



American Orthotic & Prosthetic Association

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AOPA In Advance SmartBrief

Breaking News

May 18, 2017

AOPA Headlines:

[Jurisdiction C DME MAC Publishes Pre-Payment Review of Microprocessor Knee Code](#)

[Jurisdiction D Releases Quarterly Results for L0631 & L0637 Prepayment Reviews](#)

[The ABN Form Has Been Updated](#)

[House Passes American Health Care Act, Starting the Path for Repeal of Affordable Care Act](#)

[How Does Your O&P Patient Care Facility Measure Up?](#)

[OPGA Introduces Woman of the Year Award](#)

[AOPA 2017 Policy Forum – May 24 & 25](#)

[Register for the July Coding & Billing Seminar in Pittsburgh, PA](#)

[AOPA World Congress Registration is Open – Register Now for Early Bird Pricing](#)

[Nominate an O&P Inventor or Innovator](#)

[Upcoming Events](#)

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

As previously reported, 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—an addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), of 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.

This announcement was made during a CGS hosted webinar that focused on documentation requirements for lower limb prostheses. On May 16, 2017, the pre-payment review was formally announced on the Jurisdiction C website. A link to the announcement may be accessed by [clicking here](#).

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 by [clicking 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 continue to 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.

Jurisdiction D Releases Quarterly Results for L0631 & L0637 Prepayment Reviews

Noridian, the Jurisdiction D DME MAC, recently released the quarterly results of its review of HCPCS codes L0631 and L0637. Between December 2016 and March 2017 Noridian reviewed 105 claims for L0631 and 135 claims for L0637. The results indicate a 98% improper payment rate for the L0631, 103 claim denials, and a 96% improper payment rate for L0637, 130 claim denials.

It was indicated that the top denial reasons included but were not limited to missing proof of delivery and documentation submitted didn't support the custom fit criteria of policy. Based on the results Noridian will continue with its review of L0631 and L0637. Questions regarding this issue may be directed to Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

The ABN Form Has Been Updated

The Advance Beneficiary Notice of Noncoverage (ABN) form has recently been updated and approved by the Office of Management and Budget (OMB). There were no substantial changes made to the content or directions for use of the ABN form (CMS-R-131). The primary revision was to include new language informing patients of their rights to Medicare nondiscrimination practices, and how to request the ABN in a different format if required. *The revised ABN will become effective on June 21, 2017* and may be downloaded [here](#).

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

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

Earlier this month, 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.

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.

How Does Your O&P Patient Care Facility Measure Up?



Forward thinking managers are eager to receive their company's Operating Performance and Compensation (OPC) customized company report. This report, available to each AOPA member taking part in the 2017 OPC Survey, is a scorecard on how your O&P facility's operating performance compares with others of similar size and geographic location.

Really good managers just don't sit in the dark and digest the information and its implications on their own. They share the data with staff members as a basis for discussion on company processes and how each employee contributes to staff productivity, profitability, and more! From there, practices can be modified and financial performance improved. Everybody wins.

To receive your company's Operating Performance and Compensation customized company report, you'll need to complete the survey, which is open until June 23rd. It's FREE. You'll also get the opportunity for a 30 minute consultation with Industry Insights about your findings. Don't miss out on this Scorecard Opportunity! Go to www.aopa-survey.com to fill out the survey online or call 571-431-0810 for more information.

OPGA Introduces Woman of the Year Award

The Orthotic and Prosthetic Group of America (OPGA) is calling for nominations for its inaugural O&P Woman of the Year Award. Open to all women who work in the profession, the Woman of the Year award will be bestowed upon a woman who has made significant contributions throughout her career to her patients, community, business, and the O&P profession.



"Women play such a vital role in our profession. We want to recognize that by honoring someone who has improved the O&P landscape through leadership, patient care, best practices, advocacy, or any other aspect of leadership," commented Todd Eagen, president of OPGA, a division of VGM Group, Inc. "We all know someone who deserves to be recognized, and OPGA is proud to lead the charge on this exciting opportunity."

OPGA is organizing the Woman of the Year award campaign, and a selection committee made up of O&P professionals will be tasked to select the winner. The award will be presented at a special event during the World Congress in Las Vegas. Nominations must be submitted by June 15 and can be made online by visiting the OPGA website at www.opga.com/womanoftheyear. For more information about the O&P Woman of the Year Award, including criteria and the nomination form, visit: www.opga.com/WomanoftheYear.

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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"Insuring your World"



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

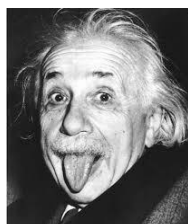


Early-bird registration is now open! The best and the brightest clinical and business speakers. The biggest O&P exhibit hall. Networking with the most influential people in the industry. The fun events. More than 32 CE's... Need any more reasons to attend the 2017 AOPA World Congress? How about Las Vegas? 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.](#)



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 |