



AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION

In Case you Missed It:

TWICE-MONTHLY RECAP

www.AOPAnet.org

March 25, 2016

Proof of Delivery: AOPA's Efforts Pay Dividends

DME MACs Reverse Course after AOPA's Advocacy

As you may recall, last year the four DME MACs released a clarification on the type of information which must be included on a valid Proof of Delivery (POD). The DME MACs stated that the inclusion of the official L-code descriptor, which had been the accepted norm for years, was not sufficient enough and that suppliers/providers had to include narrative descriptions and/or manufacturer information (serial number, part number, model number, manufacturer name, brand name, etc.). As a result of this sudden shift in policy numerous providers/suppliers began to have their claims denied due to invalid PODs, which were valid prior to the DME MAC clarification.

AOPA challenged the excessive specificity of that new proof of delivery policy and the problems it posed for O&P patient care providers almost immediately and sent a letter to CMS' Laurence Wilson, Director of Chronic Care Policy Group and Dr. Shantanu Agrawal, CMS' Deputy Administrator and Director of Center for Program Integrity. AOPA's letter argued that only FDA received authority from Congress to require serial numbers and other unique device identifiers, and that CMS could not enforce such a 'de facto' serial number requirement in the absence of explicit Congressional authority. AOPA also took the opportunity to address the issue of the new POD requirements with the comments submitted in regard to the Draft Lower Limb Prostheses Policy released in July 2015.

All of this work has paid off, as AOPA has recently learned that CMS has reversed course and will now accept the official L-code descriptors on PODs. [Read the full story.](#)

Jurisdiction D DME MAC Releases Audit Results

Denial Rates for Prosthetic Feet and Spinal Orthoses Denial Rates 77%-88%

The Jurisdiction D DME MAC contractor, Noridian Healthcare Solutions, recently released its latest results of ongoing pre-payment audits for spinal orthoses described by HCPCS codes L0648 and L0650 and prosthetic feet described by L5980, L5981, and L5987. The ongoing pre-payment audits involving these two product categories continue to show very high denial rates and it is expected that as a result, the audits will continue. It is very important that AOPA members remember to include all required documentation when responding to additional documentation requests. [Read the specifics here.](#)



Jurisdiction B DME MAC Releases Spinal Orthoses Pre-Payment Review Results

74.5% Denial Rates for L0450-L0640



The Jurisdiction B DME MAC contractor, National Government Services (NGS), just released the most recent results of the ongoing widespread pre-payment review for spinal orthoses (L0450-L0640). Between 10/1/2015 and 12/31/2015 NGS reviewed 459 claims and 342 claims were denied. This resulted in a 74.5% claim denial rate, the lowest denial rate since the widespread review began, and the number one reason for the denials was because documentation was not submitted in a timely manner. Out of the 342 claims denied 36% or 125 claims were denied because documentation was not submitted in a timely manner. As a result of the high claim denial rate (74.5%) NGS will continue with the widespread prepayment review of

spinal orthoses.

HFO Coding Reminder

Use the CG Modifier when there is a Rigid or Metal Component

Remember that elastic garments don't meet the definition of a brace and are considered noncovered by Medicare, because they are not rigid or semi-rigid in construction. HFO's described by codes L3923 and L3924 may include both elastic and non-elastic versions. When providing and billing for an HFO described by codes L3923 and L3924 be sure to use the CG modifier, if and only if the HFO contains a rigid plastic or metal component; the non-elastic version. Use code A4466 (non-covered service) if the HFO doesn't contain a rigid plastic or metal component and is primarily constructed of elastic material.

Mastering Medicare: AOPA Essential Coding and Billing Techniques Seminar

Hotel Cutoff has been Extended to March 28

Join AOPA April 11-12 in Portland, OR. The deadline has been extended for AOPA's special hotel rate! Don't miss this opportunity to get the most up-to-date information to advance your O&P practitioners' and billing staff's coding knowledge. Join AOPA for this 2 day event. Earn 14 CEs and get up to date on all the hot topics. [Learn more and register.](#)



Upcoming Prior Authorization Preparation Webinar

March 31st - \$99 AOPA Members, \$199 non-Members

If you missed the March 24 webinar, you can still attend the March 31 webinar to prepare for Prior Authorization. Get your documentation in order before Prior Authorization is implemented on lower limb prosthetics. [Register now and watch the free Intro webinar.](#)



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