



American Orthotic & Prosthetic Association

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AOPA In Advance SmartBrief

Breaking News

May 11, 2017

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House Passes American Health Care Act, Starting the Path for Repeal of Affordable Care Act

Last week, the House voted to enact the American Health Care Act (AHCA). This is the initial legislative step in a process intended to eliminate major portions of the Affordable Care Act of 2009. Most folks recognize that this was the second attempt on this bill, after it came up short a few weeks before. There were significant revisions between today's legislative language and the prior one. The MacArthur amendment establishes a permissible state waiver, allowing states to: increase the age rating ratio above the 5:1 ratio; specify the essential health benefits that are required to be covered; and implements a health status rating for states operating a risk mitigation program or participating in a Federal Invisible Risk Sharing Program. The Upton amendment provides an additional \$8 billion over five years to offset or reduce premiums or other out-of-pocket costs for certain individuals with pre-existing conditions.

One unprecedented characteristic of today's vote was that it was enacted without a CBO score being rendered on this revised bill, as virtually no Medicare, healthcare or other major policy legislation is enacted without an assessment of costs by CBO, and if there is a cost identified by CBO, Congress also identifies one or more steps to create offsetting savings equivalent to any increased costs attributed to the bill by CBO. For instance, the Affordable Care Act followed the

details of a CBO score that identified costs and offsetting savings amounting to \$750 billion over ten years, and many issues O&P has faced, e.g., RAC audits, find their genesis in those CBO-scored offsetting "savings." While the American Health Care Act was enacted without any announcement from CBO, it is likely that this version shares the likely outcome identified by CBO on the prior version that AHCA's enactment would result in a reduction by 24 million the number of Americans who have health care insurance coverage.

The House vote is a first step-it will not alone kill the ACA. As noted, the House bill is an initial step, and with the House having acted to repeal the ACA so many times previously, the body most opposed to the ACA has started the process of repeal. Now, the real action will be in the Senate. The plan is to move the American Health Care Act in the Senate via the budget reconciliation process-that means filibuster is avoided, but also this process is limited to items that have a demonstrated federal budget financial aspect. Assuming that most, if not all Democrats in the Senate will be inclined to oppose this bill, it is important to note that there are several Republicans, e.g., Sens. Collins, Murkowski, and one of our AOPA Policy Forum speakers, Sen. Cassidy, who have some significant reservations about the bill passed by the House. In the Senate, we do not expect action in the short term, nor do we expect them to consider the bill as passed in the House. We believe the Senate is likely to move to revise the bill, but they will move at Senate pace. Most polling has shown very significant public opposition to the American Health Care Act's provisions. Also, most major health organizations, groups like the American Medical Association, the American Hospital Association, and the American Association of Retired Persons oppose the AHCA.

So, in conclusion, the battle over the ACA has been re-engaged via the vote today in the House, and the House continues to take a fairly dramatic role on the Affordable Care Act. Ironically, in 2009, Democrats cobbled together 220 votes with just one GOP vote (most folks forget Rep. Joseph Cao, R-LA). Today, GOP cobbled together 217 GOP votes to rebut much of it. Many argue that there ought to be a better way for our patients. Obviously, we will continue to watch closely actions relating to major repeal or revisions to the Affordable Care Act. Certainly discussions in recent weeks relating to reducing: (a) the number of insured Americans; (b) certainty of national standards for essential health benefits; and (c) pre-existing conditions will be important to our patients, and to those serving them at all levels in O&P.

Jurisdiction C DME MAC Announces Pre-Payment Review of Microprocessor Knee Code

On May 4, 2017, CGS Administrators, LLC, the Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for Jurisdiction C, announced the initiation of a widespread pre-payment review for HCPCS code L5856—Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type. L5856 is used as an addition code to prosthetic knee components that incorporate the use of a microprocessor to control the knee during both swing and stance phase of the gait cycle.

CGS announced that the pre-payment review will begin on or around June 15, 2017 and suggested that providers review the current LCD and Policy Article for lower limb prostheses and to reference the CGS documentation checklist for lower limb prostheses that may be [accessed here](#).

While the CGS documentation checklist is a useful tool, it does not contain any specific information regarding coverage requirements for microprocessor controlled prostheses. AOPA members are encouraged to work with their physician partners to ensure that documentation regarding the

need for a microprocessor controlled prosthetic knee is present in the patient's medical record. The documentation must address the need for a microprocessor knee over a conventional prosthetic knee as well as support the need for K3 or higher functional level components. CGS did not indicate how many claims will be affected by the widespread review but did indicate that the pre-payment review will occur across all provider groups who submit claims including L5856.

