



**American Orthotic &
Prosthetic Association**

AOPA 3rd Quarter 2013 Staff Report

To: AOPA Membership
From: Thomas F. Fise, Executive Director
Date: October 18, 2013
Subject: What's Next?

It may have been four years in the making but all agree it was well worth the effort for AOPA and its partnering organizations to hold the first western hemisphere, AOPA World Congress, making history in O&P's single biggest market in the world – the good old United States. Speakers from around the globe shared their insights and special knowledge with a record crowd of 2,563 O&P professionals. More details later.

Overshadowing the aftermath of the very successful World Congress is the painful shutdown of our nation's government in the face of a standoff between the political leadership on one side calling for spending cuts as the price for a deal on budget and debt limits and the other side demanding that any agreement on spending cuts come after the government has returned to normal operations and a government default has been averted.

O&P and other health providers may not be in harm's way by the immediate repercussions of the shutdown as Medicare is a protected activity; however, reimbursements may be delayed for the near term and the longer term outlook is murky at best. Discouraging is the intransigence of all parties toward finding any way out of what could be very serious problems for the country's financial health and world status.

Government and Regulatory Affairs

The Medicare Orthotics & Prosthetics Improvement Act

The last quarter's staff report described some roadblocks to the introduction of the 2013 Medicare O&P Improvement Act. The Congressional Budget Office (CBO) in setting a score (net savings/expense) for the Medicare O&P Improvement Act secured erroneous information from CMS alleging the bill may hamper competitive bidding efforts. Three points were underscored by CMS to CBO to advance its claim that the bill, instead of saving money, would actually cost money.

1. CMS said that the reference in the bill to the Tripartite document would limit CMS' ability to exercise its authority as to which devices might be considered "off-the-shelf" for purposes of future competitive bidding, costing Medicare millions of dollars.
2. CMS said that because the bill uses the term "practitioners" that this would allow O&P professionals to write their own prescriptions for orthotics and prosthetics, thereby costing the government because self-interest would dictate fitting patients with higher cost devices.
3. CMS asserted that the bill's mandate that CMS stop paying unlicensed providers was moot, because while Medicare did pay some unlicensed O&P providers prior to the "60 Minutes" expose in October 2009, they have long since stopped making any payments to unlicensed O&P providers.

AOPA was informed of these CMS positions, and advised by our Congressional sponsors that these issues, even if inaccurate, needed to be addressed, to demonstrate that there is really a problem that the bill would address. Points 1 and

2 were addressed by making some minor text edits to the bill. Point 3 was a little more challenging and took a fair amount of time, effort and resources to accomplish.

To address point 3, AOPA commissioned Dobson - DaVanzo, a health policy consulting firm, to analyze Medicare claims data from 2007 through 2011 to determine the extent to which Medicare is reimbursing unlicensed providers in states with a licensure statute for selected O&P services. Their analyses then compared prior analyses of claims data conducted on behalf of AOPA from 2001 through 2006. The report summarizes the findings and trends of the data analyses from 2007 to 2011 and compares them to the trends from 2001 to 2006. According to the report, a significant percent of the \$3.62 billion CMS paid between 2007-2011 for orthotic and prosthetic services for Medicare beneficiaries went to unlicensed providers, as well as those who fail to meet the certification requirements legislated by Congress in 2000. This means that billions of dollars in payments were made to providers who Congress specifically intended to exclude from eligibility for payments under the requirements of the 2000 and 2005 laws. This was reinforced by an independent surveying firm's calls to medical supply providers AOPA identified in three O&P licensure states – Texas, Ohio and Florida – who were paid by Medicare, but acknowledged to interviewers that they did not have a licensed individual on their staff.

Based on these findings and re-write, The Medicare O&P Improvement Act of 2013 (H.R. 3112) was introduced by Rep. Glenn Thompson (R-PA) and Rep. Mike Thompson (R-CA) on September 17, 2013, and it takes a very constructive, and proactive, approach to tackling fraud and abuse while saving the Medicare program and taxpayers money. The introduction occurred during the AOPA World Congress creating an opportunity for kiosks at which members using the AOPAVotes website could send an email to their representative urging support and inviting them to co-sponsor this legislation. AOPA also marked the occasion with a press webinar showing how H.R. 3112 would save money and curb fraud and abuse which garnered widespread media coverage in mainstream and payer media outlets.

The bill, if enacted, would prohibit the Centers for Medicare and Medicaid Services (CMS) from making any payment for orthotics and prosthetics to a provider who is not appropriately licensed (if a state requires licensure), and it requires practitioners in states without licensure to be certified in accordance with a 13-year old Congressional statute that CMS has never implemented. The combination of these two much needed reforms will keep fraudulent providers out of the O&P arena, so that only legitimate, qualified O&P practitioners will be paid for serving Medicare beneficiaries.

Also, since this bill would link eligibility for payment to the qualifications of the providers and the complexity of the device the patient needs, patient quality of care will be improved. Taxpayer dollars will be saved through a reduction in poor outcomes and repeated charges for follow up O&P care that would not be necessary if a qualified provider served the patient in the first instance. Please visit www.AOPAnet.org to access press release and related documents.

We continue to urge AOPA members to contact their Representatives and ask them to sign onto and become a co-sponsor of the Medicare Orthotics and Prosthetics Improvement Act of 2013 (H.R. 3112) via the AOPAVotes website, www.AOPAVotes.org. By mid-October 104 members heeded the call and send 111 separate letters to 82 different Representatives. We need to boost those member requests dramatically. If you have not already done so please visit the AOPAVotes website and send your letter – won't you invest 5 minutes to stop fraud and help patients in O&P?

