



American Orthotic & Prosthetic Association

www.AOPAnet.org

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***Breaking News***  
**October 10, 2017**

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<b>CMS Withdraws BIPA 427 Proposed Rule</b>
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On October 3, 2017, the Centers for Medicare and Medicaid Services announced that it has withdrawn the proposed rule that represented the first step in creating regulations that would implement the qualified provider provisions for prostheses and custom fabricated orthoses legislated in section 427 of the Benefits Improvement and Protection Act of 2000 (BIPA). The notice of withdrawal will be officially published in the October 4, 2017 *Federal Register*.

According to the notice published by CMS the proposed rule is being withdrawn due to “the cost and time burdens that the proposed rule would create for many providers and suppliers, particularly the cost and burden for those providers and suppliers that are small businesses, and the complexity of the issues raised in the detailed public comments.” CMS indicated that they received over 5,000 public comments regarding the proposed rule.

AOPA is disappointed that CMS decided to withdraw the proposed rule that would finally create regulations to implement a law that was passed more than 17 years ago. The withdrawal of the proposed rule once again exposes the Medicare population to no regulation regarding what qualifications are required to provide custom orthotic and prosthetic services. While the proposed rule was far from perfect, as AOPA expressed in its public comments that were submitted to CMS, AOPA believed that issues that were of significant concern to several provider groups, who viewed the proposed rule as a threat to their ability to continue to provide services

within their scope of practice, could have been addressed through changes to the final rule rather than through the complete withdrawal of the proposed rule.

The combination of the recent administration change, including the new administration's philosophy to reduce overall regulatory burden on businesses, the significant opposition from several high profile provider groups, and the restrictive language that would significantly limit certain providers from continuing to provide custom orthoses and prostheses appear to have led directly to the demise and subsequent withdrawal of the proposed rule.

AOPA will continue to make every effort to ensure that all recipients of O&P care receive that care from folks who have been properly educated and trained in the fabrication, fit, and delivery of orthotic and prosthetic devices.

The CMS notice regarding the withdrawal of the proposed rule may be [viewed here](#).

### **AOPA and APMA Send Letter to CMS Administrator Regarding A5513 Coding**

On Friday, September 29, 2017, AOPA and the American Podiatric Medical Association (APMA) sent a joint letter to CMS Administrator Seema Verma expressing their concern about the recent DME MAC coding clarification for HCPCS code A5513.

The coding clarification essentially states that in order to bill Medicare for a custom fabricated diabetic insert using HCPCS code A5513, a physical model of the patient's foot must be created and that the insert must then be molded over the physical model of the foot. The clarification further states that processes that use a "virtual" model to create a custom fabricated diabetic insert through direct milling or another manufacturing process do not meet the code language for A5513 and therefore must be billed using A9270 which is a HCPCS code used to describe statutorily non-covered services.

The AOPA/APMA letter expresses the concern that the overly strict interpretation of the descriptor language for A5513 limits the use of advanced technologies such as direct milling and 3-D printing to produce diabetic inserts that may result in a more intimate fit for the patient, possibly leading to better outcomes. The letter also states that the relatively small annual Medicare expenditure for custom diabetic inserts, when compared to the overall Medicare expenditure for the treatment of diabetes mellitus, is so minimal, that it seems unlikely that "splitting hairs" over such a minor issue will result in any real savings to the Medicare program but will have a negative impact on patient outcomes.

The joint letter suggests that CMS can solve the issue by either instructing the DME MACs and PDAC to be less restrictive in their interpretation of the code language for A5513 or by asking the CMS HCPCS panel to consider a verbiage change that would allow providers to bill custom diabetic inserts as A5513 without the requirement that the inserts be molded to a physical model of the patient's foot.

The AOPA/APMA joint letter may be read by [clicking here](#).

Questions regarding this issue may be sent to Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org) or Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org).

