



American Orthotic & Prosthetic Association

www.AOPAnet.org

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**Breaking News**  
**November 9, 2017**

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**HCPCS Code Changes for 2018**

The Centers for Medicare and Medicaid Services (CMS) has released the new HCPCS codes for 2018, and there were only a few minor changes. Below is a complete breakdown of the code changes which will be effective for claims with a date of service on or after January 1, 2018.

**New Codes**

<b>Code</b>	<b>Descriptor</b>
L3761	Elbow orthosis with adjustable position locking joint(s), prefabricated, off-the-shelf
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each

**Changes in Code Descriptors**

<b>Code</b>	<b>New Descriptor</b>	<b>Old Descriptor</b>
L3760	Elbow orthosis, with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type

AOPA's Coding and Reimbursement Committee will review the list of changes and provide appropriate comments to CMS.

As a reminder registration is still open for the December 13, 2017 AOPAiversity webinar, [New Codes & Other Updates for 2018](#), which will focus on the changes to the HCPCS code set and any other upcoming Medicare changes which may impact your business in 2018.

Questions regarding the code changes may be directed to Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org), or Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org).

### **CMS Responds to AOPA Concerns Regarding Custom Fabricated Diabetic Inserts**

AOPA is pleased to announce that the Centers for Medicare and Medicaid Services (CMS) has proposed a change to the DMEPOS Quality Standards that addresses AOPA's concern regarding the recent DME MAC/PDAC interpretation of the term "molded to patient model" when used to describe custom fabricated diabetic shoe inserts. The proposed change to the quality standards allows for the creation of a digital positive model of the patient's foot using CAD/CAM technology that is then used to direct mill a custom fabricated insert based on the digital model.

In July, 2017, the DME MACs and PDAC issued a joint bulletin that stated that in order to meet the definition of "molded to patient model" contained in the descriptor for A5513, diabetic inserts must be fabricated over a physical model of the patient's foot. The bulletin went on to state that digital or virtual models that were used to direct mill custom inserts are not considered a positive model and inserts fabricated using this technique do not meet the code requirements of A5513 and therefore must be billed as A9270, a statutorily non-covered HCPCS code. On September 28, 2017, AOPA and the American Podiatric Medical Association (APMA) submitted a joint letter to CMS expressing their concern over this bulletin as it represented a significant threat to the use of advanced technology to provide better clinical service. In addition to working directly with the APMA, AOPA worked closely with the O&P Alliance, Representative Wenstrup's (R-OH) office, his staff, and the House VA Subcommittee on Health to make sure that this issue remained at the forefront of the discussion.

On November 2, 2017, CMS announced a proposed change to the DMEPOS Quality standards that would include the use of digital or virtual models to direct mill custom diabetic inserts as an acceptable method to meet the definition of "molded to patient model" contained in the code language for A5513. CMS will hold an Open Door Forum call on November 28, 2017 at 2:00 pm EST to allow experts to discuss the proposed changes to the DMEPOS Quality Standards and will accept comments on the proposed changes through December 11, 2017. Comments on the proposed changes may be sent to CMS via e-mail at [ReducingProviderBurden@cms.hhs.gov](mailto:ReducingProviderBurden@cms.hhs.gov).

CMS has indicated that it intends to finalize the proposed changes by January 1, 2018.

AOPA will participate in the Open Door Forum call and will be preparing comments for submission to CMS. Review the proposed changes [here](#).

## Compliance Tip of the Day

AOPA is celebrating Healthcare Compliance & Ethics Week with a daily, and compliance question to win prizes.

Thursday Tip of the Day: Make high-level personnel responsible for overseeing compliance.



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"It's just the new Compliance Officer.  
Administration wanted him to have  
more visibility with the staff."

**Compliance Question of the Day:** Who is your company's compliance officer? [Answer here.](#)

Answer the Compliance question of the day for a chance to win one of these prizes:

- \* \$100 Visa card
- \* AOPA Compliance Guide
- \* Office fun pack (4 HCEW tumblers, 8 HCEW pens, and 1 HCEW poster)

Congratulations to Wednesday's Winners!

\$100 Visa card: Jessica Crooks

AOPA Compliance Guide: Laurie Luckett

Office fun pack: Keith Cornell

## CMS Publishes Proposed Rule That Would Provide States with Flexibility in Defining Essential Health Benefits

On November 2, 2017, the Centers for Medicare and Medicaid Services (CMS) published a proposed rule in the *Federal Register* entitled "Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019." Among the provisions in the proposed rule is a section that would provide individual states with increased flexibility in defining essential health benefits (EHB) for purposes of establishing benchmark plans required by the Affordable Care Act.