Other Legislation AOPA is Working On

Two pieces of legislation, S. 521, the Wounded Warrior Research Enhancement Act and S.522, the Wounded Warrior Workforce Enhancement Act represent efforts to support masters level O&P education programs and funnel more dollars to O&P research. Both pieces of legislation are hoped for inclusions in a broader piece of veteran's legislation and AOPA and a number of O&P teaching institutions continue to contact members of the U. S. Senate Committee on Veterans Affairs urging their support.

The Insurance Fairness for Amputees Act (H.R. 3020) was introduced August 2, 2013 by Reps. Charles Dent (R-PA) and Rob Andrews (D-NJ) would require insurance companies that offer orthotic and prosthetic coverage to provide benefits equal to other surgical and medical benefits provided by the insurer with no separate caps, arbitrary exclusions or lifetime limits. AOPA and the Amputee Coalition are working jointly on this bill. AOPA members are urged to contact their legislators and request they also co-sponsor the legislation.

RAC Audit Response from Secretary Sebelius

As a result of the AOPA Policy Forum Rep. Tammy Duckworth (D-IL) and Rep. Brett Guthrie (R-KY) circulated an April 15, 2013 "Dear Colleague" letter to their counterpart in the House of Representative urging them to sign on to a

letter to HHS Secretary Kathleen Sebelius requesting, “that we find a way to develop policies that allow CMS to eliminate true fraud and abuse while not slowing payment to providers so significantly that they cannot function.”

Thirty-five members of Congress signed the letter to the Secretary which elicited a July 16, 2013 response noting “CMS is working to educate providers and suppliers on Medicare coverage and documentation requirements for lower limb prosthetics to reduce the improper payment rate.” The letter went on to say, “Be assured that CMS is committed to continually working with the physician and prosthetist communities to reduce improper payments without imposing unnecessary burdens on providers or beneficiaries.”

Meanwhile the carnage continues and the remaining hope is for success on the lawsuit AOPA filed against CMS May 13, 2013. The judge has yet to rule on the Government’s Motion to Dismiss the lawsuit and AOPA has requested oral arguments to further make its case on holding CMS accountable.

FDA Releases Final Rule Regarding Unique Device Identifiers

On September 24, 2013, the Food and Drug Administration (FDA) released the final rule that establishes the requirement for Unique Device Identifiers (UDI) on most medical devices. The final rule will be implemented in stages over the next seven years. According to the FDA, the purpose of the UDI is to:

- Reduce medical errors
- Simplify integration of device use information into data systems
- Provide more rapid identification of medical devices with adverse events
- Provide for more rapid development of solutions to reported problems
- Provide for more rapid and efficient resolution of device recalls
- Facilitate better focused and more effective FDA safety communications

The September 24, 2013 Final rule follows the release of the proposed rule by the FDA on July 10, 2012. At that time, AOPA provided specific comments supporting the continued exemption of most O&P Class I devices from the Good Manufacturing Practice requirements of 21 CFR 820, the Quality Systems Regulation. It appears this exemption has been retained in the final rule according to AOPA’s preliminary analysis.

The UDI final rule also solidifies AOPA’s successful argument that only the FDA can require product labeling and that other agencies do not have the statutory authority to require specific product labeling. This issue came to the forefront last year when AOPA successfully challenged the proposed PDAC requirement for product labeling of many orthotic devices.

AOPA will perform a complete analysis of the provisions of the final rule, including any potential exemptions for O&P devices and will provide a complete report on the potential impact to O&P manufacturers and providers in the near future.

The complete UDI final rule may be downloaded at the following link:

<http://www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23059.pdf>

PAC Update

2013 O&P PAC HONOR CLUB MEMBERS

The O&P PAC is your political action committee representing you and the O&P community, on Capitol Hill. The O&P PAC provides you with a means of increasing the visibility and recognition of orthotics and prosthetics among legislators. It allows individuals to unite and pool their resources to support candidates for federal office who understand the crucial role of O&P in the health care delivery system.

As of October 7, 2013 the O&P PAC raised almost \$63,000 for the 2013 calendar year. Thanks to the following individuals for their contributions to the O&P PAC. This list covers the period from January 1, 2013 through October 7, 2013. If we missed your name please accept our apologies, and any contributions made or received after October 7, 2013 will be published in the O&P Almanac and the next quarterly staff report. A special tribute will be paid in the year end staff report to those who supported special events and fundraisers AOPA sponsored during 2013.

President’s Circle (\$1,000-\$5,000) Robert Arbogast; Vinit Asar; Kel Bergmann, CPO; Donald Buethorn; Maynard Carkhuff; J. Martin Carlson, CP; Thomas DiBello, CO, LO, FAAOP; Mike Fenner, CP, BOCPO, LPO; Rick Fleetwood, MPA; Richard Gingras, CPO; David Kerr; Thomas Kirk, Ph.D; Jon Leimkuehler, CPO, FAAOP; Mark Maguire, CPO;

Ann Mantelmacher; Walter Racette, CPO; Bradley Ruhl; Scott Schneider; Rick Stapleton, CPO; Gordon Stevens, CPO, LPO; Paulette Vaughn; Bernie Veldman, CO; and James Young, Jr., CP, LP, FAAOP.

Senator's Table (\$500-\$999) Sherrie Anderson, CP; Frank Bostock, CO, FAAOP; Charles Dankmeyer, CPO; Ted Drygas, CPO; William Gustavson; Ronald Hercules; Alfred Kritter, CPO, FAAOP; William Leimkuehler, CPO, LPO; Ronald Manganiello; Michael Oros, CPO, LPO; Rodney Pang, CPO; Ronald Pawlowski, CPO; John Roberts, CPO; Lisa Schoonmaker, CPO, FAAOP; Jack Steele; Frank Vero, CPO; James Weber, MBA; and Ashlie White.

