



AOPA In Advance SmartBrief

Breaking News

November 12, 2015

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AOPA's annual Wine Tasting and Auction has become a true 'experience.' [Read More](#)

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Great awareness of early intervention for pediatric flatfoot and other issues will prevent complications for patients later in life. [Read More](#)

Leadership Series: Broadening Our Scope | Page 30

Providing ancillary services may offer benefits for both O&P facilities and patients. [Read More](#)

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Read the Column and [Take Your Quiz Here](#).

2016 HCPCS Codes Released

The Centers for Medicare and Medicaid Services (CMS) has released the new HCPCS codes for 2016. There were no L-codes added or deleted for 2016. There were two minor verbiage changes for codes L1902 and L1904, which describe pre-fabricated and custom fabricated ankle gauntlet style devices respectively. Below is a breakdown of the code descriptor changes which will be effective for claims with a date of service on or after January 1, 2016.

Code Descriptor Changes

Two L-codes had their official descriptors changed.

Code	New Descriptor	Old Descriptor
L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints , prefabricated, off-the-shelf	AFO, ankle gauntlet, prefabricated, off-the-shelf
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints , custom fabricated	Ankle orthosis, ankle gauntlet, custom fabricated

Questions regarding the code changes may be directed to Joe McTernan at jmcternan@AOPAnet.org or (571) 431-0811, or Devon Bernard at dbernard@AOPAnet.org or (571) 431-0854.

WillowWood Promotes Wise and Huizinga



On November 11, 2015, WillowWood announced the promotions of Linda Wise and Charlie Huizinga within the company's executive and marketing teams.

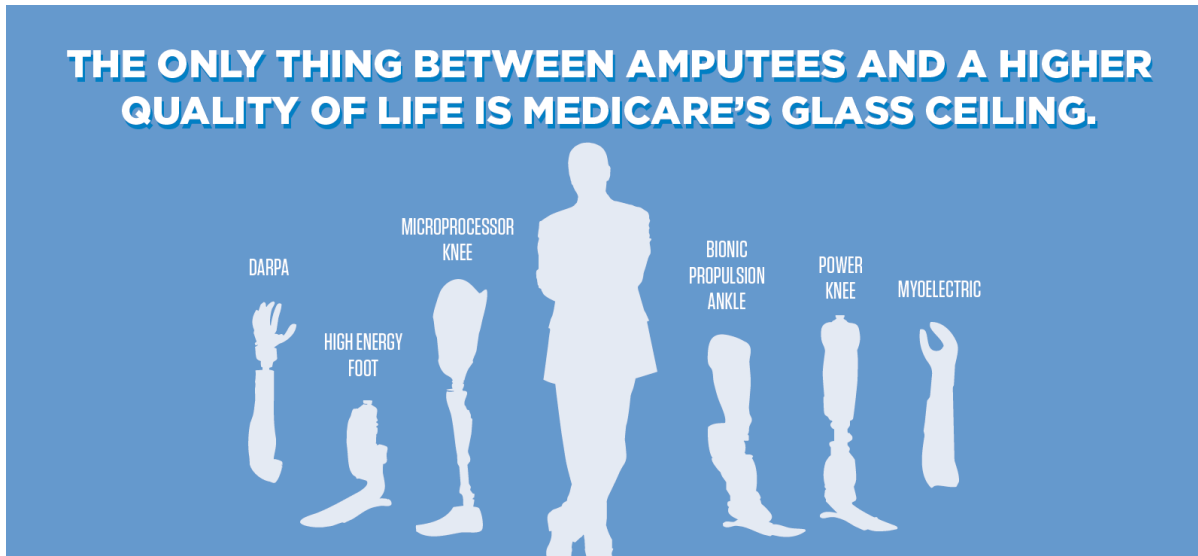
Linda Wise has been promoted to Chief Marketing Officer. In this new capacity, Wise will assume full leadership of the company's marketing team and join the company's executive leadership team while continuing to spearhead all domestic and international sales within the Americas. While at WillowWood, Wise has strengthened customer education efforts by establishing and recruiting product specialists, has identified and developed new online and print tools for customer use, and helped implement and roll-out the company's rebranding in 2011.

Charlie Huizinga has been promoted to Sales and Marketing Manager. In his new expanded role, Huizinga will continue to be responsible for international sales, concentrating on the European market, while taking on the management of WillowWood's product specialist team for domestic customer education and product awareness.



Share AOPA's Ad on the "Prosthetic Glass Ceiling"

Consider sharing AOPA's print ad on your website that appeared in the *Washington Post* and *The Hill*. For more information, [click here](#).



Medicare's glass ceiling moves today's prosthetic devices out of reach for most amputees.

Decades of technological advancements mean that new levels of mobility, health and independence are possible for amputees. The only problem? Medicare. The federal government makes it highly unlikely that a patient will qualify for these devices, **and new regulations will make the situation worse, not better.**

If Medicare is trying to save money, denying amputees prosthetic devices isn't the way to do it. A new study shows patients who receive timely prosthetic and orthotic devices can actually save Medicare money over patients who are not treated — more than \$231 million was saved for Medicare in 2014 alone.

