizona AFO manufacturers a line of medical ankle braces for the treatment of foot disorders. The Arizona AFO line is used by physicians and practitioners as a way to increase mobility, avoid pain, avoid surgery and provide a better quality of life.
Mesa, AZ
Phone: (480) 222-1580
Fax: (480) 461-5187
Email: don@arizonaafo.com
Website: www.arizonaafo.com

**Atlas International (1994)**
For pedorthic needs. Complete range of materials, prefabs, tools and machinery.
Rancho Cordova, CA
Phone: (916) 545-6267
Fax: (916) 545-6136
Email: ken@atlasshotho.com
Website: www.atlasshotho.com

**Bintz Company, Inc. (1991)**
Distributor of pre-molded orthotics, comfort foot products, fitting aids and sheet goods. Products from Birkenstock, Birko Orthopadie, Pedag, Powerstep, Spenco, Pedifix, Knit-Rite, Hadap, Rieckens PQ and more.
Whitworth, IL
Phone: (800) 234-6758
Fax: (630) 653-5077
Email: bintz@bintzco.com
Website: www.bintzco.com

**Birkenstock USA, LP (1990)**
U.S. distributor of Birkenstock sandals, shoes, clogs and arch supports, and also representing Footprints shoes and Birko Orthopadie arch supports.
Novato, CA
Phone: (800) 949-7301
Fax: (415) 884-3250
Email: kwhitz@birkenstockusa.com
Website: www.birkenstockusa.com

**Brooks Sports, Inc. (2001)**
Brooks Sports, Inc., is proud of our hard-earned reputation for engineering footwear that provides the perfect ride for every stride. Brooks works to ensure that all of our footwear products meet the biomechanical needs of runners, enhance comfort, and aid in the prevention of running-related injury. We’re dedicated to reducing running injury risk and have aligned ourselves with some of the top researchers around the world to tackle this.
Bothell, WA
Phone: (800) 2-BROOKS
Fax: (425) 483-8181
Email: shoeguy@seattleshoe.com
Website: www.brooksrunning.com

**Curtis Research, Inc. (2009)**
Curtis Research, Inc. is unique in the industry due to its dual role. We are both a software development company and billing service bureau specializing in O & P and DME claims serving hundreds of clients nationwide for over 25 years. Our software package provides electronic O & P and DME claims, on-line Medicare Patient eligibility, accounts receivable tracking and much, much more and is cost effective and suitable for company’s big and small depending on your needs and budget. Our professional service bureau (Claimcare) has over 25 years experience processing O & P and DME claims electronically for Medicare, Medicaid and various other Commercial insurance companies.
Akron, OH
Phone: (800) 648-2377
Fax: (330) 376-9812
Email: sales@curtis.lek.net
Website: www.curtis.lek.net

**DAVMAR Comfort Shoes (2004)**
Comfortable on the inside, stylish on the outside, our quality crafted shoes and socks are specially made to provide relief for problem feet. If you have diabetes, sensitive feet, circulation problems, or swollen or wide feet, we invite you to step into our world and make yourself comfortable.
Glendale, WI
Phone: (855) 284-3544
Fax: (855) 284-3444
Email: info@davmarshoes.com
Website: www.davmarshoes.com

**Dveste, Inc. (2010)**
We manufacture and distribute a glycine-filled, therapeutic, massaging insole. Our insoles will massage your feet and increase circulation to your feet. They are also excellent shock absorbers for your feet, knees, hips and back. One pair fits in all shoes. Our insoles are machine washable. We offer a two-year replacement warranty. Our insoles have always been made in the USA. Visit our website for additional products.
Boynton Beach, FL
Phone: (866) 301-3338
Fax: (561) 547-4684
Email: bestsole3@bellsouth.net
Website: www.massaginginsoles.com

**Doctor Specified (2008)**
The Doctor Specified line has been specially developed for the discerning consumer or those among us with foot or general health issues. The line includes Diabetic and Medical Grade categories, which feature socks that are specific in need and technically advanced. By incorporating features such as hand-linked seamless toes, extra-deep heel wells, and our proprietary Med Dry® moisture management system, we have produced a product line unique to the U.S. market.
Hickory, NC
Phone: (828) 485-3316
Fax: (828) 485-0049
Email: rob@doctorspecified.com
Website: www.doctorspecified.com