Chairman's Table (\$100 - \$499) George Breece; Alan Burke; Michael Burton; Erin Cammaratta; Jim Campbell, PhD, CO; James Claiborne; Thomas Colburn, CO, C.Ped, FAAOP; Jeff Collins, CPA; Kenneth Cornell, CO; A.J. Filippis, CPO; Jim Fitzpatrick; Mark Hopkins, PT, CPO; Joseph Huntsman; Jim Kingsley; Thomas LeTourneau, PhD, CPO, LPO, FAAOP; Eileen Levis; Robert Maniere, CPO, C. Ped, FAAOP; Michael Martin, CO, FAAOP; Clyde Massey, CPO; Brad Mattear, CPA, Cfo; Kevin Matthews, CO, LO; Steve McNamee, CP, BOCO, FAAOP; Steven Mirones, CO, FAAOP; Jonathan Naft, CPO; Joseph Ramicone, CPO, LPO; Eric Ramos; Ricardo Ramos, CP, C.Ped., LP; Walt Raynor; Eduardo Reyes, CPO, LPO; Stephen Rinko, CPO; Michael Schlesinger, CPA; Donald Shurr, CPO, PT; Jeffrey Smith, CPO; William Snell, CPO; Peter Thomas, Esq; Jeff Wensman, CPO; Claudia Zacharias, MBA, CAE.

1917 Club (Up to \$99) Diane Almodovar; Ed Bannister; Paul Boland, CPO; Zachary Coker; Bill Cornell; Christina Cox; Charlie Eaton; Micha Gaspar, CO; Cindy Henderson; Michelle Henslee, CO; Joe Jesson; Reggie Jones, BOCO, CO; Timothy Lacy, CP; Anita Liberman-Lamphear, MA; Mohamad Mansoori, CP; Sean McKale, CO; Robin Merriam, CPO; John Mooney, CPO; Kristen Smith Christian Smith; Laurel Voss, BOCPO; Paul Werner, CPO; Jaisen Westbrook; Dennis Wood, CTP; Mike Wright, CPO.

AOPA's Communications Tools – Telling Members What's Going On

O&P Almanac

Starting the 3rd quarter of the year, the July issue of the *O&P Almanac* covered The Boston Marathon bombings which changed nearly 300 lives forever. The piece explained the response of AOPA's Walk and Run Again Coalition and its offer to facilitate in-kind contributions of devices and services to assure appropriate treatment for the underinsured or uninsured victims who became amputees as a result of the bombing. Practitioners shared their patients' stories of healing, and explained how the increased media attention is creating a greater understanding of the O&P industry as a whole. AOPA also featured an article on how the O&P industry is facing a wide variety of communication challenges ranging from evolving technologies to language barriers in serving patients. Interviews with experts offered advice to ensure optimal communication between practitioners and patients.

AOPA's August issue explored recent technological breakthroughs and how the boundaries of O&P are limitless in 'O&P's New Frontiers.' This cover story displayed cutting-edge technology from 3-D printing to thought-controlled prostheses. The article won high marks on its show and tell on creating unprecedented opportunities for patient mobility and support. As a special feature, this issue also provided an exclusive insider-look at AOPA's 2013 O&P World Congress, September 18-21, 2013 in Orlando, FL. The 2013 O&P World Congress feature gave a preview of one of the largest exhibit halls on the planet and the top-notch education offered by the profession's most respected international experts whose work is advancing the O&P patient care around the world.

In addition to the World Congress August feature, this issue also included the Exhibit Directory and Product Guide, which is extremely popular to help with advance planning just before this first ever AOPA sponsored international meeting. An advance look at the companies and products from across the globe enabled attendees to identify those products and companies needed to help them serve their patients' needs.

The most recent September issue of the *O&P Almanac* reviewed the global charity outreach of O&P in a cover story titled "Those Who Can, Travel." Every year, several U.S. based practitioners spend a week treating patients at a nonprofit O&P center in Mexico. Using donated components, they volunteer their time and expertise to equip needs-based patients with life-changing devices—and come home feeling grateful for the experience. The article spotlighted several companies that commit their efforts to similar programs. A large number of Health Insurance Portability and Accountability Act (HIPAA) issues have surfaced in the past few months as the September 23, 2013 deadline for compliance approached. An article on HIPAA compliance implementation outlined a four step process. The article also recounted the serious penalties for non-compliance and cited a small provider horror story.

As a bonus in September's headlines, the *Almanac* summarized results of the 2013 Operating Performance Report in an article that featured historical comparisons of key revenue and expense information over the last five years. It noted that controlling expenses is sometimes even more critical than generating revenue gains for increased profitability. A summary of the Compensation & Benefits Reports was promised for the October issue. Both reports are available now in AOPA's bookstore.

On the horizon, the 4th Quarter of the *O&P Almanac* will be highlighting popular trends and featuring the Buyer's Guide to Foot Care. The October issue will cover AFOs and Balance. The November issue will cover Pedorthics featuring the Foot Care Buyer's Guide and will have bonus distribution at the Pedorthic Footcare Association's Annual Symposium in Boston, MA. And to wrap up the 2013 year, December will be an exclusive in reporting on the best practices in patient care.

Facebook - In this quarter, AOPA's [Facebook](#) has garnered a total of 1,490 followers. In the coverage period of the AOPA O&P World Congress, Facebook had a daily ticker of 400 – 500 viewers/followers on news posts and pictures. For example, we posted a post picture update regarding the kickoff ribbon cutting at the World Congress; without any paid promoting, it received 453 viewers. A creative post that shows some of the life of AOPA gets a good following. Beyond this post, we've received a high click-thru rating for followers to take action on H.R. 3112 and also to vote for the Annual Business Meeting elections.

