



American Orthotic & Prosthetic Association

www.AOPAnet.org

AOPA In Advance SmartBrief

Breaking News

October 23rd, 2014

AOPA Headlines:

[OPAF Launches First Cycle™ in Greenville, SC](#)

[People in the News: Wendy Beattie's Named Program Director at Eastern Michigan University](#)

[Have you Updated Your Member Record with AOPA?](#)

[Are ADR Request Limits Fair to Small Businesses?](#)

[PDAC Announces "Reclassification" of Knee Orthoses Described by L1843 and L1845](#)

[Did you Know that you Can Print the AOPA Illustrated Guide from the Coding Pro Software?](#)

[Save the Date for the 2015 AOPA National Assembly!](#)

[Upcoming AOPA Events](#)

OPAF Launches First Cycle™ in Greenville, SC

Over 100 people were in attendance for the launch of OPAF's First Cycle Clinic on Saturday, October 4 in Greenville, South Carolina, making it the largest single event First Clinic ever. First Cycle offered adaptive cycling opportunities for children and adults facing physical and/or mobility challenges. The event was sponsored by Ability Prosthetics & Orthotics, Shriners Hospital for Children/Greenville, Roger C Peace Rehab Hospital, Endolite and Paceline in partnership with Greenville Cycle and Multi Sport and Heather's Ride. The Newell Group provided breakfast goodies and coffee through the Chocolate Moose food truck on site.



Participants came from the Carolinas, Georgia and Tennessee to give adaptive cycling a try. First Cycle was the brainchild of John Kinder and Brian Kaluf, CP of Ability Prosthetics, both avid cyclists. They wanted to offer a chance for others to be introduced to cycling as part of their recreational activities. Roger C Peace and Heather's Ride provided a variety of bikes for participants to try including handcycles, trikes and tandems, specific to the challenge or injury. Instruction and coaching was through Roger C Peace and staff from Greenville Cycle and Multi Sport and included several Paralympic cyclists and coaches who had recently competed in the IFC Paracycling Championships in Greenville.

“This brings our number to twelve different First Clinics offered by OPAF, introducing the physically and mobility challenged population to recreation and activities that they may have thought lost to them. We are very proud of the collaboration efforts to bring First Cycle to life and look forward to introducing new First Clinics in 2015 with First Dash and First Safeguard” said OPAF Executive Director, Robin Burton.

Wendy Beattie's Named Program Director at Eastern Michigan University

Wendy Fischl Beattie, CPO, FAAOP, has been named the new program director and clinical coordinator of Eastern Michigan University's graduate program in orthotics and prosthetics.

The two-year program is one of only a few accredited orthotics & prosthetics master's degree programs in the country and the only one in Michigan. It prepares students for a one-year residency in each discipline or a dual 18 months residency, which allows students to be skilled in both areas.



Beattie, of Bloomfield Hills, Mich., brings more than 25 years of experience in private practice to EMU's program. Prior to joining EMU, Beattie served as residency director and clinical education coordinator for Becker Orthopedic, where she was responsible for overseeing the orthotics and prosthetics residents and arranging continuing education for practitioners. Becker is an international supplier of orthotic components located in throughout southeastern Michigan.

Beattie has lectured extensively in the U.S. and abroad, and has published numerous articles. She holds two patents for prosthetic componentry. Her leadership experience includes having served as president of the American Academy of Orthotists and Prosthetists and founding Special Opportunities for Advanced Rehabilitation, a non-profit foundation designed to provide fitness opportunities and equipment to those in need.

Beattie earned a certificate in orthotics from Northwestern University and a certificate in prosthesis from the University of California Los Angeles, both in 1988. She received a bachelor of science in mechanical engineering from Yale University in 1986.

Have you Updated Your Member Record with AOPA?

Have you updated your member record AOPAnet.org lately? You can 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 legislation and other events affecting your business. While you are on AOPAnet.org, peruse the AOPAversity online educational offerings, including our Online Video Learning Center, which has free presentations eligible for Continuing Education Credits.

Please contact Betty Leppin at BLEppin@AOPAnet.org or (571) 431-0843 for AOPAnet login information.

Are ADR Request Limits Fair to Small Businesses?

Do the Rules CMS Uses to Establish Maximum Number of Audits for O&P Facilities Create a Level Playing Field?

