



**POLICY &**  
**PROCEDURE**  
**MANUAL**

**THERAPEUTIC SHOES, TOTAL  
CONTACT INSERTS AND/OR  
CUSTOM MODIFICATIONS FOR  
HIGH-RISK FOOT CLIENTS**

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## CLIENT ELIGIBILITY CRITERIA

### **Policy Statement:**

Footwear management for the neuropathic foot is intended as a long-term management technique for maintaining healed areas and preventing further ulceration. Appropriate prescription footwear is considered an important factor in this effort, particularly in the insensate foot.

All clients must meet the following criteria to be eligible for AADL benefits.

- Be a permanent resident of the Province of Alberta.
- Reside at home or in a community facility.
- Have a valid Alberta Personal Health Number (PHN).
- Require benefits due to a long term disability or chronic illness (6 months or longer) or palliative diagnosis. Exceptions are identified in the specific benefit area.
- Have an authorization completed by an AADL Authorizer or Specialty Supplier.
- Meet additional criteria defined by the specific benefit areas.
- Sign the “Client Declaration Section” of the AADL Authorization form.

Client must also meet specific eligibility criteria as determined by an assessment by the appropriate health care professional.

AADL does not provide therapeutic footwear for:

1. Non-ambulatory clients.
2. Clients that do not comply with all the clinical recommendations from the multidisciplinary high-risk foot team.

AADL does not provide:

- Foot orthotics
- Therapeutic footwear not authorized through a multidisciplinary team
- Winter boots
- Over-shoes
- Shoes that do not accommodate or meet the requirements of extra width, depth and/or extra depth toe box

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**Procedure:****Client:**

1. Must be ambulatory
2. Must present with one or more of the following:
  - 1) A foot **neuropathy** determined by monofilament testing and detailed assessment through the Carville Risk Category with an evaluation of Category 1 or higher or The University of Texas Wound Classification System with an evaluation of Category 1 or higher
  - 2) An **ischemia** that has been demonstrated by:
    - digital pressure (PPG) < 40 mm Hg **or**
    - ankle brachial index (ABI) < 0.5 mm Hg
  - 3) If the ABI and PPG's are deemed to be unreliable for demonstrating **ischemia**, eligibility may be determined by the presence of **two or more of the following** signs and symptoms:
    - intermittent claudication
    - pain at rest
    - nocturnal pain
    - dependent rubor/blanching on elevation
    - loss of hair on foot and toes
    - history of gangrene
    - cyanosis
  - 4) healed ischemic **foot ulcer**
  - 5) history of a lower extremity ulcer
  - 6) a **bony deformity** with digit pressure ulcer history
3. Must require a custom total contact insert to provide off loading pressure relief to areas of the feet most in jeopardy of skin breakdown and/or ulceration.

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## CLIENT RESPONSIBILITIES

### Policy Statement:

Clients who receive benefits through the Therapeutic Shoes, Total Contact Inserts and/or Custom Modifications for High Risk Foot program are required to complete AADL's general client responsibilities as well as the following responsibilities specific to this program.

Client responsibilities:

1. Attend scheduled appointments at the multidisciplinary high-risk foot clinic.
2. Follow the multidisciplinary high-risk foot team's directions on:
  - Foot-care routine
  - Diet management
  - Medication management
3. Follow other therapeutic interventions as recommended.
4. Take proper care of therapeutic shoes, total contact inserts and/or custom modifications.

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## MULTIDISCIPLINARY HIGH-RISK FOOT TEAM

### Policy Statement:

Eligible clients must be assessed and treated by a multidisciplinary high-risk foot team. The team may consist of:

- Client
- Family member
- Occupational therapist
- Physical therapist
- Registered nurse and/or Enterostomal therapy registered nurse (ET RN)
- Physician
- Social Worker
- Custom-Made Footwear Specialist
- Certified Orthotist
- Certified Pedorthist
- Certified Pedorthic Technician
- Other Health Professionals as required

### Procedure:

The Multidisciplinary High-Risk Foot Team:

1. Records the required clinical data, performs annual reassessments and ensure the client meets AADL's eligibility criteria.
2. Investigates and reduces edema prior to authorization of footwear.
3. Ensures ulcers are closed prior to provision of the AADL benefit.
4. Conducts annual digital (PPG) and/or ankle brachial index (ABI) prior to reauthorization of therapeutic footwear.
5. Collaborates with the vendor and specialty supplier to ensure the client receives the correct therapeutic shoes with custom modifications and total contact inserts to achieve the best clinical outcome.
6. Retains a copy of the prescription for therapeutic shoes, custom modifications and total contact inserts on the client's chart.

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## PREScription REQUIREMENT

### Policy Statement:

A prescription is required from the physician who is a member of the multidisciplinary high-risk foot team.

### Procedure:

#### Physician:

1. Participates in the assessment as a member of the multidisciplinary high-risk foot team.
2. Provides a prescription stating:
  - Client's Diagnosis
  - Type of therapeutic shoes required
  - The need for total contact inserts and custom modifications
  - Any other information regarding the foot problem and/or specific instructions as required
3. Must approve any requests for alterations to the prescription.

#### Client:

1. Participates in the assessment process.
2. Must adhere to the prescription as provided by the multidisciplinary high-risk foot team's prescribing physician.
3. Changes to the manufacturer, make or model of therapeutic shoes are not permitted.

#### Authorizer:

1. Retains a copy of the prescription in the client's file.
2. Retains a copy of the client agreement on file.

#### Vendor:

1. Retains a copy of the prescription in the client's file.

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## QUANTITY AND FREQUENCY

### **Policy Statement:**

Clients are eligible for one pair of therapeutic shoes, one pair of total contact inserts and custom modifications every twelve months based on their clinical need as determined by the multidisciplinary high-risk foot team.