Constant Contact - Via Constant Contact in the 3rd Quarter, AOPA has had much breaking news to release to Membership and the O&P Industry including: Taking action on H.R. 3112, Prospect for Government Shutdown, Final CMS OTS List, Litigation Motion to Dismiss, and the World Congress Highlights. Sending to E-mail lists of over 4,000 recipients, we have retained an average 27% open rate with our highest open rate of 42% on the World Congress Highlights featuring a video with Tammy Duckworth's Presentation which was sent to a list of non-member prospects.

Twitter - AOPA's Twitter Fan Page has earned a total of 1,486 followers and we are following 1,323 users whom have Twitter Handles for their O&P Facilities. Using short URL's and quick links have been highly useful on Twitter to promote awareness of certain webpages such as: H.R. 3112 Action Alerts, Boston Coalition for Compassionate Care, and highlighting the Dobson-DaVanzo studies for higher visibility. Many students follow and contact @AmericanOandP via direct messages giving high praise to our work in the industry.

The Website - Search terms relating to the 2013 O&P World Congress and the *Almanac* continued to be at the top of the keyword lists. The Job Board, digital version of the *Almanac*, and the link to the World Congress site are the top three locations people go to. The website also offers AOPA members access to distance learning opportunities to view a variety of O&P educational sessions from the convenience of their homes and offices.

Top Three Links: - Job Board <http://jobs.aopanet.org/>; Digital version of *Almanac* <http://bit.ly/1cm7j8B> World Congress <http://bit.ly/123gE03>. Questions or comments can be directed to Communications Manager Steve Custer.

Coding and Reimbursement

Competitive Bidding and Off the Shelf Orthoses

CMS has published a final list of HCPCS codes that it considers to meet the definition of "Off the Shelf" orthoses subject to potential inclusion in future rounds of Medicare competitive bidding. The final list contains 55 codes. CMS has proposed to split 23 of these codes into custom fit and OTS versions depending on use. AOPA remains concerned regarding CMS's interpretation of the statutory definition of OTS and their effort to go beyond the statutory definition of "minimal self adjustment" by the patient to also include fitting by the patient, care giver, or supplier. AOPA continues its adamant advocacy of limiting OTS devices to include only devices that can be utilized with "minimal self adjustment" by the patient alone.

CMS Proposed Physician Documentation Template

The Centers for Medicare and Medicaid Services (CMS) held three separate Open Door Forum conference calls to solicit feedback regarding the proposed Physician Electronic Documentation Template. AOPA participated in all three calls and expressed its concern regarding the nature of the template as a clinically based document as opposed to a functional based template. AOPA believes that the template will provide more value if it considers documentation of the patients functional abilities rather than the presence of physical conditions and/or illness that may be completely unrelated as the primary means of determining the medical need for a prosthesis. AOPA also continues to argue that any template should

be appropriate for the prosthetist to complete, and physician signature, rather than treating physician documentation as indispensable and as a prerequisite for medical necessity determinations.

PDAC Contract Award

On September 6, 2013, CMS announced that the contract to serve as the Pricing, Data Analysis, and Coding (PDAC) Contractor for Medicare was awarded to Noridian Healthcare Solutions. Noridian also performed the duties of the PDAC under the previous contract. The contract award is for one base year and four option years. Either CMS or Noridian has the right to terminate the contract at the beginning of each of the four option years.

Medicare Prepayment Review

The DME MACs either announced the establishment or published the following results of Pre-Payment review activity during the third quarter of 2013.

Jurisdiction A: K3 Prosthetic Components

Jurisdiction A continues to subject K3 prosthetic components to pre-payment review. While no update has been provided during the third quarter, the error rate from February 2013 through April 2013 decreased from 68% to 62%. Of the claims that were denied, Jurisdiction A reported that 27% were denied due to a lack of documentation in the physician's records that support the medical need for the prosthesis, 31% lacked documentation that supported the need for K3 functional level components, 8% lacked a proper functional level assessment, and 15% lacked proper proof of delivery.

Jurisdiction B: All high cost DMEPOS

The reduction in the error rate for lower limb prostheses from 100% in January 2012 to 46% for the first quarter of 2013 has had a significant effect in reducing the overall number of O&P claims subject to pre-payment review. While Jurisdiction B continues to perform pre-payment reviews on some prosthetic claims, it appears that the overall success rate has led to substantial relief in this area.

Jurisdiction B: LSOs/TLSOs

Jurisdiction B has announced that as a result of data analysis from the 3rd and 4th quarter of 2012 that showed an increase in claims for LSOs and TLSOs, a widespread pre-payment review has been initiated to confirm the medical necessity of these items. No results have been posted as of yet.

Jurisdiction C: Diabetic Shoes

Jurisdiction C published results of its ongoing widespread pre-payment review for diabetic shoes described by HCPCS code A5500. From April 1st to June 30, 2013, the error rate was reduced from 82% to 79%. Jurisdiction C published a reminder of the policy requirements for Medicare coverage of diabetic shoes and indicated that the pre-payment review will continue.

Jurisdiction D: Diabetic Shoes

Jurisdiction D published results of its ongoing widespread pre-payment review for diabetic shoes described by HCPCS code A5500. From June 2013 through September 2013, the overall error rate was reported as 83%. A total of 3,555 claims were reviewed with 2,967 claims denied. The most common reasons for claim denial were lack of documentation in the medical record that supported one of the 6 conditions secondary to diabetes that must be present in order to warrant Medicare coverage of diabetic shoes, lack of documentation of a visit with the certifying physician, no documentation received to support medical necessity of the shoes, and lack of documentation of an in person fitting and evaluation visit with the supplier of the shoes. Based on the overall claim denial rate of 83%, Jurisdiction D has announced that the widespread pre-payment review for A5500 will continue.

Jurisdiction D: AFOs Described by L1960

Jurisdiction D published results of its ongoing widespread pre-payment review for AFOs described by L1960. From March through June 2013, 225 claims were reviewed and 221 were denied for an overall error rate of 99%. The majority of denials were due to lack of documentation in the physician's records supporting the use of a custom orthoses rather than a prefabricated orthosis. AOPA has challenged the addition of a policy statement requiring that the physician specifically document the medical need for a custom orthosis in their medical records.