**FOMI (2004)**
Custom foot orthoses and orthotic sandals. Foam Casting System, precision CAD/CAM Footfax-SL 3D Contact Digitizer, Footprinter
Website: www.akaishinet.com
Shizuoka-City, Japan
akaishi co., Ltd. (2011)
Fax: (312) 922-9321
Phone: (800) 544-2672

**Foam Casting System, precision CAD/CAM Footfax-SL 3D Contact Digitizer, Footprinter**

GTE Technology, Inc., is a software development company and billing service bureau specializing in O & P and DME claims serving hundreds of clients nationwide for over 25 years. We offer electronic O & P and DME claims processing, on-line Medicare Patient eligibility, accounts receivable tracking and much, much more and is cost effective and suitable for company’s big and small depending on your needs and budget. Our professional service bureau (Claimcare) has over 25 years experience processing O & P and DME claims electronically for Medicare, Medicaid and various other Commercial insurance companies.
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Email: sales@curtis.lek.net
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**Hickory, NC**
Phone: (828) 485-3316
Fax: (828) 485-0049
Email: rob@doctorspecified.com
Website: www.doctorspecified.com
Miami Leather Company (2001)
Wholesaler to the orthopedic, prosthetic, retail shoe and shoe repair trades. Wide variety of products.
Miami, FL
Phone: (305) 266-8328
Fax: (305) 266-8728
Email: sales@miamileather.com
Website: www.miamileather.com

M. J. Markell Shoe Company, Inc. (1973)
Men’s, women’s and children’s comfort and orthopedic footwear.
Yorkers, NY
Phone: (914) 963-2258
Fax: (914) 963-9293
Email: info@markellshoe.com
Website: www.markellshoe.com

MMAR Medical Group, Inc. (2003)
Distributor of multiple diabetic shoe brands at manufacturer-direct wholesale pricing. Other products include AFO’s, ankle braces and cam walkers.
Houston, TX
Phone: (800) 662-7033
Fax: (713) 465-2818
Email: service@mmarmedical.com
Website: www.mmarmedical.com

Mobils by Mephisto (1998)
Extra-depth footwear with a removable footbed and natural orthopedic support.
Franklin, TN
Phone: (800) 775-7852
Fax: (615) 771-9395
Email: susan.cheek@mephistousa.com
Website: www.mephisto.com

Mephisto (1998)
With worldwide headquarters in Sarrebourg, France, MEPHISTO - the WORLD’S FINEST FOOTWEAR, was founded more than 40 years ago by Martin Michaeli. Mephisto has a loyal following and a strong international reputation for comfort and quality. Its high-quality handcrafted footwear styles include sandals, boots, clogs, dress and classic walkers, as well as the ergonomic brand, Mobils. In recent years, the company also introduced the more athletic inspired brand, Allrounder by Mephisto and their latest collection with superior toning technology, Saro by Mephisto.
Franklin, TN
Phone: 800-777-7852
Fax: 615-771-9395
E-mail: info@mephistousa.com
Web site: http://www.mephisto.com/

PartnerShip (2000)
PartnerShip, in cooperation with PFA, offers members-only discounts and savings on small package shipping with FedEx Ground, and on large freight shipments with Yellow Freight.
Cleveland, OH
Phone: (800) 599-2902
Fax: (800) 439-8913

PediFix, Inc. (2001)
Foot specialists since 1885, PediFix is the only fourth generation, family-owned business in the orthotic industry. Choose from more than 150 quality foot treatment products, including a unique OTC line guaranteed to generate cash sales, keystone profits and doctor referrals, an assortment of both traditional and exclusive Visco-GEL foot pads and cushions, new dermatology products, GelStep silicone insoles and orthotics, Diabetic Solutions Socks, Pediplast and more. 15 new products are being introduced this year. Contact PediFix today for a free color catalog.
Brewster, NY
Phone: (800) 424-5581
Fax: (845) 277-2851
Email: sales@pedifix.com
Website: www.pedifix.com