Requests for benefits that exceed the pre-determined limits will only be considered when supported by an Authorizer and there is a demonstrated clinical need to submit to the Quantity and Frequency Review (QFR) Committee process.

### **Procedure:**

#### Client:

1. Follows the QFR process as outlined in the general AADL Policy & Procedure Manual.
2. Is responsible for the cost of the benefit if the QFR is denied.

#### Authorizer:

1. Confirms client consumption on the AADL E-business "PHN Inquiry" screen.
  - The therapeutic footwear component determines the eligibility service date for the next therapeutic footwear i.e., if one component is provided 12/13/2008 then the eligibility service date for all components would be 12/13/2009.
  - Indicate on the authorization forms that none of the high risk footwear benefits can be provided by suppliers until 12/13/2009.
  - Indicate on the therapeutic footwear authorization form the corresponding authorization form numbers for the TCI and shoe modifications.
2. Advises the client of quantity and frequency limits.
3. If the service date of three components of therapeutic footwear are not within 30 days, a QFR must be submitted with the authorization for the components that are over quantity.
4. Submits a QFR for AISH clients to the AADL Program Manager, not the AISH case worker.

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Early Assessment Date/Exceptions to authorizer submitting a QFR:

1. Check the IVR for the client's consumption and previous service date of the benefits.
2. If the client is in immediate need for replacement of a high risk footwear benefit
  - a. Submit a QFR with the authorization(s)
3. If the client is not in immediate need of the high risk footwear benefit and the assessment date is less than 30 days prior to the one year eligibility date:
  - a. Indicate on the authorization form that the high risk footwear benefits cannot be provided by the supplier until the one year eligibility date. The supplier can confirm this date on e-business.

E.g.:

    - o Service date – date client received benefits March 10, 2008.
    - o Assessment date at high risk foot clinic February 12, 2009.
    - o One year eligibility date of therapeutic footwear, TCI and modifications - March 10, 2009.
    - o Indicate "March 10, 2009" as the service date on the authorization form.
  - b. AADL will approve the authorization and ensure the invoice will reject if the benefit is provided prior to the eligibility date.

AADL:

1. Provide information on actual quantities and service dates to specialty supplier.
2. Notify the Appeals Coordinator of the QFR exceptions by providing the corresponding authorization forms to the therapeutic footwear form.
3. Note QFR exceptions on the AADL system.

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## AUTHORIZER QUALIFICATIONS

### Policy Statement:

Authorizers must meet the eligibility criteria as stated in the General Policies and Procedures Manual.

Authorizers for therapeutic shoes, total contact inserts and/or custom modifications for high-risk clients must be a Physical Therapist, Occupational Therapist or a Registered Nurse who is an active member of the multidisciplinary high-risk foot team and is an AADL authorizer for this benefit area.

### Procedure:

#### Authorizer:

1. Inform AADL of any change in status within the multidisciplinary high-risk foot clinic team.

#### AADL:

1. Ensure Authorizer benefit range on AADL system reflects authorizer status within Multidisciplinary high-risk foot team.

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## AUTHORIZER RESPONSIBILITIES

### **Policy Statement:**

The Authorizer will comply with the responsibilities set out in the General Policies and Procedures and will:

- Determine Eligibility for Benefits as stated in the General Policies and Procedures.
- Provide guidance and information to clients to ensure they meet eligibility criteria, complete the necessary forms and understand the process and their role with the multi-disciplinary team.

### **Procedure:**

#### Authorizer:

1. Ensures the client meets AADL's eligibility criteria as stated in the General Policies and Procedures.
2. Reviews the specific eligibility criteria as stated in TS-10.
3. Retains a copy of the multidisciplinary high-risk foot team physician's prescription on the client file.
4. Ensures the prescription includes the client's diagnosis, type of modification(s), total contact inserts and/or therapeutic shoes required and any other information regarding the foot problem and/or specific instructions.
5. Completes and submits an Authorization form, which clearly states:
  - The manufacturer, make and model of therapeutic shoes, total contact inserts and/or custom modifications required.
  - Indicates the service date if the assessment is prior to the one year eligibility date
  - The classification - only if it is Carville Risk Category 1 or University of Texas Wound Classification System 1.
6. Completes and submits an Authorization Change and Correction (ACC) form when the shoe vendor has informed the team that the footwear initially authorized will not meet the client's needs.

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## VENDOR RESPONSIBILITIES

### **Policy Statement:**

The vendor must be a custom-made footwear specialist, certified orthotist, certified pedorthist or certified pedorthic technician and must have a contract with AADL to provide therapeutic shoes and/or total contact inserts and/or custom modifications.

### **Procedure:**

#### Vendor:

1. Must be an active participant at the multidisciplinary high-risk foot clinic during the assessment and fitting to ensure the best therapeutic outcome for the client.
2. Verify client's cost share status on e-business application.
3. Notify the authorizer within 5 working days if the type of footwear indicated on the authorization form will not meet the client's needs.
4. Must bill AADL the shelf price or sale price and NOT automatically bill AADL the maximum price.
5. Submits claims online via the AADL e-business application.
6. Retains on the client's file:
  - A copy of the prescription from the multidisciplinary high-risk foot team's prescribing physician.
  - Documentation of the type of therapeutic footwear, total contact inserts and/or custom modifications that were provided based on the multidisciplinary high-risk team's clinical assessment and physician's prescription.

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