Jurisdiction D: AFOs Described by Codes L4360 and L1970

Jurisdiction D published results of its ongoing widespread pre-payment review for AFOs described by L4360, and L1970. From March 2013 through June 2013, the reported error rates were 91% and 100% respectively. For L4360, the majority of denials (38%) were due to missing proof of delivery documentation (19%) or insufficient documentation to support basic coverage criteria (19%). For L1970, the majority of denials were due to lack of documentation in the physician's records supporting the use of a custom orthoses rather than a prefabricated orthosis. While the error rate for L1970 was reported at 100%, only 20 claims were selected for review. As a result of the overall high denial rate, Jurisdiction D has announced that the widespread pre-payment review for L4360 and L1970 will continue.

Jurisdiction D: Spinal Orthoses Described by Codes L0631 and L0637

Jurisdiction D published results of its pre-payment reviews of claims for spinal orthoses described by codes L0631 and L0637. For claims reviewed July through September of 2013, the error rate for L0631 was 87% and the error rate for L0637 was 86%. In both cases, approximately 20% of denials were the result of an incomplete or missing proof of delivery document. As a result of the high error rate, Jurisdiction D claims for both L0631 and L0637 will remain under widespread pre-payment review.

Jurisdiction D: Prosthetic Feet Described by Codes L5981

Jurisdiction D has announced that as a result of recent CERT and previous review results, it is initiating a widespread prepayment review of claims for L5981.

Jurisdiction D: External Breast Prostheses

Jurisdiction D published results of its widespread pre-payment review of external breast prostheses described using procedure code L8030. From April through June of 2013, 743 claims were reviewed resulting in 562 claim denials for an error rate of 72%. Of the claims that were denied, 13% were denied due to a lack of documentation within the patient's medical record, and 11% were denied due to an invalid proof of delivery form. As a result of the high error rate, Jurisdiction D announced that it will continue widespread prepayment review of claims for external breast prostheses.

Medicare Policy Updates

Medicare Policy Updates

Knee Orthosis Policy

The Local Coverage Determination for knee orthoses has been updated to include diagnosis code 727.66 as a covered diagnosis for knee orthoses described by L1830, L1832, L1834, L1843, L1844, L1845, and L1846. The update is effective for dates of service on or after August 15, 2013.

Protective Covers and Flexible Outer Covering Systems on Lower Limb Prostheses

The DME MACs have published a statement that indicates that coverage is only available for both a protective cover and a flexible outer surface covering system when "unusually harsh environmental conditions exist." AOPA believes that this coverage restriction is unreasonable and has written a letter to the DME MAC Medical Directors expressing its concern, including lack of scientific evidence and failure of notice and comment opportunity for this major change in a Medicare standard about the limitation in coverage.

Custom Addition Codes with Prefabricated Base Codes

The DME MACs have published a reminder that addition codes that contain the statement, "for use with custom fabricated base code only" may not be billed with base codes that describe prefabricated orthoses. AOPA agrees that these addition codes should only be billed with custom base codes.

Supplemental Medical Review Contractor

CMS has announced that StrategicHealthSolutions, LLC has been selected as the Supplemental Medical Review Contractor (SMRC). The SMRC will perform post-payment review of Medicare and Medicaid claims with the aim of lowering the improper payment rates and increasing efficiencies of the medical review functions of the Medicare and Medicaid programs. Currently, the SMRC has focused its activities on claims for power mobility devices, but will perform additional medical review on other services going forward.

AOPA Coding Products

The 2013 *Quick Coder*, *Illustrated Guide* and *Coding Pro* continue to remain popular among AOPA members with strong sales for all three products.

AOPAversity

Mastering Medicare: Essential Coding and Billing Techniques Seminar

AOPA has presented the Essential Coding and Billing Techniques Seminar three times in 2013 with a final seminar scheduled for Las Vegas, NV. The first seminar of 2013, in Atlanta, GA, was extremely well attended with over 100 participants. Seminars in Columbus, OH and Phoenix, AZ were also well attended. The October 22-23, 2013 seminar in Las Vegas has over 125 attendees pre-registered. Attendee feedback continues to be extremely positive regarding the format and content of the seminars.

AOPA Mastering Medicare Audioconferences

AOPA continues to produce its monthly Mastering Medicare Audioconference series. These one hour, interactive sessions provide AOPA with the opportunity to communicate important information about current issues affecting the AOPA membership. Attendance for the audioconferences continue to rise, often with over 100 separate phone lines

registered for the call. The ever-popular AOPA Audio Conferences are held on the second Wednesday of each month. Don't miss the last two audio conferences of the year.

November 13 Advocacy: A Potent Weapon for Change*
December 11 What's on the Horizon: New Codes for 2014*

2013 O&P World Congress ~ Overwhelmingly Successful!

It truly was a global World Congress when more than 2,500 Orthotic, Prosthetic and Pedorthic professionals from 43 countries gathered in Orlando, Florida, USA for the historic September 18-21, 2013 O&P World Congress. The event set many new records in all areas with exhibitor participation up by more than 12 percent.

From the unique [opening ceremony](#) that brought tears to many eyes to the high level scientific programming to the business survival day for US Member companies - all capped by a fun party at Universal Studios and the Limb Loss Advocacy Day conducted by World Congress co-sponsor, the Amputee Coalition, made it a truly memorable event. The record breaking exhibit hall featuring 200 exhibiting companies provided the biggest product and services display ever staged in the western hemisphere. More eyes were teary at the Saturday General Session featuring Rep. Tammy Duckworth and her story of recovery and political advocacy. Rep. Duckworth joined Rep. Glenn Thompson (R-PA) and Rep. Mike Thompson (D-CA) as a cosponsor of H.R. 3112, the Medicare O&P Medicare Improvement Act which would curb fraud and abuse in the Medicare system. Rep. Dutch Ruppersberger (D-MD) and Rep. Peter King (R-NY) have also joined the effort as early co-sponsors of the legislation.