AOPA will follow this issue very closely and provide continued support to AOPA members regarding this newly announced pre-payment review. Questions regarding this issue may be directed to Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

Important Update Regarding RAC Announcement on Audit of L5845 - Issue Has Been Removed from the RAC Website

In the April 20, 2017 *AOPA in Advance: SmartBrief* newsletter, AOPA announced that Performant Recovery, the contractor who serves as the national recovery audit contractor (RAC) for all Medicare DMEPOS, Hospice and Home Health services, had announced that it would begin performing an automated review on claims involving HCPCS code L5845 billed in conjunction with specific prosthetic knee codes. AOPA reviewed the announcement on the Performant website and was immediately concerned that the RAC was not in compliance with its statement of work (SOW) which requires very specific criteria in order to implement an automated review. In a letter to the Performant Recovery Medical Director dated April 28, 2017, AOPA expressed its concern regarding Performant's decision to initiate an automated review without meeting the specific criteria identified in its statement of work. [View the letter.](#)

AOPA has not received a formal response from Performant Recovery addressing its concern. The audit announcement for L5845 has been entirely removed from the "approved issues" section of the Performant Recovery website.

AOPA will continue to monitor this issue closely and will report any additional developments as they occur. Questions regarding this issue may be directed to Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

When in Vegas, Party with a Purpose

Mark your calendars! Attend the "Party with a Purpose" on September 8 at the 2017 AOPA World Congress. Space will be limited, so be sure to secure your spot early!



If you have not signed an [O&P PAC authorization card](#) for 2017 please do so immediately! The purpose of the O&P PAC is to be a strong advocate for the orthotic, prosthetic and pedorthic community at the federal level. The O&P PAC works closely with Congress and other officials educating them about O&P centered legislation and the overall importance of O&P. We really need your help! In order to participate in and receive information about the O&P PAC, federal law mandates that you must first sign an authorization form. Please direct any questions to Devon Bernard at dbernard@AOPAnet.org.

AOPA Meets with HHS Leadership

On April 27, AOPA met with several key members of the HHS Leadership team to discuss issues important to O&P. In attendance were HHS and CMS officials John Brooks, J.D., Counselor to HHS Secretary on Medicare, Policy Advisor Amanda Street and several AOPA key leaders, including AOPA President Michael Oros, CPO, FAAOP; AOPA Executive Director Tom Fise, JD; AOPA President-Elect James Weber, MBA; Scott Schneider; AOPA lobbyists Michael Park and Stephanie Kennan; and Peter Thomas, JD, counsel to the O&P Alliance. The meeting provided an opportunity for AOPA to brief key health-care administrators on the full range of issues facing orthotics, prosthetics, and pedorthics providers and their patients.

The agenda focused on top concerns as well as activities and solutions that AOPA believes can help achieve better outcomes for patients and deliver economic benefits for Medicare. Foremost among the roughly 10 topics on the agenda were the following:

1. Recognizing the prosthetist's/orthotist's notes as a legitimate part of the medical record;
2. Enacting the Medicare O&P Improvement Act;
3. Finalizing long-awaited proposed regulations on qualified providers under Section 427 of the Benefit Improvement and Protection Act; and
4. Dropping the July 2015 proposed revisions to the prosthetic lower-extremity Local Coverage of Determination (LCD).

The April meeting served as a productive first step in communicating the positions of AOPA members to the new administration. Future meetings and communications will build on this initial meeting and set the stage for relations over the next four years. [Read the agenda and briefing.](#) AOPA will keep members informed of any developments.

AOPA Testifies before the House Veteran's Affairs Subcommittee on Health

On May 2, 2017, the House Veteran's Affairs Subcommittee on Health held a hearing regarding the Department of Veteran's Affairs (VA) ability to meet the need for high quality clinical care and procurement of prosthetic and orthotic devices for Wounded Warriors and Veterans with limb loss and limb impairment. AOPA was invited to provide testimony during the hearing and was represented by Jeffrey Brandt, CPO, the founder and CEO of Ability Prosthetics and Orthotics.

Highlights of Mr. Brandt's testimony included the need for the VA to ensure that both Wounded Warriors and Veterans with limb loss and limb impairment have proper access to high quality prosthetic and orthotic care within the VA health system as well as through partnerships with prosthetic and orthotic facilities in the private sector. Another point of Mr. Brandt's testimony focused on the increasing demand for high quality prosthetic and orthotic care and the decreasing provider population and the potential impact that may have on Veteran's access to care. In succession, Mr. Brandt provided testimony regarding the need for increased funding to support orthotic and prosthetic education through the passage of legislation such as the Wounded Warrior Workforce Enhancement Act. AOPA was honored to have the opportunity to provide important testimony regarding the need for access to the highest level of O&P care for Wounded Warriors and Veterans. A transcript of Mr. Brandt's complete testimony may be found by [clicking here](#).

AOPA 2017 Policy Forum – May 24 & 25

Registration is now open for the 2017 AOPA Policy Forum! The Policy Forum will take place May 24-25 in Washington, DC. The Policy Forum is your best opportunity to learn the latest legislative and regulatory details and how they will affect you, your business and your patients. Once you are armed with the facts, we as a profession will educate our members of Congress to offer common sense solutions and share how the O&P profession restores lives and puts people back to work. [Learn More and Register Now.](#)



Thank you to our 2017 AOPA Policy Forum Sponsors!