Amputees Who Receive Better Prostheses Save Medicare Money*

K3 Prostheses (Higher Quality) \$79,967

K2 Prostheses (Lesser Quality) \$81,513

FIRST 12 MONTHS, ALL HEALTH COSTS.

Who has fewer incidents that require expensive care? In most cases, it is the amputees who have been given the prosthetics that kept them active and healthy. And now Medicare and its contractors are planning to further restrict who can get these better prosthetic limbs.

Though new, higher quality custom prostheses are widely available, Medicare restrictions are a glass ceiling that keeps them out of reach of most amputees. Even though it's been shown these devices provide a better quality of life.



10.3% fewer skilled nursing claims for people with high-quality prostheses

It's an outrage that Medicare would deny amputees the life-changing mobility that comes with prosthetics.

To learn more about the Medicare study and what you can do to stop these policies, visit mobilitysaves.org.



Who Had Fewer Medical Incidents?	Received Higher Quality Prosthetics	Received Lower Quality Prosthetics
Fewer E.R. Admissions?	✓	
Fewer Skilled Nursing Needs?	✓	
Fewer Doctor Visits?	✓	
Fewer Hospice Admissions?	✓	



* Dobson | DaVanzo analysis of custom cohort Standard Analytic Files (2007-2010) for Medicare beneficiaries who received O&P services from January 1, 2008 through June 30, 2009 (and matched comparisons), according to custom cohort database definition.



Jurisdiction A Release Pre-Payment Review Results

NHIC, Corp, who serves as the Jurisdiction A DME MAC has recently released the results of its ongoing pre-payment review for spinal orthoses described by L0631 and L0637.

From June 2015 through August 2015, 1,068 claims for L0631 and L0631 were submitted and 568 were reviewed, 500 claims could not be reviewed because the DME MAC did not receive any additional information from the suppliers. Out of the 568 claims reviewed 551 were denied representing a claim denial rate of 97%. The charge denial rate (CDR), the dollar amount of services determined to be billed in error divided by dollar amount of services medically reviewed, was 95.5% and this is an increase over the last reported CDR of 81.8%.

The top reasons for denial were missing/incomplete detailed written orders, missing/incomplete proof of delivery, and missing or unsubstantiated clinical documentation. You may view the complete findings [here](#).

Based on the denial rates, NHIC will continue its pre-payment review for these codes. NHIC has also recently released the results of its ongoing pre-payment review of lower limb prostheses billed with a K3 modifier.

From May 29, 2015 until September 3, 2015, 118 claims were submitted, 28 claims could not be reviewed because the DME MAC did not receive any additional information from the suppliers. Out of the remaining 90 claims that could be reviewed 37 were denied representing a claim denial rate of 41%. The CDR was 42.1% and this is a decrease from the last reported CDR of 50.6%.

The top reasons for denial were no documentation submitted, documentation did not support the functional level, invalid/missing proof of delivery, and no documentation supporting the need for replacement. You may view the complete findings [here](#).

Based on these results, NHIC will continue its pre-payment review for lower limb prostheses. AOPA would like to remind you of the changes to the proof of delivery requirements currently being enforced by the DME MACs. It is no longer acceptable to solely use HCPCS codes and descriptors on a proof of delivery. In order for your proof of delivery to be considered valid, you must include either a brand name and/or model number or a detailed narrative description for each component that is billed separately and provided to the patient. AOPA continues to discuss the enhanced proof of delivery requirements with the DME MACs and CMS.

Questions? Contact Joe McTernan at jmcternan@aopanet.org or Devon Bernard at dbernard@aopanet.org.

The Amputee Coalition Host Webinar for National Diabetes Month



With November being National Diabetes Month, the Amputee Coalition invites you to attend this important Webinar to learn about what makes a diabetic or a person with circulatory problems more at risk for limb loss, how to recognize a problem that is emerging and when to contact your doctor, what a patient should be doing on a regular basis to prevent limb loss

(necessary foot care, checking feet, checking residual limb for sores etc.), and discussion about VA's system of care for limb loss prevention and what a person at risk for limb loss can expect from the VA system.

This presentation will last approximately 40 minutes, with a 20-minute Q&A session following the presentation.

If you are not able to attend the Webinar on **Monday, November 23, 2015 at 1:30pm EST**, it will be posted on our Web site after the conclusion.

[Register now!](#)

After registering, you will receive a confirmation email containing information about joining the Webinar.

AOPA Debuts the New AOPAversity

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Upcoming AOPA Events

- December 9, 2015 *Bringing in the New Year: New Codes and Changes for 2016*
AOPA Webinar
[Learn more or register here](#)
- January 2016 Mastering Medicare: Essential Coding & Billing Techniques Seminar
Tampa, FL
- September 8-11, 2016 99th Annual National Assembly
Boston, MA