Seven unique organizations and a planning committee from ten countries came together to organize the massive and successful 2013 O&P World Congress. The hosting organizations include AOPA, U.S. National Member Society of the International Society for Prosthetics and Orthotics (USISPO); the German Association of Orthopaedic Technology/Con.fair.med; the Amputee Coalition, the Canadian Association for Prosthetics and Orthotics (CAPO), Uniting Frontiers and the Mexico Member Society of ISPO.

What attendees are saying -

"From a first-time AOPA Congress attendee, congratulations on putting on a fantastic event. We learned a lot and made some very good contacts. It certainly made travelling half way around the world worthwhile".

~ Romi Patel, New Zealand

"I wanted to take a moment and congratulate the AOPA team on offering a bang-up meeting. The session topics were incredibly relevant and the diversity of the world congress attendees worked nicely. From a networking standpoint, this was the best meeting I have ever attended. Bravo!"

~ Chris Robinson, MS, MBA, CPO, ATC, FAAOP, Northwestern University

Just a short note to congratulate the AOPA Staff, on an outstanding meeting. Based upon the attendance in the educational sessions, and the feedback I received from many of the attendees, I would have to say that the Meeting was a resounding success. The only downside is . . . how are you going to top it next year? Thanks again for putting together an outstanding program that was relevant, informative, and provided the O&P industry with a glimmer of light at the end of what appears to many within the industry as a long and dark tunnel. Through AOPA's PAC, and educational programs, I believe O&P can become the bright star within the healthcare industry.

~Frank Bostock, CO, FAAOP, Hanger Clinic

Exhibition

In addition to the 200 exhibiting companies, eight international pavilions representing South/Central America, Canada, Germany, Spain, Italy, Asia, Turkey and the United Kingdom created a diverse and educational exhibition. The centerpiece of the international pavilion area was a display from ISPO/USISPO. The pavilion also included an International O&P Showcase which featured 39 nonprofit organizations, research institutions, and universities that dedicate their work to the O&P field. The showcase participants represented 16 countries. Several participants communicated that they were able to make wonderful contacts for their future work in the O&P field.

Posters

One of the largest poster displays for the O&P Profession was organized at the 2013 O&P World Congress. The Poster Compendium included abstracts from 60 professional and student posters. A special exhibit of peer-reviewed scientific posters from the American Society of Biomechanics Annual meeting was also on display.

Congratulations to our Award Winners

INTERNATIONAL LIFETIME ACHIEVEMENT AWARD

Each year the American Orthotic & Prosthetic Association (AOPA) presents the prestigious Lifetime Achievement Award. This honor is bestowed on individuals who have made significant contributions to the field of orthotics and prosthetics. This year AOPA presented the first International Lifetime Achievement Award to:

- **Ottobock CEO Prof. Hans Georg Näder**

THRANHARDT LECTURE SERIES AWARD WINNERS

The “Best of Show” Thranhardt Lecture Series was launched by a gift from J.E. Hanger Southeast in memory of Howard R. Thranhardt, CP, the series recognizes individuals committed to advancing O&P education and research. Winners of the Thranhardt Lecture honoraria receive an award of \$500.

- Can You Tell Which Foot is Which?, presented by **Silvia Raschke, PhD and Michael Orendurff, PhD**
- Prosthetic Limb Users Survey of Mobility (PLUS-M), presented by **Brian Hafner, PhD**

Other Thranhardt award contenders included:

- Effect of Compliance Counseling on Brace Use and Success in Adolescent Idiopathic Scoliosis, presented by **Kevin Felton, CO, LO**
- Stratified Cost-Utility Analysis of C-Leg vs. Mechanical Knee Prostheses: Findings from a Retrospective Study on 127 Transfemoral Amputees, presented by **Andrea Giovanni Cutti, PhD and Emanuele Lettieri, PhD**

THE SAM E. HAMONTREE, CP, BUSINESS EDUCATION AWARD

The Sam E. Hamontree, CP, Business Education Award was created to recognize the best business education paper, idea and/or proposal submitted for presentation. This award is a counterpart to the Thranhardt Award given each year to the best clinical abstract(s).

- Using Lean Principles to Document Changes in Staff Workflow and Patient Services, presented by **Donald E. Katz, MHA, CO/L, FAAOP**

The EDWIN AND KATHRYN ARBOGAST AWARD and the OTTO AND LUCILLE BECKER AWARD

STUDENT POSTER AWARDS honor two meritorious scientific papers submitted for presentation as a poster by a student or resident. The purpose of these awards is to encourage students and residents to share their research through outstanding poster presentations.

THE EDWIN AND KATHRYN ARBOGAST AWARD

The Edwin and Kathryn Arbogast Award was presented for the best prosthetic abstract submitted for a poster presentation. 2013 Award Winner: **Darren Bolger, Georgia Institute of Technology**

THE OTTO AND LUCILLE BECKER AWARD

The Otto and Lucille Becker Award was presented for the best orthotic abstract submitted for a poster presentation. 2013 Award Winner: **Kier Book, Georgia Institute for Technology**. **GIT** was honored with the Excellence in Education Award as the school representing both award winners.

TECHNICAL FABRICATION CONTEST

O&P technicians from around the world were invited to compete in a contest to fabricate a prosthesis, a combination prosthetic/orthotic device, for a partial foot amputee.

