



AMERICAN ORTHOTIC &amp; PROSTHETIC ASSOCIATION

**In Case you Missed It:****TWICE-MONTHLY RECAP**[www.AOPAnet.org](http://www.AOPAnet.org)

May 20, 2016

**Revised Limitations on the Scope of Review for Redeterminations & Reconsiderations**

Applies to Requests after April 18, 2016; Beneficial Shift in Policy

CMS has recently issued a revised directive to its contractors handling appeals. CMS has informed the DME MACs and the QIC that during the redetermination and reconsideration levels they may only "limit their review to the reason(s) the claim or line item at issue was initially denied". This means that the contractors may no longer deny your claim for a different reason upon further review of the claim; they may only review and make a decision based on the initial issue at hand. However, this limit doesn't apply to appeals that are the result of an automated prepayment review denial. The limit on the scope of review only applies to appeals which are the result of denials due to complex prepayment reviews, complex post-payment reviews or automated post payment reviews. [Read more.](#)

**CMS Issues Press Release on DMEPOS Payment Amounts**

The content of the CMS Press Release begins below.

**Monitoring Data Shows Adequacy of New Payment Amounts for DMEPOS in Non-Competitively Bid Areas***Results Suggest No Negative Impact on Beneficiary Access in Urban and Rural Areas*

Starting in 2011, section 1834(a)(1)(F) of the Social Security Act (the Act) required CMS to use competitive bidding to set payment amounts for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) for certain areas in the country. As implementation of the DMEPOS competitive bidding program has rolled out in areas across the country, CMS has been using real-time data monitoring to ensure that Medicare beneficiaries continue to receive the medical equipment they need. This data monitoring tracks access to items and services and a number of clinical outcome measures such as mortality, hospitalizations, and emergency room visits. By all measures, the DMEPOS competitive bidding program has been a great success for beneficiaries and the taxpayers. Read the full press release on [AOPA's website](#).

**2016 O&P Benchmarking Survey is Now Available**

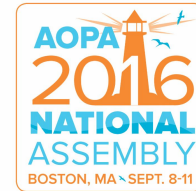
Free Custom Report for AOPA Members

Have you ever considered using a benchmarking survey to measure your company's financial performance to strengthen your business? If so, now is the time. Participation for AOPA members is FREE, and includes a complimentary final report (a \$185 value) AND a free customized company report, comparing your company results to businesses of similar size and location. Participants this year will also receive a FREE 2016 Coding Pro, single user edition, with Medicare fee schedules for all 50 states and other customizable fee schedules. Don't let this opportunity pass you by. It's hard to chart a course for success if you don't know where you are starting from. Look for your survey in the mail or [participate online](#).

**99th Annual National Assembly Registration is Open**

Sept 8-11, 2016 in Boston, MA

Earn 32 CEs, navigate the country's largest O&P exhibit hall, and enjoy fun networking events, with a backdrop of historic Boston. Take your pick of courses from 5 concurrent sessions for Orthotists, Prosthetists, Pedorthists, Technicians, and Business Owners/Managers. [Learn more about the Assembly and register now.](#)



## CMS Releases Proposed Rule for 2017 SNF Prospective Payment System

AOPA Will Provide Comments

On April 25, CMS published the annual proposed rule that will govern Medicare coverage of Skilled Nursing Facility (SNF) services through its established Prospective Payment System (PPS). Included in the proposed rule is an opportunity for the public to suggest additions to the list of HCPCS codes that are exempt from the SNF PPS system and therefore, payable by the DME MACs as Medicare Part B services. While most prosthetic services are currently exempt from SNF PPS, there are several codes that have been historically not included in the PPS exempt list and therefore must still be billed to the SNF directly. These include HCPCS codes that describe partial hands and feet as well as L5987 which describes a "shank foot system with vertical loading pylon." As it has done in the past, AOPA will provide formal comments requesting the inclusion of these codes in the SNF PPS exempt list. AOPA believes that these codes meet the regulatory requirement for SNF PPS exclusion (low volume and high cost) and should be added to the list of HCPCS codes that are exempt from SNF PPS. [View the proposed rule.](#)

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