



POSITION PAPER – HB 326 – DIABETIC THERAPEUTIC SHOE FITTERS

When Ohio established the Orthotics, Prosthetics, and Pedorthics Practice Act in year 2000, it took a major, leading edge step toward defining these allied healthcare professionals as partners in the delivery of device-related physical rehabilitation care to Ohioans.

As distinct from the vast majority of other DMEPOS¹-regulated supplier services, O&P Professionals meet a high standard of education and training requiring an undergraduate or masters degree, profession-specific certification criteria, and **full-year residencies** in regular practice settings. **They engage in clinical practice**, consulting extensively with referring physicians and orthopedic specialists, write detailed progress notes, and demonstrate an intricate understanding of the dynamic factors that influence the function of the device paired with human anatomy.

The federal Facility Accreditation model for DMEPOS supplier services offers Ohio and other licensing jurisdictions the opportunity to leverage federal credentialing requirements toward implementation of state standards that are more focused on patient outcomes and provider qualifications. The federal DMEPOS Supplier Standards² provide that "If a State requires licensure to furnish certain items or services, a DMEPOS supplier— (A) Must be licensed to provide the item or service; (B) Must employ the licensed professional on a full-time or part-time basis" with very limited exceptions.

One correspondent has noted that **"It only took Medicare fifty years to realize that a person providing sickroom supplies probably should not be making artificial limbs."** Prior to some relatively recent Medicare Modernization such as the Facility Accreditation initiative, any DME supplier could bill for a limb prosthesis. HB 326 in its current form would walk Ohio back toward the prior one-supplier-provides-all allowance that caused so much fraud and abuse.

It is respectfully suggested that the following points should be considered carefully by Ohio policy leaders when addressing these rehabilitation-and-prevention services.

1. Diabetic Therapeutic Shoe (DTS) services are the first line of device-related defense against lower member and extremity amputations caused by circulatory problems attendant to a diagnosis of diabetes mellitus. HB 326 proposes that such services can be provided in Ohio by someone who has a mere 20 hours of online coursework and training, all of which could be provided by a device manufacturer; apparently no independent testing would be required to assure retention of learning or competence in practice.

¹ Durable Medical Equipment, Prosthetic and Orthotic Supplies

² 42 CFR 424.57

2. Diabetics who require DTS services should be offered the option, where indicated, for the full scope of allowed Diabetic Therapeutic Shoe services. Certified TS fitters are only trained and allowed, per their credentialing, to offer a single service: extra depth non-custom shoes with heat moldable inserts – HCPCS³ Coded A5500-A5512. Thus, in settings where a Therapeutic Shoe Fitter is the only trained service provider, prescriptions are driven to the lower level service and the consumer may be unable to obtain the specific service indicated by his/her medical and foot conditions.
 - 1.a. Custom molded inserts can be offered under the A5500-A5513 bundle.
 - 1.b. Custom molded shoes can be offered under A5501
 - 1.c. Some patients require a roller/rocker bottom, A5503
 - 1.d. Some patients require a wedge/lift in the shoe, A5504
 - 1.e. A5505 – Diabetic shoe with metatarsal bar
 - 1.f. A5506 – Diabetic shoe with offset heel
 - 1.g. A5507 – this code is available for modification of the shoe itself

None of the above listed services 1.a – 1.g may be provided by a Therapeutic Shoe Fitter under their limited credentialing. And if the lower level service is provided, delivered and signed off on, the consumer is unable to obtain the more appropriate service because the allowed benefit has been exhausted.

Although the regulations and guidelines for these services strongly point toward a prescribing physician who is fully informed about footwear options and is able to specify the service required, that concept does not match up with the usual practice reality. The manner in which these items are usually marketed presents the A5500-5512 bundle as the default “one service fits all” option. Prescribing physicians are usually not presented with all the Diabetic Therapeutic Shoe options that the benefit allows.

3. **Diabetic Therapeutic Shoe services require a clinical foot evaluation be performed that a typical TSF (Therapeutic Shoe Fitter) is neither appropriately trained nor educated to provide.** Per the LCA (Local Coverage Article) for this service, “Prior to selecting the specific items that will be provided, the supplier must conduct and document an in-person evaluation of the beneficiary.”

The LCD (Local Coverage Determination) detail of documentation requirements instructs further: “The in-person evaluation of the patient by the supplier at the time of selecting the items that will be provided ... must include the following:

“(1) An examination of the patient’s feet with a description of the abnormalities that will need to be accommodated by the shoes/inserts/modifications.

“(2) For all shoes, taking measurements of the patient’s feet.

“(3) For custom molded shoes (A5501) and inserts (A5513), taking impressions, making casts, or obtaining CAD-CAM images of the patient’s feet that will be used in creating positive models of the feet.”

³ Healthcare Common Procedure Coding System, © American Medical Association

4. Sponsor testimony suggests the bill would “add diabetic shoe fitters to the list of those practicing orthotics, prosthetics, or pedorthics who are exempted from licensure.”

It should be noted that the other exemptions are for well-educated, well-credentialed healthcare professionals: MDs, DOs, DPMs, DCs, PAs, RNs, LPNs, OTs, PTs, ATs⁴ – all healthcare professionals with extensive education in human biology and anatomy. **By contrast, the bill suggests adding to that list of exempted professionals a certificate holder who has undergone a mere 20-30 hours (thirty would be a generous assumption) of educational training, all of which apparently may be gained by online offerings – there are no hands-on live experiential requirements in the base course requirements.** See the appendices at: http://www.ncope.org/assets/pdfs/TSF_fitter_standards.pdf

5. **HB 326 would provide diabetic patients with a lesser degree of protection for these services than that which is provided to a customer of an Ohio nail salon.**

The Ohio State Board of Cosmetology requires a **200 hour course of study to be a manicurist**, plus at least 20 hours of experiential internship learning, to qualify as a fingernail and toenail “technician.” The proposed bill would allow diabetic therapeutic shoe fitting by personnel who may have as little as 20 hours of all-online education and no real-life experience.

6. Testimony in the House suggests the bill is needed to fill a speculative void in the provider community because the State Board of Orthotics, Prosthetics, and Pedorthics licenses fewer than 150 Pedorthists in Ohio. However, please consider:

- **ALL OPP Board licensees have pedorthics within their scope of practice**, so the number of license-qualified professionals under this agency’s regulatory jurisdiction capable of providing this service is 400, not 129.
- **Nearly 1000 Podiatrists** licensed in Ohio are also empowered to provide these services.
- **Nurses**, including LPNs (numbering over 50,000 in the state) are capable of providing these services with an appropriate regimen of specialized education and **experiential** training.

7. The State Board of Orthotics, Prosthetics, and Pedorthics is seeking an update to its Practice Act to provide for the licensing of Orthotic Fitters, Orthotic and Prosthetic Assistants, and Therapeutic Shoe Fitters. The proposal as it stands would also specifically authorize **training supervision** for Shoe Fitters and Pedorthists to include experiential learning **in a Podiatry practice setting**. In response to other policy initiatives, the proposal also allows **for consideration of military education and training in review of qualifications for the newer license types**.

For further information:

Mark B. Levy
Board Director
State Board of Orthotics, Prosthetics, and Pedorthics
77 S. High St., #1854
Columbus, OH 43215
614-466-1157
Mark.levy@opp.ohio.gov
<http://opp.ohio.gov>

⁴ Medical Doctors, Osteopaths, Podiatrists, Chiropractors, Physician Assistants, Nurses, Occupational Therapists, Physical Therapists, Athletic Trainers.