## Join AOPA for Compliance & Ethics Week – November 5-11

**Sign up for Webinars.** Plan to order lunch and have all your employees gather in the conference room. ([Learn more and register](#))

Gift Giving: Show your Thanks & Remain Compliant	Nov. 8	\$99 AOPA members \$199 non members
"Three Amigos" of a Compliance Program- Compliance Officer, Legal, and Human Resources-Can Work Together to Support and Advance an Effective Compliance Program	Nov. 9	<b>FREE</b> for members \$50 nonmembers
Teaching Professionalism and Ethics during Residency	Nov. 10	<b>FREE</b> for members \$50 nonmembers

### Update your Compliance plan.

If you don't have one yet, order the Compliance Handbook for help. This newly updated Compliance Handbook helps patient care facilities follow the fraud and abuse prevention guidelines recommended by the OIG. This product will assist you in developing a compliance plan, including guidelines for developing a standard of conduct, billing policies and procedures and more. AOPA Members: \$159/Non Members: \$318.00. [Order.](#)



### Order fun giveaways for your staff

- Pens and tumblers with the text "Make Good Choices"
- Posters with the text, "In any moment of decision, the best thing you can do is the right thing", Theodore Roosevelt. [Shop now.](#)



### Sign up to use the [AOPA Co-OP](#)

- Get tips on Compliance
- Information on FDA, OSHA, audits and more

**Attend the AOPA Coding & Billing Seminar, Nov. 6-7 in Phoenix, AZ.** Send multiple employees for a group discount. [Learn more.](#)

### How can you spread the news of your participation?

- Customize our sample [Emails or a Newsletter](#) to send your staff - tips on Compliance, how to announce your daily activities
- Send a [Press Release](#) to let your community know you are celebrating.
- Sign the [Celebrating Wall](#) for your colleagues to see

[Access more resources on www.AOPAnet.org.](http://www.AOPAnet.org)

## AOPA Polo Shirts – Now for Sale

Celebrate AOPA's Centennial with us by ordering AOPA polo shirts for your office! The shirts are black with a white AOPA logo. Moisture wick, 100% polyester. Rib knit collar, hemmed sleeves and side vents. The polos are unisex but the sizes are men's M-2XXL. \$25 plus shipping. [Order in the bookstore.](#)



## Jurisdiction D DME MAC Releases Audit Results

Noridian, the Jurisdiction D Durable Medical Equipment Medicare Administrative Contractor (DME MAC), has recently released the results of several ongoing prepayment review audits for LSOs, TLSOs, AFOs and KOs.

### Spinal Orthoses

From June 2017 through August 2017 Noridian reviewed claims for the following HCPCS codes: L0450, L0452, L0454-L0458, L0460, L0462, L0464, L0466-L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0490-L0492, L0621, L0623, L0625-L0643 and L0648-L0651. The results were that TLSOs had a potential improper payment rate of 98%, LSOs had a potential improper payment rate of 100%, SOs had a potential improper payment rate of 75%, and LOs had a potential improper payment rate of 100%.

Noridian also had a focused review on L0648, L0650, L0631 and L0637. From April 2017 through August 2017 they reviewed over 2,000 claims and determined L0648 had a potential improper rate of 74% and L0650 had a potential improper rate of 72%. From March 2017 through August 2017 Noridian reviewed 328 claims for L0631 and L0637 and determined a potential improper payment rate of 98% for L0631 and 96% for L0637.

### Knee Orthoses

From March 2017 through September 2017 Noridian reviewed 1,822 claims for L1833, and 1,519 were denied. This resulted in an overall claim potential improper payment rate of 85%.

From April 2017 through August 2017 Noridian reviewed 158 claims each for codes L1832 and L1843, and determined a potential improper payment rate of 99% for L1832 and 97% for L1843.

### Ankle Foot Orthoses

Between March 2017 and August 2017 Noridian reviewed over 1,200 claims for L1960, L1970 and L4360. L1960 had an overall claim potential improper payment rate of 71%, L1970 had an overall claim potential improper payment rate of 70%, and L4360 had an overall claim potential improper payment rate of 98%.