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Hill Day Helps Amputee Coalition Speak Out



On April 25-26, the Amputee Coalition hosted Hill Days as part of Limb Loss Awareness Month. With more than 80 attendees and nearly 100 meetings with legislators and staff, the event was empowering and powerful. For many, this was the first time to come to Capitol Hill to visit legislators in person. An afternoon of preparation and training on Tuesday April 25 was followed by a day filled with meetings with senators and representatives across the Hill. Staffers were cordial and supportive, listening intently to the issues impacting the community, and took the time to help

people with limb loss take the direct route to their next meeting, even if it involved traveling through the tunnels under the Hill.

As the best-attended Hill Days for the Amputee Coalition, the activities will continue beyond the meetings, with follow-up around introduction of the Insurance Fairness for Amputees Act, co-sponsorship and passage of the Local Coverage Determination Clarification Act, and education about the importance of funding for research and programs that directly affect people living with limb loss and limb difference. *(Photo: Amputee meets with Douglas Hill, Defense Legislative Fellow for Senator Johnny Isakson –Georgia).*

Register for the July Coding & Billing Seminar in Pittsburgh, PA

Join the AOPA Billing & Coding Experts July 17-18 in Pittsburgh, PA

AOPA experts provide the most up-to-date information to help O&P Practitioners and office billing staff learn how to code complex devices, including repairs and adjustments, through interactive discussions with AOPA experts, your colleagues, and much more. Meant for both practitioners and office staff, this advanced two-day event will feature breakout sessions for these two groups, to ensure concentration on material appropriate to each group.

At this seminar you will:

- Receive up-to-date information on Prior Authorization and other Hot Topics
- Ensure your Proof of Delivery meets Medicare Requirements
- Learn how to assess risk areas in your practice
- Learn successful appeal strategies and hints to avoid claim denials
- Practice coding complex devices, including repairs and adjustment
- Attend break-out sessions for practitioners and office staff
- Earn 14 CEs



Register Now

AOPA World Congress Registration is Open – Register Now for Early Bird Pricing



Early-bird registration is now open! The best and the brightest clinical and business speakers. The biggest O&P exhibit hall. Networking with the most influential people in the industry. The fun events. More than 32 CE's...

Need any more reasons to attend the 2017 AOPA World Congress? How about Las Vegas? Easy to travel to and fun for everyone, with a variety of hotels, restaurants and activities, Las Vegas is the perfect gathering place.

AOPA and our 9 international partners welcome you to expand your knowledge, grow your market presence, and advance your career at this unique global gathering. [Register now.](#)



Participate in the 2017 Operating Performance and Compensation Survey

It's springtime - and that must mean the return of the Annual Operating Performance Survey and the Bi-annual Compensation and Benefits Survey for the O&P industry, mailed to members May 1.

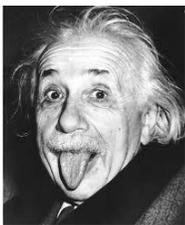
Participation in these benchmarking studies is available **free of charge to AOPA members**. Patient care facilities are invited to participate who want to better understand their financial performance compared to companies of similar size, similar geographic location, and industry leaders. Acquiring these results is the first step towards developing an action plan to improve your company's financial results. Big and small companies alike benefit from participating.

Here is what you need to know to participate:

- The survey takes about 60 minutes.
- Data is collected and compiled by Industry Insights and is confidential.
- Each participant receives a customized individual company performance report (valued at hundreds of dollars) comparing his/her organization with others of similar size and location. See a sample report at <http://bit.ly/samplecpr>.
- Each participating company receives final published copies of the reports (valued at \$540) and the opportunity for a free 30 minute consultation about their performance with professionals at Industry Insights.
- The deadline to submit your survey is Friday June 23rd.
- You or your accountant may complete a hard copy of the survey mailed to you, or you may complete the online survey at www.aopa-survey.com, which has a "save and return" feature that allows you to complete the survey in multiple sittings if needed.

Don't Procrastinate. Chart Your Course for Financial Success Today at www.aopa-survey.com

Nominate an O&P Inventor or Innovator



AOPA is celebrating its 100th Anniversary in 2017 and we are pulling out all stops during the World Congress, where we will showcase significant milestones of the Association and Profession through our "Walk Through Time" display, as well as awards to honor those who have made a significant contribution to patient care through an invention or innovation. Your opinion matters - nominate an inventor or innovator through our easy nomination process. **The deadline for submissions is May 31, 2017.** [Nominate an inventor or innovator now.](#)

Upcoming AOPA Events

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| May 24-25, 2017 | AOPA Policy Forum
Washington, DC
Learn more and register here |
| June 14, 2017 | <i>Internal Audits: The Why and the How of Conducting Self-Audits</i>
AOPA Webinar
Learn more and register here |
| July 17-18, 2017 | <i>Coding & Billing Seminar</i>
Pittsburgh, PA
Learn more and register here |