First Place Practitioner: **Ferhan Maher**
Runner-up Practitioner: **Mike Openshaw**
First Place Technician: **Mark Scheibelhut**
Runner-up Technician: **Don Pierson**
First Place Student: **Vincenzo Demarinis**

Runner-up Student: **Tanner Brogden, OK**
School of the Year: **Francis Tuttle Technology Center** – Oklahoma City, OK
People’s Choice Award: **Brian Killen & Yann Paitel**

Another World Congress is in the making but final dates have not been coordinated or finalized with the current organizing group. But, one date is certain and that’s next year, September 4-7, 2014 at the fabulous Las Vegas Mandalay Bay Hotel and Resort. Mark your calendar now to attend and see how AOPA tries to top this year’s World Congress event.

Survival Imperative Updates

Anita Liberman-Lampear in her acceptance remarks to serve as president of AOPA made during the Annual Business Meeting at the World Congress had this to say about the Survival Imperatives: “Tom Kirk and Tom DiBello both deserve special places in the annals of O&P leadership as their collaborative effort gave birth to basically six Survival Imperatives which have been the operative road map for your Board and volunteer efforts these past fifteen months.

You have heard the progress reports of each Imperative and have probably realized that these Imperatives very much resemble the individual streams that may start as very small streams but grow and ultimately flow together at one critical juncture to create a powerful energy force that can cause permanent change to the landscape through which it flows.”

Here’s the latest update on the survival imperatives:

Stream 1 headed by Paul Prusakowski, CPO, has staked out a necessary underpinning of the entire project by developing a longitudinal patient database via uniform intake data tools that track treatments and outcomes. Some preliminary work had already laid the foundation for this effort based on a patient registry survey commissioned by AOPA and developed by the Thomas Jefferson University Medical School which was then refined by representatives from within the profession, as the first leg of this project. Ongoing in nature, it will be a data repository that can continually be referenced as new questions arise. Existing software providers in the O&P field are expected to join in expanding the scope of the data collection.

The project has been narrowed in scope to collecting demographic collection only. A pilot study is being developed to test the feasibility of the registry. Hanger and OPIE have indicated willingness to assist with pilot testing for compliance and validity of data only. Six practices have volunteered already and have collected 84 entries in 2 days, with compliance for all data collected except for weight. In the future, the inclusion of clinical outcome measures data and additional treatment information will be included in the registry to allow for longitudinal studies of specific patient populations.

Stream 2 headed by Jim Campbell, PhD, CO is creating a process for studying outcomes for specific diagnoses to develop a series of best practices/practice guidelines. The initial studies target two important areas: the orthotic management of post-stroke patients and prosthetic management following transtibial amputation. Chief Scientists have been awarded grants to conduct systematic reviews and evaluation of the medical literature. Jason Highsmith, PhD, DPT, CP, FAAOP, University of South Florida was selected for the transtibial amputation project, and Marcus P. Besser, PhD, of Thomas Jefferson University was selected to conduct the study on the orthotic management of patients post-stroke. In both projects the findings are being aligned with episodes of care to identify measurable outcomes and by doing so determine best practices which become the basis for an in-depth review by a larger reference group of experts.

Both teams have completed the initial draft of the systematic review which were presented at the AOPA World Congress. Dr. Highsmith and his team, including a librarian, health economist, and graduate trainees, have searched through many databases and narrowed the number of studies from 9000 down to 3000, and have sorted them into medical, prosthetic, rehabilitation articles to create a systematic review. Dr. Besser’s group has searched multiple databases, and narrowed 1200 studies down to 129 and graded them for methodological quality, to extract results.

There is a working group formed for each topic, comprised of O&P clinicians and other professionals with diverse backgrounds, including biomedical engineering, biomechanics, rehabilitation, etc. Both groups have reviewed the systematic review, and met in person for a 2 day workshop to review and identify gaps in the systematic reviews and formulate what the key questions are. They are currently combining their collective clinical knowledge with the research to finalize the systematic review, clinical guidelines, and a treatment pathway for December 31, 2013. The next step after that will be submitting the systematic review for publication in a peer-reviewed journal.

Stream 3 headed by Anita Liberman-Lampear, MA seeks to identify and prioritize a range of important but unanswered research questions and determine how to achieve valid, verifiable evidence on each.

The work was grouped into two categories: (a) comparative effectiveness study research to determine if certain O&P product devices/offerings perform better than others in specific applications for indicated patient conditions/needs and (b) cost effectiveness research to assess and potentially demonstrate that O&P interventions are more cost effective compared to no intervention or an intervention based on best known alternative techniques by another type of healthcare provider.

For (a) two major baseline activities were initiated; these were comparative effectiveness research studies dealing with: Dynamic Response vs. Non-Dynamic Response Prosthetic Feet and Microprocessor vs. Non-Microprocessor Prosthetic Knees. The foot study conducted by the British Columbia Institute of Technology concluded that dynamic response feet do provide benefits in the form of greater patient mobility via objective measurements as well as great patient satisfaction compared to non-dynamic response (sach) feet, and the knee study remains in progress expected to be completed in another 12 months.

For (b) a very significant AOPA grant supported a joint effort with the Amputee Coalition commissioning major work by the well known socio-economic research firm, Dobson-DaVanzo. That firm conducted a major comprehensive study of the Medicare Claims database for all Medicare claims data for patients with conditions that justified the provision of lower limb orthoses, spinal orthoses, and lower limb prostheses. The research design separated patients with similar etiologies into two groups for each of the three therapies (studying equal comparative groups of those receiving these therapies, vs. those who did not). This coupled with the study's unprecedented access, via special permission from Medicare, to have access to every Medicare payment for these patients over 4 years permitted the researchers to determine their cost history for medical care following their O&P intervention.

