



American Orthotic & Prosthetic Association

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AOPA In Advance SmartBrief
Breaking News
February 20, 2018

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Low Volume Appeals (LVA) Initiative Has Begun

For those suppliers whose NPI numbers end in an even number (0, 2, 4, 6, 8) and have fewer than 500 appeals pending at Administrative Law Judge level or higher and each appeal has a total billed amount of \$9,000 or less you may file an expression of interest for a limited settlement agreement. The agreement will result in a timely one-time partial payment of 62% of the net Medicare approved amount of the appeals in question.

If your NPI number ends in an even number and you wish to take part in the LVA your [expression of interest](#) must be filed by March 9, 2018. Suppliers with an NPI ending in an odd number (1, 3, 5, 7, and 9) your opportunity to take part in the LVA will begin March 12, 2018.

Just as a reminder - the new Medicare ID cards will be issued and mailed to beneficiaries starting in April 2018. Be sure you are prepared and ready for the new cards. To review what to expect with the new ID cards and what you can do to prepare please read the [November 2017 issue of the O&P Almanac](#).

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

It's an Official Legislative Win for O&P

It's official! As a follow-up to last week's announcement, with the overnight action of both Senate and House in enacting the Continuing Resolution and the spending bill, and with President Trump having signed that legislation, not only is the federal government open, but the following O&P provision is now officially signed into law:

SEC. 50402. ORTHOTIST'S AND PROSTHETIST'S CLINICAL NOTES AS PART OF THE PATIENT'S MEDICAL RECORD.

13 Section 1834(h) of the Social Security Act (42 U.S.C. 1395m(h)) is amended by adding at the end the following new paragraph:"

(5) DOCUMENTATION CREATED BY ORTHOTISTS AND PROSTHETISTS. – For purposes of determining the reasonableness and medical necessity of orthotics and prosthetics, documentation created by an orthotist or prosthetist shall be considered part of the individual's medical record to support documentation created by eligible professionals described in section 1848(k)(3)(B)."

Even with this one sentence, straightforward provision, there may be questions of timing applicability and such to be resolved – but the win is complete. **The Orthotist and Prosthetist Notes are now officially part of the medical record for purposes of Medicare medical necessity and claims audits!**

When It Comes to Celebrating....

In a process that took these several years, it is hopeless to think that we can ever identify everyone, and not miss some important contribution. So, knowing that some are being left out, here are some folks we cannot omit from recognition:

- Legislative Co-Sponsors: Reps. Glenn Thompson (R-PA), Mike Thompson (D-CA), Mike Bishop (R-MI), Peter King (R-NY), Dutch Ruppersberger (D-MD), Michael Kelly (R-PA). And Senators Chuck Grassley (R-IA), Mark Warner (D-VA), Bill Cassidy (R-LA), Ben Cardin (D-MD), and Tammy Duckworth (D-IL). Senators Orrin Hatch (R-UT), and Ron Wyden (D-OR) of the Senate Finance Committee, and Reps. Kevin Brady (R-TX) and Richard Neal (D-MA) of the House Ways & Means Committee as well as the staff of all the above legislators deserve special recognition.
- Former Senator Bob Kerrey, Amputee Coalition and its leaders, especially Jack Richmond, Dr. Jeff Cain, and Dan Ignaszewski.
- AOPA lobbyists Stephanie Kennan, Michael Park and Mark Rayder, with very solid, vigilant and long-standing support from Peter Thomas (NAAOP and O&P Alliance), and former Congressman Scott Klug representing Hanger.
- O&P Alliance partners: AAOP, ABC, BOC, NAAOP, and all members of the Item Coalition.
- Current and prior AOPA Presidents, Officers and Board Members who have been steadfast in their support, including a multi-year financial investment in support of this important work.
- All AOPA members who have attended the AOPA Policy Forum, attended fundraisers sponsored by, or made direct contributions to the O&P PAC, or wrote or visited their legislators to encourage their support, and others, who while not members of AOPA, have done one or more of the above activities.

Join us at the 2018 Policy Forum to advocate for the other provisions of the Medicare O&P Improvement Act, Veterans' choice, and more. The 2018 AOPA Policy Forum will be in March 7-8 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.



Host Hotel:
Ritz Carlton Hotel
1250 South Hayes Street
Arlington, VA 22202

AOPA has a special rate of \$279/night until February 16.