The proposed rule introduces a new regulation that would allow individual states to either (a) select the EHB-benchmark plan of another state as its own; (b) replace one or more EHB categories of benefits in its EHB-benchmark plan with the same categories of benefits from another state's EHB-benchmark plan; or (c) otherwise select a set of benefits that would become

the EHB-benchmark plan so long as the benchmark plan does not exceed the generosity of the most generous of among a set of comparison plans.

AOPA is currently reviewing the 365 page proposed rule but is obviously concerned about the potential impact on beneficiaries of any relaxation of the regulations requiring coverage of essential health benefits, including orthotics and prosthetics. AOPA will be providing comments on the proposed rule by CMS prior to the November 27, 2017 deadline.

The proposed rule may be accessed by [clicking here](#).

Questions regarding this issue may be directed to Joe McTernan at (571) 431-0811 or Devon Bernard at (571) 431-0854.

<p><b>Take Action Now to Stop the Department of Veterans Affairs from Limiting Your Veteran Patients' Right to Choose</b></p>
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The October 16, 2017 *Federal Register* included a proposed rule published by the Department of Veterans Affairs (VA) that intends to "reorganize and update the current regulations related to prosthetic and rehabilitative items, primarily to clarify eligibility for prosthetic and other rehabilitative items and services, and to define the types of items and services available to eligible veterans."

There is a provision in the proposed rule that significantly threatens longstanding VA policy that allows the veteran to decide whether they receive O&P services directly from the VA or from a VA contracted provider. This provision requires an immediate and powerful response. The proposed language states the following:

***"VA will determine whether VA or a VA-authorized vendor will furnish authorized items and services under § 17.3230 to eligible veterans. When VA has the capacity or inventory, VA directly provides items and services to veterans. However, VA also may use, on a case-by case basis, VA authorized vendors to provide greater access, lower cost, and/or a wider range of items and services. We would clarify in regulation that this administrative business decision is made solely by VA to eliminate any possible confusion as to whether a veteran has a right to request items or services generally, or to request specific items or services from a provider other than VA, and to clarify for the benefit of VA-authorized vendors that VA retains this discretion as part of our duty to administer this program in a legally sufficient, fiscally responsible manner."***

This language, if finalized, is in direct conflict with the current VA policy as well as the Veteran's Access, Choice, and Accountability Act of 2014 and will significantly restrict the ability of a veteran to see the VA contracted provider of their choice for prosthetic and orthotic care.

AOPA has established a convenient pathway that will allow you to quickly express your concern regarding the VA proposed rule. Simply visit [www.AOPAVotes.org](http://www.AOPAVotes.org), enter some basic information, and a customized letter will be generated and sent to the VA to express your concern over the unnecessary and unreasonable provisions of the proposed rule. [Send comments now.](#)

## Patents for Humanity Awards Now Open for Applications

Patents for Humanity, the USPTO's top honor for patent owners and licensees who use game-changing technology to meet humanitarian needs, is now accepting applications for the 2017 – 2018 cycle. Anyone who owns or licenses a U.S. patent or patent application is eligible. Winners receive an acceleration certificate to expedite proceedings at the USPTO, as well as public recognition of their work.



Patents for Humanity recognizes inventions that address global development issues such as medicine, nutrition, sanitation, energy, and living standards. The USPTO invites innovators of all kinds to tell their stories of helping underserved communities through the power of technology. Individuals, corporations, nonprofits, small businesses, academic institutions, and government agencies are all welcome to apply.

This year marks the fourth cycle of the Patents for Humanity program. Previous awardees have improved lives worldwide. [Winners from the last round](#) include Case Western Reserve University, for a low-cost malaria detection device, and startup company GestVision, Inc., for a quick diagnostic test for preeclampsia, a potentially life-threatening pregnancy complication.

If your organization uses patented technology to help address basic human needs, we encourage you to participate. The USPTO will accept applications through Dec. 8. Please submit your completed application online through the [Patents for Humanity page of the USPTO website](#). For more information, contact [patentsforhumanity@uspto.gov](mailto:patentsforhumanity@uspto.gov) ([link sends e-mail](#)) or join us for an [informational webinar on Tuesday, Nov. 7](#) ([link is external](#)) from 2–4 p.m. ET.

## 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

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| November 10, 2017 | <i>Teaching Professionalism and Ethics during Residency</i><br><i>FREE for AOPA members</i><br>AOPA Webinar<br><a href="#">Learn more and register here</a> |
| December 13, 2017 | <i>New Codes &amp; Other Updates for 2018</i><br>AOPA Webinar<br><a href="#">Learn more and register here</a>   |
| January 5-7, 2018 | AOPA Leadership Conference (Invitation Only)<br>Palm Beach, FL  |