AOPA In Advance SmartBrief
Breaking News
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Supreme Court Upholds ACA Subsidies – What Does it Mean for O&P?

Insurance premium subsidies will continue to flow to Americans in all states under the Affordable Care Act, the U.S. Supreme Court decided 6-3 in King v. Burwell today.

The justices sided with the Obama administration in the historic decision, saying the healthcare law allows Americans in all states-not just those that established their own exchanges-to receive the subsidies.

Much will be written about the Supreme Court's King v. Burwell decision. Here is the essence of the decision and the most likely impact for you, as we see it today.

Synopsis of the case: The petitioners challenged an Internal Revenue Service (IRS) interpretation of the Affordable Care Act's (ACA's) provisions governing eligibility of uninsured individuals for health insurance premium tax credit subsidies for the purchase of qualified health plan (QHP) coverage on Health Insurance Exchanges. Specifically, the petitioners assert that the **ACA only makes premium tax credit subsidies available to individuals residing in states that established their own State-Based Exchanges**-while individuals residing in states that rely on the Centers for Medicare and Medicaid Services (CMS) to operate Federally-Facilitated Exchanges (FFEs) on the State's behalf would not be eligible for premium tax credit subsidies.

Overall, CMS operates FFEs in 34 states that together account for a significant portion of the enrolled population. Reliable estimates are that if the Court had sided with the petitioners in

King v. Burwell and invalidated premium tax credit subsidies in states with FFEs, roughly 7.5 million individuals would have lost tax credit subsidies and as many as 10 million fewer people would obtain individual market health insurance coverage through the Health Insurance Exchanges.

Bottom line, regardless of political viewpoints, the risk of substantial chaos in the insurance market has been averted.

Any questions regarding this notice can be directed to Joe McTernan at (571) 431-0811 or JMcTernan@AOPAnet.org.

Coding & Billing Reminder: Miscellaneous Codes

When billing for miscellaneous or not otherwise specified codes (L0999, L1499, L2999, L3649, L3999, A5507, A6549, L5999 and L7499) be sure you are including all the required information. If a miscellaneous code is billed, the claim must include at a minimum a detailed description of the item being provided. If this description is not included, the claim is not HIPAA compliant. However, each of the Medicare medical polices requires you submit additional information for each miscellaneous code billed including "justification of patient's medical necessity for the item".

To ensure you are providing all the required information for a claim containing a miscellaneous code, please review the Medicare medical policies for orthotics and prosthetics.

Any questions? Contact Devon Bernard at dbernard@AOPAnet.org or Joe McTernan at jmcternan@AOPAnet.org.

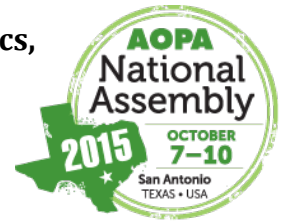## Legislation Repealing the Medical Device Tax Passes House

Legislation to repeal the medical device tax passed the House Thursday, June 18. The bill, H.R. 160, the *Protect Medical Innovation Act*, passed the House by a bipartisan vote of 280-140. H.R. 160 eliminates the 2.3% tax on medical devices that was included in the President's health care law. The legislation now heads to the Senate where repealing the medical device tax also has bipartisan support. A nonbinding vote to repeal the tax has previously received 79 votes.

AOPA had secured an exemption for nearly all O&P devices back in 2012 so the impact to O&P if this tax is repealed is not expected to be substantial.

AOPA Assembly Spotlight: AOPA Expert Joe McTernan Presents Three Essential Sessions

Register today for the country's oldest & largest meeting for orthotics, prosthetics and pedorthics!

- Over 35 CE Credits
- Five Concurrent Education Tracks for Orthotists, Prosthetists, Technicians, Pedorthists and Business Managers
- An Exhibit Hall packed full of every device, service, tool and product you will ever need
- Engaging Networking events
- Top-Notch Speakers from around the world.

Assembly Session Spotlight

AOPA's own Joe McTernan, Director of Coding and Reimbursement Services, Education and Programming will present three different in-depth programs at this year's Assembly.

Joe McTernan currently serves as Director of Coding & Reimbursement Services, Education & Programming for the American Orthotic and Prosthetic Association (AOPA). He also served as AOPA's Manager of Reimbursement from 1996 until 1998. From 1998 until 2005, he served as Director of Regulatory Affairs for Hanger Prosthetics and Orthotics in Bethesda, Maryland. Joe is considered an expert in O&P Coding, Billing and regulatory matters. He is a sought after speaker.