[Learn more and register now.](#)

Attend the San Antonio Coding & Billing Seminar April 30-May 1

When: April 30 - May 1

***Location: The San Antonio Marriott Riverwalk
889 E Market St
San Antonio, TX 78205***

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

Book your hotel by April 6 for the \$179/night rate by calling 800/648-4462 or [online](#). Register by March 30 for early bird rate. Questions regarding the seminar may be directed to Joe McTernan at (571) 431-0811 or Devon Bernard at (571) 431-0854.

DME MACs Issue a Correct Coding Bulletin for Diabetic Shoe Inserts

On February 1, 2018 the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) issued a correct coding bulletin that addresses proper coding of diabetic shoe inserts described by HCPCS codes A5512, A5513, and the recently created K0903 which describes custom

fabricated, total contact inserts that are manufactured through a direct milling process that utilizes a digital model of the patient's foot to direct a CAM based system in the fabrication of the insert.

The correct coding bulletin indicates that the PDAC coding redetermination review project, which was initially announced in August of 2017 and scheduled to be completed by June 1, 2018 has been extended to a new completion date of August 1, 2018 to allow manufacturers and central fabricators additional time to submit applications for their respective products. All diabetic inserts billed to Medicare using A5513 or K0903 must be listed on the PDAC product classification list no later than August 1, 2018. Inserts that are not included on the PDAC list by August 1, 2018 must be coded as A9270 and will be considered non-covered by Medicare.

Direct milled inserts described by K0903 must be billed using K0903 for dates of service on or after April 1, 2018, the effective date of the code regardless of how they are currently listed on the PDAC product classification list. In addition, manufacturers and central fabricators of direct milled inserts must submit their product(s) to PDAC for review no later than April 1, 2018. While K0903 is effective for date of service on or after April 1, 2018, the Centers for Medicare and Medicaid Services (CMS) has not yet issued the Medicare fee schedule amount for K0903. As AOPA previously reported, the FAQ document that accompanied the announcement of the proposed changes to the DMEPOS quality standards that included direct milled, custom fabricated diabetic inserts in the definition of "molded to patient model" included a proposed 14% reduction in the Medicare fee schedule for direct milled inserts. AOPA has challenged this proposal based on several bases, including provisions within CMS' own instructions to contractors that require the direct crosswalk of established Medicare fee amounts when a single code is exploded into two or more similar codes, and final decision on the fee schedule amount is still pending within CMS leadership. AOPA believes that this instruction applies to the creation of K0903 as it is similar to existing code A5513. AOPA will continue to monitor CMS resources for information regarding the Medicare fee schedule for K0903 and will communicate any new information to AOPA members as soon as possible.

The DME MAC correct coding bulletin may be viewed by [clicking here](#).

Questions regarding this issue may be directed to Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

AOPA Member Funded Research on Shared Decision Making Now Available
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AOPA is delighted that this AOPA member-funded research on shared decision making has been published in *Prosthetics and Orthotics International*.

Shared decision making is a consultative process designed to encourage patient participation in decision making by providing accurate information about the treatment options and supporting deliberation with the clinicians about treatment options.

[Click here to access the abstract.](#)

CMS and Veteran's Administration Announce Partnership to Strengthen Prevention of Waste, Fraud, and Abuse Efforts

On January 23, 2018, the Centers for Medicare and Medicaid Services (CMS) and the US Department of Veterans Affairs (VA) announced a new partnership in which they will share data, data analytics and best practices in an effort to improve both agencies efforts to combat waste, fraud, and abuse in their respective healthcare delivery systems.

The VA and CMS represent the two largest public-private healthcare organizations in the country. According to the press release, the partnership will allow the VA to take advantage of gains in data analytics developed by CMS through its Center for Program Integrity.

While the press release discussed general efforts to improve efforts to eliminate waste, fraud, and abuse and made no specific mention of orthotics and prosthetics, the announcement is a clear indication that the VA will be placing increased scrutiny on all providers in the future. While AOPA supports efforts to eliminate fraud and abuse within the healthcare sector, it must be done in a manner that does not inadvertently lead to unnecessary restriction to access to medical y necessary care for veterans and Medicare beneficiaries. The CMS/VA press release may be reviewed by [clicking here](#).