The conclusions for both orthotics cases show the cumulative Medicare costs over the 18 months following receipt of the orthotic intervention were less than the population that did not receive the treatment. With respect to the prosthetic intervention, the cumulative cost comparison demonstrated that in the initial 12 months, the cohort that received the prosthesis had about 1% higher costs compared to the population that did not receive the device. The prosthetic patients could experience better quality of life and increased independence compared to patients who did not receive the prosthesis at essentially no additional cost to Medicare or to the patient. These results should be easily converted to private insurance patients.

The results were released to both policymakers and press on August 27 to allow the findings to be utilized in discussions with policymakers. Please type this link <http://bit.ly/08272013DobsonDaVanzoReport> into your browser to access press release, the study and related documents.

The next steps are for (a): advance the two comparative effectiveness projects via publication in peer-reviewed journals as well as the possibility of more detailed clinical studies and determine additional targets for future comparative and cost effectiveness studies. For (b): several additional potential areas for analysis were identified. Questions about the key gaps in scientific evidence and outcomes data about O&P services were formulated to improve the standard of care and address payer policies. The Committee recommended a series of next steps, all of which involve commitment of additional financial resources, to assure continued progress in securing scientifically valid data points in response to the remaining unanswered questions. This is landmark work as for the first time; AOPA is compiling authoritative answers to questions advanced by payers to demonstrate scientifically that O&P intervention improves patient outcomes.

Stream 4 headed by Scott Schneider is all about education and communications and taking the information gained from comparative effectiveness, cost effectiveness and various treatment research projects and playing it back to policy, payer and patient decision makers. Initial efforts in cooperation with Streams 5 and 6 have been focused on creating a survey instrument that can be used in face-to-face interviews with the target audience decision makers to measure current perceptions and expectations. Volunteers associated with Stream 4 will be deeply involved in identifying and arranging appointments with decision makers reinforced by a market research firm that has been retained to conduct the interviews so there is data consistency.

In conjunction with Streams 5 and 6, Stream 4 decided to employ MSG Research firm to interview payers one-on-one implementing an AOPA questionnaire to cover the general areas of (1) organizational profile, (2) provider network, (3) benefits and coverage, (4) reimbursement, (5) clinical quality and outcomes, (6) future of health care and (7) education. Half-way through the research they discovered a knowledge gap of the payers to answer AOPA's questionnaire. The research and the survey were completed at the end of August. Among the finding from the survey

- The payer's contracting staff state the status quo is working
- The payers usually had no idea how much money is spent in O&P or how many cases they process The payers, at best, blur the lines between O&P and DME – most see O&P and DME as one
- We discovered the opportunity to ensure we approach 'clinical' and 'case management' through education (possible CEUs and/or cost savings)

These findings are being reviewed to develop the “story of O&P” to educate the payers.

Stream 5 headed by Michael Oros, CPO broadens the opportunities for O&P’s success in the new world of health care by identifying similarly situated parties (possible allies or partners) in other specialty medical areas who may share some of the same challenges and then determining whether alliances with ACO’s, insurance companies and other provider groups plays what role in the future of O&P. Data gained from the survey instrument and interviews by the marketing firm will help shape the direction of these alliances. Leveraging as a group could muster more benefits for all as opposed to going it alone.

Stream 5 is working in conjunction with Streams 4 and 6, to draft different “value” not “volume” provider models for P & O to consider, and will work on creating educational offerings around these concepts.

Stream 6 headed by Mike Hamontree is also relying initially on the data gained from the survey instrument and marketing firm interviews of policy and payer decision-makers to guide efforts in determining what alternative delivery methods for O&P best work in the new environment. What risk sharing models currently in use or under consideration appear most beneficial for O&P providers and patients? This effort will include looking at care bundling Diagnoses Related Groups (DRG) approaches for specific episodes of care and how quality of care can be measured more reliably to predict the most patient/provider friendly models.

Using the payer knowledge gleaned from the consultant’s survey results, the next step is to continue to identify and understand trends in reimbursement models that shift results in more risk sharing between payers and providers and/or change the way providers are reimbursed.

And That Friendly Reminder

It’s that time of year – time to renew your AOPA membership! If you haven’t already, renew online at www.AOPAnet.org and prevent any disruption to your valuable benefits. Continue access to our coding and billing experts, members-only LCodeSearch.com, UPS discounts, free online education, and member pricing on educational products, seminars, and the 2014 National Assembly in Las Vegas.

And while you’re online, you can edit your membership record to add affiliate locations, add or edit employee records, and update your contact information. Add employee email addresses to make sure everyone in your office receives breaking news alerts from AOPA about our litigation, regulatory news, and other events affecting your business. While you are on AOPAnet.org, peruse the AOPAiversity online educational offerings, including our Online Video Learning Center, which has free presentations eligible for Continuing Education Credits. Please contact Lauren Anderson at LAnderson@AOPAnet.org or (571) 431-0843 for a copy of your invoice or AOPAnet login information.

And to Wrap It Up – AOPA’s RAC Audit Lawsuit Against CMS

We continually update members on the status of the AOPA lawsuit against CMS which claims that proper procedures were not followed in implementing the change in policy announced in the August 2011 “Dear Physician Letter” that in turn triggered the devastating RAC audits. We are still awaiting the Judge’s ruling on the government’s motion to dismiss our claims and a ruling on our request that the Judge hear oral arguments on the government’s motion to dismiss. Litigation takes time, especially when you are suing the government with their vast resources arrayed against you. But AOPA’s attorneys still feel confident that CMS violated the law and must be held accountable. And again, a special thanks to the more than 330 AOPA members who stepped up and helped defray the costs by contributing to the Heritage Fund.

Meanwhile, we will continue to fight the good fight on every front to do our very best to assure that all of our members receive the finest in advocacy, the best member service and a continuing information and education flow that helps you achieve the very best in every way. Thank you for your loyal support.

Sincerely,



Thomas F. Fise, JD
Executive Director