Thursday, October 8, 2015 11:00 AM – 12:00 PM Documentation—Create Audit-Proof Patient Charts	Friday, October 9, 2015 11:00 AM – 12:00 PM Lessons Learned—Audits and Appeals	Saturday, October 10, 2015 9:00 AM – 10:00 AM Coding and Reimbursement
Attendees at this session will learn how to prepare documentation in a way that will help to lessen the impact of audits down the road. Topics of discussion will include documenting the "what" and also the "why;" maintaining clinical consistency when documenting; what the auditors are looking for; and adding documentation after the fact. Attendees will leave the session with a thorough understanding of improving audit success and documentation.	Attendees at this session will have the opportunity to review examples of both good and bad documentation and understand how it can mean the difference between a paid claim and a denied claim. Strategies to create processes that ensure documentation is done correctly will also be discussed.	Attendees at this session will discuss basic principles that govern Medicare coding and reimbursement. Topics for discussion will include the difference between Local Coverage Determinations and Policy Articles, common coding errors and omissions, and strategies to maximize Medicare reimbursement without sacrificing Medicare compliance.

Preview the Preliminary Program   General Information
Register online   Hotel Reservations

Questions: Visit www.AOPAnet.org or Contact AOPA at (571) 431-0876 or info@AOPAnet.org

National Sponsors Enable Amputee Coalition to Increase Enrollment, Extend Length of Paddy Rossbach Youth Camp

The Amputee Coalition is pleased to announce that because of the support of its national sponsors and donors, a record 115 campers will attend the 2015 Paddy Rossbach Youth Camp. The length of the camp has also been extended by one day.

Sponsors include Hanger Clinic; Freedom Innovations; Össur; Ottobock; Ability Dynamics; BiOM Personal Bionics; College Park Industries; Fillauer; WillowWood; Thorlo; the American Board for Certification in Orthotics, Prosthetics & Pedorthics; the Board of Certification/ Accreditation; and Scheck & Siress. Major donors include Cincinnati Dreams Come True, the Jordan Thomas Foundation and Lizbeth Thomas.

The six-day traditional summer youth camp offers a full range of activities, including fishing, swimming, arts and crafts, zip lining, canoeing, sitting volleyball, hiking, a high ropes course, dance, archery and more. A unique aspect of the camp, according to Amputee Coaltion President and CEO Sue Stout, is that campers are not accompanied by their parents, which inspires campers to take on new challenges, be independent, test themselves and build new friendships in a supportive, caring environment.

The Amputee Coalition Paddy Rossbach Youth Camp will be held Friday July 10 to Wednesday July 15 at the Joy Outdoor Education Center, about an hour northeast of Cincinnati, Ohio. The Amputee Coalition covers all expenses and airfare for the campers.

To learn more about camp or to donate, please visit the Amputee Coalition Paddy Rossbach Youth Camp Web site.

Register for the AOPAversity Webinar: Who's on First? Medicare as a Secondary Payer

July 8, 2015, 1:00-2:00 PM EST
Not understanding the rules and provisions surrounding Medicare can make for an awfully big headache when it comes time for billing and collecting money. That headache becomes even bigger when there are multiple payers involved. Do you understand how the Medicare secondary payer provisions work? Make sure you claims are not held and your payments are delayed, for not submitting the claim to the appropriate payer. Join AOPA for the July webinar "Who's on First? Medicare as a Secondary Payer" and learn all about the Medicare secondary payer provisions.

Topics for discussion will include the following:
- Learn what payers are primary to Medicare
- Learn to determine if Medicare is a secondary payer or a primary payer
- Learn to calculate your payments from Medicare when they are a secondary payer
- Learn about conditional payments

AOPA members pay $99 (nonmembers pay $199), and any number of employees may participate on a given line. Attendees earn 1.5 continuing education credits by returning the provided quiz within 30 days and scoring at least 80 percent. Register online. Contact Ryan Gleeson at rgleeson@AOPAnet.org or 571/431-0876 with questions.

Upcoming AOPA Events

July 8, 2015   *Who's on First? Medicare as a Secondary Payer*
                      Webinar Conference
                      Learn more or register online here

July 13-14, 2015   *Essential Coding & Billing Techniques Seminar*
                      Philadelphia, PA
                      Learn more or register online here

Oct 7-10, 2015   *AOPA 2015 National Assembly*
                      San Antonio, TX
                      Learn more or register online here