The top three common denial reasons in all the reviews were:

- Documentation does not support coverage criteria, including custom fit criteria
- Documentation was not received in response to the Additional Documentation Request (ADR) letter
- Proof of Delivery (POD) was missing or incomplete

To review the full results of these or any other audits visit the [Noridian Medical Review page](#).

Questions? Contact Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org) or Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org).

### **AOPA-Funded Research Published in *Archives of Physical Medicine and Rehabilitation***

In 2015, AOPA awarded a grant for a systematic review on partial foot amputation to Michael Dillon, PhD of La Trobe University. Earlier this year, an article from this research was published in *Biomed Central* as an open access article (subscription is not required): [“Outcomes of dysvascular partial foot amputation and how these compare to transtibial amputation: a systematic review for the development of shared decision-making resources”](#). This month, a new article has been published in *Archives of Physical Medicine and Rehabilitation*, and is available as open access with no login required to view it. Read the article: [“While Mortality Rates Differ After Dysvascular Partial Foot and Transtibial Amputation, Should They Influence the Choice of Amputation Level?”](#) Read about all of [AOPA’s research efforts](#).

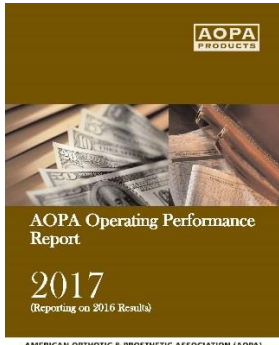
### **Be Sure to Use the Proper CMS-1500 Form**

Effective August 30, 2017 any paper claims submitted to Medicare must be submitted using the current CMS-1500 form, version 02/12. To verify if you are using the correct form double check the version number on the top of the claim form and in the lower right hand corner. The version number should be 02/12.

Paper claims not submitted using the CMS-1500 form version 02/12 will be returned and not processed. Questions? Contact Joe McTernan ([jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org)) or Devon Bernard ([dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org)).

### **AOPA Releases Results from Member Benchmarking Survey**

**Now Available: 2017 Operating Performance Report and 2017 Compensation and Benefits Report**



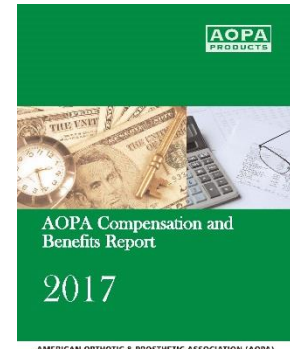
Do you need to know how your compensation and benefits compare with similar sized O&P companies or those in your geographic region? As a forward thinking manager, do you want to know how your company's financial performance compares with O&P industry leaders?

There is no better industry resource for this type of information than AOPA's annual Operating Performance Report and bi-annual Compensation and Benefits Report. Results of these member surveys are now available electronically in

AOPA's bookstore. To order your copy, [visit the bookstore](#).

2017 Operating Performance Reports member/nonmember  
\$185/\$325

2017 Compensation and Benefits Report member/nonmember \$285/\$425



### Promote your Brand with AOPA's new Apparel Program



AOPA is partnering with Encompass Group, a leading provider of health care apparel to offer members special prices on customized polos, scrub tops and lab coats. Customized embroidery is available.

For more information on products and available colors, go to [www.iconscrubs.com](http://www.iconscrubs.com). Enter access code: ICON-AOPA. Then enter your AOPA member id, and create your user profile.

Contact [bleppin@AOPAnet.org](mailto:bleppin@AOPAnet.org) for additional information or call 571-431-0810.

### Upcoming AOPA Events

October 11, 2017 *AFO/KAFO Policy*  
AOPA Webinar  
[Learn more and register here](#)

November 6-7, 2017 *Coding & Billing Seminar*  
Phoenix, AZ  
[Learn more and register here](#)

November 8, 2017 *Gift Giving: Show Your Thanks & Remain Compliant*  
AOPA Webinar  
[Learn more and register here](#)

**Save the date:**  
January 5-7, 2018 AOPA Leadership Conference (Invitation Only)  
Palm Beach, FL