P.W. Minor, Inc. (1968)
P.W. Minor is the premium brand that provides pedorthically superior, precision-fit footwear for discriminating consumers unwilling to compromise style when preventing or caring for their foot-health needs. Delivering foot-health through precision fit shoes is a brand mission that remains as true and relevant today as it was back in 1867.
Batavia, NY
Phone: 800-796-4667
Fax: 585-343-1514
Email: info@pwminor.com
Web site: http://www.pwminor.com/

Remington Products (2000)
Insoles and sheet packages, viscoelastic heel cups, 3/4 and full insoles.
Wadsworth, OH
Phone: (330) 335-1571
Fax: (330) 336-9462
Email: lwert@remprod.com
Website: www.remprod.com

Renia GmbH (2001)
Specially designed adhesives and components for the shoe industry, shoe repair trade, and O & P industry.
Cologne, Germany
Phone: 49-221-6307990
Fax: 49-221-63079950
Email: info@renia.com
Website: www.renia.com

Wilwaukee, WI
Phone: (414) 778-2288
Fax: (414) 778-2047

SAS Shoemakers (1992)
Comfort walking shoes for women and men in a wide range of widths and sizes.
San Antonio, TX
Phone: (210) 524-6561
Fax: (210) 921-7460
Email: barmwood@sas-shoes.net
Website: www.SASShoes.com

STS Company (1997)
Resin-impregnated tubular and fitted socks made to take foot and ankle impressions for custom shoes and foot/ankle orthotic devices.
Mill Valley, CA
Phone: (800) 787-9097
Fax: (415) 381-4610
Email: stssox@att.net
Website: www.stssox.com

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SafeStep (1994)
SafeStep makes it easy to utilize the Medicare Therapeutic Shoe Program by streamlining shoe ordering, document procurement and Medicare billing.
Milford, CT
Phone: (866) 712-7837
Fax: (208) 728-0091
Email: joshwhite@safestep.net
Website: www.safestep.net

Southern Leather Company (1996)
7 locations nationwide. The most extensive pedorthic and shoe care/repair inventory in the industry. Inventory includes Apex, Solestech, Eva, Vibram and Acor.
Memphis, TN
Phone: (800) 844-6767
Fax: (901) 946-1059
Email: slcorp@slcorpus.com

Spira (2004)
El Paso, TX
Phone: (866) 838-8640
Fax: (815) 838-8641

S roufe Healthcare Products, LLC (2006)
Custom diabetic inlays, casting foam boxes, pre-fabricated orthotics and orthopedic softgoods.
Ligonier, IN
Phone: (260) 894-4171
Fax: (260) 894-4092
Email: sales@sroufe.com
Website: www.sroufe.com

Ferndale, WA
Phone: (360) 384-1820
Fax: (360) 384-2724
Email: here@superfeet.com

TechMed 3D (2011)
TechMed 3D is an easy to use, accurate, and portable solution for the digital acquisition of images and measurements of human body parts, giving orthotists, prosthetists and pedorthists access to very reliable and consistent measurements.
Levis, Quebec, Canada
Phone: (418) 836-8100
Fax: (418) 836-1589
Email: info@techmed3d.com
Website: http://www.techmed3d3.com

Tru-Mold Shoes, Inc. (1980)
Tru-Mold Shoes offers a complete line of contemporary, fully accommodating custom-molded shoes, including the Theramedic Shoe package – the most flexible, highest value shoe package for Medicare-eligible patients with diabetes.
Buffalo, NY
Phone: (800) 843-6653
Fax: (716) 881-0406
Email: info@trumold.com
Website: www.trumold.com

Ziera Shoes N.Z., Ltd. (Formerly Kumfs Shoes N.Z., Ltd.) (1998)
Ziera Shoes, formerly Kumfs Shoes, are women’s shoes, sandals and boots that are truly orthotic friendly. Ziera Shoes come in a wide range of heelied fashion and walking footwear. We have widths in stock from M through XXW in sizes 34 through 45.
Los Gatos, CA
Phone: 877-717-0588
Fax: 877-717-0589
Web site: http://www.zierashoes.com/
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1-866-798-7463

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