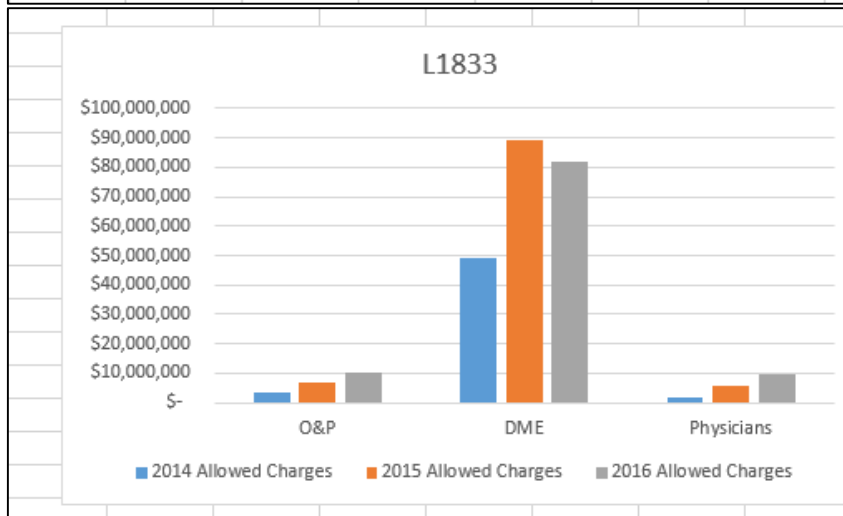
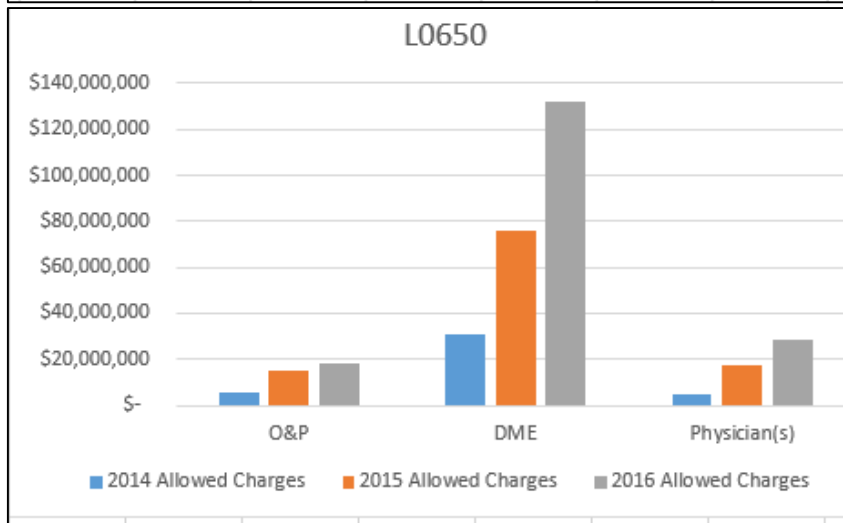
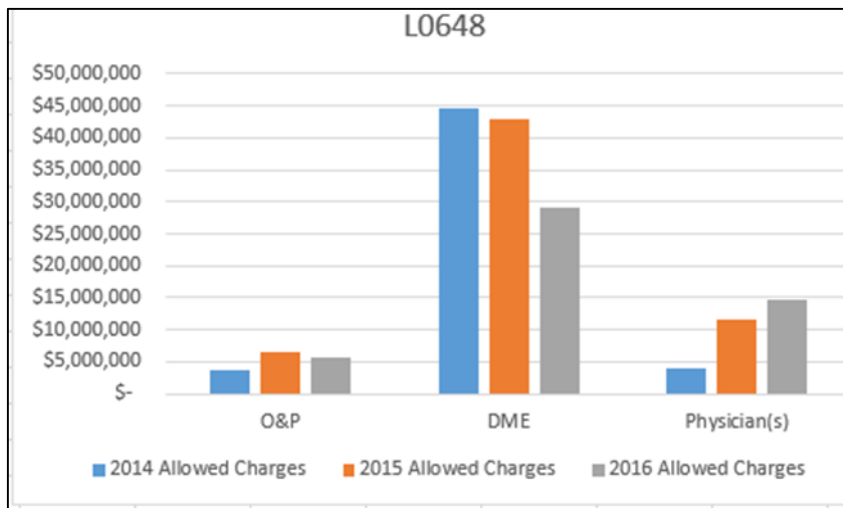
Questions regarding this issue may be directed to Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