Audits by CMS Contractors targeting Lower Limb Prosthetics have been unfair, excessive, anathema in terms of adverse effects on patient care, and via its lawsuit, its many legislative efforts, challenges to hasten access to ALJs, testimony before the Small Business Administration and other steps, the primary message of AOPA's advocacy has been to argue to restrain CMS to reduce or eliminate all of these unjustified audits that are not at all about any fraud. But what about CMS' selection criteria for who gets audited—are they fair and balanced? The simple answer is that they are not. AOPA agrees that due process requires that the procedures by which laws are applied must be evenhanded. RAC audits have been devastating in their impact on both the O&P profession and the patients that we serve, and AOPA is committed to support any step which reduces the number of RAC audits and their adverse impact. CMS and its contractors owe providers a level playing field and fairness in their audit activity.

Facts About the Rules CMS Has Adopted

CMS applied a rule stated in an April 4, 2013 [ADR update on the CMS website](#) which provides that for O&P they are entitled to initiate up to 10 new Additional Data Requests (ADRS/audits) every 45 days as to each company Tax ID number. Every O&P provider will have at least one tax ID number--that is the norm for most small businesses. Larger companies (Hanger and others) do not have a separate tax ID number for each facility they operate, and in fact, a large company could have only one or two TAX ID numbers even for a large operation. A straight mathematical analysis reveals that so long as CMS follows this rule, **a local facility of a larger company that has a small number of tax ID numbers will be much less likely to have the same number of audits as its nearby competitor which has a single tax ID number for one or two patient care facilities.** Here is an example:

If one company, for example, had 200 facilities nationwide and operates with 3 tax ID numbers, and another facility in Timbuktu operates one facility with one Tax ID number:

The 200-facility company: In a 45 day period, CMS contractors could initiate a maximum of 30 ADRs on this larger company's operations, with the odds being that any single facility will have 30/200 chance of being audited in that 45 day period.

Timbuktu facility: In a 45 day period, CMS contractors could initiate a maximum of 10 ADRs on Timbuktu operations, with the odds being that any single facility will have 10 chances of being audited in that 45 day period.

So, the odds that the Timbuktu facility is audited will be 66 times more likely to have an audit. This formula is at minimum a strong component of the disparity so a smaller facility is more likely to be audited than its neighboring facility owned by a larger company (that operates with a small number of tax ID numbers). So, what about changing the rule? AOPA has stated that it would very likely support a petition filed by any O&P facility who would have the legal 'standing' to raise the issue to CMS urging a change to this rule. Why hasn't AOPA filed such a petition? Twofold: (1) AOPA's central message to CMS and Congress has been—reduce or eliminate the audits across the board for everyone—and CMS/Congress might be confused or find it contradictory if AOPA also led a charge saying—*you should audit these folks more and these other folks less.* AND (2) Be careful what you ask for—if the current rule is changed we run a significant risk that any resulting new methodology CMS generates is worse, not better FOR

EVERYONE! For example, if CMS reverted to the audit selection rules that apply to DME, eliminated the special flat number of 10 maximum of O&P stated in paragraph 4 of the [April 2013 memo](#), the sole limitation on the number of new audits would be **“(L)imits will be set at 10% of all claims submitted for the previous full calendar year, divided into eight periods (45 days). Although the Recovery Auditors may go more than 45 days between record requests, in no case shall they make requests more frequently than every 45 days.”**

Confused? AOPA has published information on the CMS selection criteria for who gets audited and how often on [6 different occasions](#) previously. Read CMS’ current policy on selection criteria and limits on audits for O&P facilities [here](#).

Contact Joe McTernan at JMcTernan@AOPAnet.org or 571/431-0811 with any questions.

PDAC Announces “Reclassification” of Knee Orthoses Described by L1843 and L1845

The Pricing, Data Analysis, and Coding contractor (PDAC) has sent an e-mail notice to all manufacturers who have previously had PDAC coding verification for products described by L1843 and L1845. The purpose of the notice is to inform manufacturers that the addition of codes K0901 and K0902, effective October 1, 2014, which describe Off the Shelf (OTS) versions of L1843 and L1845 requires the PDAC to potentially reclassify products previously verified as L1843 or L1845 under the new OTS codes. The PDAC has requested that manufacturers review their list of PDAC verified products and indicate whether each product is always delivered OTS, can be delivered either OTS or custom fitted, or always delivered as custom fitted.