OIG Work Plan Targets OTS Spinal and OTS Knee Orthoses

As part of its update to its 2018 work plan, the Department of Health and Human Services Office of Inspector General (OIG) announced that, based on abnormally high utilization and unusually high improper payment rates, two off the shelf (OTS) HCPCS codes that describe lumbar sacral orthoses (L0648 and L0650) and one OTS knee orthosis code (L1833) will be added as an area of focus for investigation by the OIG. All three codes identified by the OIG are part of the split code set created by CMS in 2014 that differentiated OTS orthoses from those that require the expertise of a certified orthotist or an equivalently trained professional.

In its announcement the OIG reported that, since 2014, claims for the three OTS codes have grown by 97% with allowed charges rising to \$349 million in 2016. The OIG plans to explore questionable billing practices for these three codes including the lack of medical necessity documentation from referring providers and instances where no patient/physician encounter occurred within the 12 months prior to provision of the orthosis.

Based on Medicare utilization data from 2014 until 2016 AOPA has determined that less than 10% of the OTS devices described by L0648, L0650, and L1833 were provided by traditional O&P companies. The vast majority of these devices, over 65%, were provided by DME suppliers without certified O&P professionals on staff. The graphs below show the overall utilization of each code by O&P providers, DME providers, and physicians.



While traditional O&P providers represent a small percentage of the overall utilization of these three codes, it remains wise to make sure that, when providing OTS orthoses described by these codes and any other codes, proper medical necessity documentation is maintained by the ordering physician and all Medicare policy requirements have been met. While L0648, L0650, and L1833 have not previously been identified as approved for RAC review, the outcome of the OIG review may possibly lead to additional audit activity by the RAC and other contractors. [See the OIG Work Plan.](#)

Call for Papers Deadline March 1st for the 2018 National Assembly



Gain International Recognition * Advance Your Career * Improve Patient Care

AOPA is seeking high-quality educational and research content for the 2018 AOPA National Assembly, September 26-29 in Vancouver, BC, Canada. **All submissions are due March 1, 2018.**

Your submissions will set the stage for a broad curriculum of high-value clinical and scientific offerings at the National Assembly. All free paper abstracts must be submitted electronically. Abstracts submitted by e-mail or fax will not be considered. All abstracts will be considered for both podium and poster presentations. The review committee will grade each submission via a blind review process, based on the criteria below and reach a decision regarding acceptance of abstracts.

- Relevance, level of interest in topic
- Quality of Scientific Content
- Quality of Clinical Content



SEPT. 26-29 | VANCOUVER | CANADA

Clinical Free Papers - Present an Orthotic, Prosthetic or Pedorthic Free Paper. The top scoring papers will compete for the prestigious Thranhardt Award.

Technician Program - Submit your Technical education paper for submission the Technical Track.

Symposia - If you are interested in organizing a Symposium.

Business Education Program - The top papers will be considered for the prestigious Sam E. Hamontree, CP (E) Business Education Award.

Pedorthic Program - Healthcare professionals with an interest in Pedorthics should use this form. [Learn more.](#)

Easy daytrips and tours in Vancouver!



Join us for the 2018 AOPA National Assembly in Vancouver, BC, Canada, September 26-29 and take advantage of the wonderful location to take easy daytrips and tours of the region. AOPA has partnered with Landsea Tours & Adventures to offer AOPA Assembly attendees, and their travelling companions, special rates on sightseeing tours of Vancouver and the surrounding areas. Landsea is offering 7 different tours, from a four hour tour of Vancouver city highlights, to longer trips to Capilano Suspension Bridge Park, Whistler, Victoria, the Sea to Sky Gondola, and more. [See the tour options.](#)

Upcoming AOPA Events

- February 26-27, 2018 Coding & Billing Seminar
Atlanta, Georgia
[Learn more and register here](#)
- March 7-8, 2018 AOPA Policy Forum
Washington, D.C.
[Learn more here](#)
- March 14, 2018 *Medicare Coding Guidelines: MUEs, PTPs, PDAC, etc.*
AOPA Webinar
[Learn more and register here](#)