While individual manufacturers will have to make their own determination regarding the status of their products described by the codes in question, AOPA believes that there are several important issues that must be considered when making this decision.

1. PDAC verification is currently only mandatory for knee orthoses described by L1845/K0902. There is no current requirement that knee orthoses described by L1843/K0901 must be PDAC verified as a condition for Medicare payment. Only products described by L1843 that manufacturers have submitted voluntarily for PDAC verification must be reclassified.
2. CMS, in its response to comments on the initial list of proposed OTS orthotic codes agreed with AOPA that L1843 and L1845 represented products that could not be expected to be fit in an OTS environment. The release of the OTS versions of these codes directly contradicted CMS’ earlier comments. AOPA continues to address this issue with high level CMS officials.
3. PDAC verification of products in the middle category, as devices that can be either custom fitted or OTS could well entail the DME MACs applying intense scrutiny to claims billed under the custom fitted version of the split code set and may lead to unnecessary denials due to alleged missing or incomplete documentation of the specific medical need for the patient receiving the custom fitted orthosis, as opposed to the receiving it OTS (and thereby without any fitting, alignment or adjustment by a clinical professional).

4. Medicare reimbursement for OTS orthoses will almost certainly not remain level with custom fitted versions of the same product. Whether fee reduction is accomplished through future competitive bidding or an alternate method, CMS intends to significantly reduce reimbursement for OTS orthoses.

While a response to any communication from the PDAC regarding coding verification is asserted as mandatory, AOPA manufacturer members are encouraged to consider all of the issues at hand when generating their response.

Questions regarding this issue may be sent to Joe McTernan at JMcternan@AOPAnet.org or Devon Bernard at DBernard@AOPAnet.org.

Did you Know that you Can Print the AOPA Illustrated Guide from the Coding Pro Software?



That's right! You can print the AOPA Illustrated Guide directly from the Coding Pro Software! The Coding Pro CD-ROM also provides updated Medicare fee schedules for all 50 states and allows you to customize and import other fee schedules used by your office. Illustrations of the codes allow you to quickly sort codes. And writing prescriptions just got easier with the prescription writing tool. Order yours today at the [AOPA Bookstore!](#)

Contact Devon Bernard at DBernard@AOPAnet.org with any questions.

Save the Date for the 2015 AOPA National Assembly!

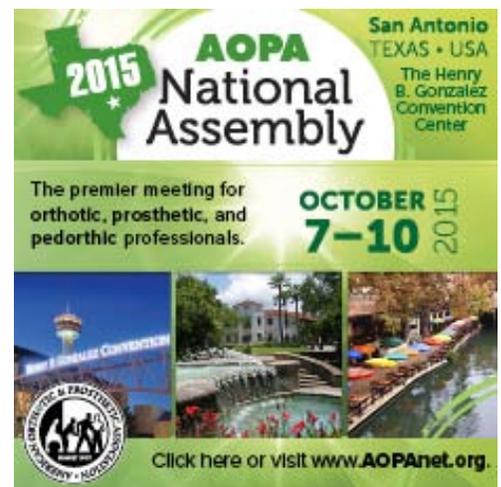
**Save The Date—October 7-10, 2015
AOPA's 98th National Assembly
San Antonio Riverwalk**

Make plans now to attend the 2015 National Assembly, Oct. 7-10, 2015 in San Antonio.

The 2015 Assembly will be held at the Henry B. Gonzalez Convention Center, located on San Antonio's famous Riverwalk.

San Antonio's River Walk is one of the most visited sites in Texas, providing scenic pathways and waterways for the city's cultural and historic sites, as well as a picturesque link between restaurants, hotels and shops. The [San Antonio River Walk](#) is a verdant oasis of cypress-lined paved paths, arched stone bridges and lush landscapes. It gently winds through the city center, providing millions of visitors each year with easy access to the city's cultural hot spots, historic sites and other attractions.

See you in San Antonio! Remember #AOPA15



Upcoming AOPA Events

- Nov 12, 2014 *Gifts: Showing Appreciation Without Violating the Law*
Webinar Conference
[Learn more or register online here](#)
- Dec 10, 2014 *New Codes and Changes for 2015*
Webinar Conference
[Learn more or register online here](#)
- Jan 14, 2015 *Fill In the Blanks: VA Contracting and the New Template*
Webinar Conference
[Learn more or register online here](#)