



American Orthotic & Prosthetic Association

www.AOPAnet.org

AOPA In Advance SmartBrief  
*Breaking News*  
May 15, 2018

**AOPA Headlines:**

[Proposal Deadline Extended for Back Bracing and Osteoarthritis Bracing \(Knee\)](#)

[2018 Operating Performance Survey Open – Deadline June 29<sup>th</sup>](#)

[DME MACs Announce the Retirement of the Dear Physician Letter for Artificial Limbs](#)

[Additional TPE Program Results Reported by Noridian](#)

[Low Volume Appeals Program Has Been Extended](#)

[Lower Limb Prostheses Policy Has Been Revised](#)

[AOPA-Funded Systematic Review is Now Complete](#)

[AFO/KAFO Policy Has Been Revised](#)

[New Medicare ID Cards are being Mailed this Spring](#)

[Join AOPA in Leipzig, Germany This Week](#)

[Attend the St. Louis Coding & Billing Seminar July 23-24](#)

[Exhibit at the AOPA National Assembly – Sept. 26-29 in Vancouver, Canada](#)

[Upcoming Events](#)

<b>Proposal Deadline Extended for Back Bracing and Osteoarthritis Bracing (Knee)</b>
--

AOPA, under the auspices of its Orthotics 2020 program, circulated a request for proposals early in 2018 relating to 5 subject areas for original orthotic papers, with the original deadline for receipt of applications by April 30, 2018. Proposals have been received in all five of those categories. This notification is to announce a re-**opening of the opportunity to submit grant applications/extension of the deadline for applications in just two of those topic areas:**

- (1) Back bracing; and
- (2) Osteoarthritis bracing (knee).

AOPA will now be accepting applications for grants in those two areas, text of the two RFPs are available [here](#), provided that they are received by no later than June 30, 2018 at 11:59 pm.

All grant applications that were previously submitted in these two categories will continue to be included in the pool of applications to be evaluated and considered. In all other respects, except for this extended deadline date, all terms stated in these two original RFPs remain intact and in effect.

Please review closely the terms of the RFPs. One problem we have noticed with responses is that there were multiple scoliosis applications/research protocols submitted under the RFP for back bracing. The category of back bracing is neither written nor intended to solicit submissions related to scoliosis. There may come a time when we will be looking for scoliosis papers, but this is NOT that time, so please do not commit your valuable time and energies to submitting scoliosis proposals in response to this back bracing RFP.

Osteoarthritis bracing (knee) and back bracing are two very important and primary categories in the orthotics profession. We have intentionally expanded the publication/notification /outreach to a broader audience of potential investigators toward submission of proposals in these two areas. We will encourage and will welcome all high quality submissions under these two categories, which are in accordance with the terms of the two RFPs.

View the RFPs online [here](#) or request copies via email [info@AOPAnet.org](mailto:info@AOPAnet.org).

### 2018 Operating Performance Survey Open – Deadline June 29<sup>th</sup>



Forward thinking O&P managers are eager to participate in the 2018 Operating Performance Survey – the largest benchmarking survey for O&P. Participation in the survey is free to AOPA patient care facility members.

Each survey participant receives a customized company report - a scorecard on how your O&P facility's operating performance compares with industry leaders, and other facilities of similar size and geographic location.

Jeff Brandt, CPO, AOPA Board member and the new chair of the Operating Performance Survey Committee stresses that "Industry collaboration and data are key to operating our practices into the future." This valuable information can be used in discussions on company processes and how each employee contributes to staff productivity, profitability, and more. From there, practices can be modified and financial performance improved.

To receive your company's Operating Performance Survey company report, you'll need to complete the survey, which is open May 14 until June 29<sup>th</sup>. It's FREE for AOPA members. Go to [www.aopa-survey.com](http://www.aopa-survey.com) to fill out the survey online or call 571-431-0810 for more information.

### DME MACs Announce the Retirement of the Dear Physician Letter for Artificial Limbs

Recently, each of the four DME MAC contractors has published a revised version of the Dear Physician letter regarding artificial limbs. The revised version of the letter states that the Dear Physician letter is being retired due to pending guidance from the Centers for Medicare and Medicaid Services (CMS) on potential program changes that may be necessary to implement the recently passed legislation that requires recognition of O&P practitioner notes as part of the patient's medical record.

The Dear Physician letter for artificial limbs, originally published in August, 2011, fundamentally changed how Medicare claims for artificial limbs were processed. Prior to the 2011 Prosthetic

Dear Physician letter, practitioner notes were generally accepted as being valuable when making claim payment decisions. The Dear Physician letter made it clear that for Medicare purposes, “it is the treating physician’s records, not those of the prosthetist’s, which are used to justify payment.” This statement, and the overall tone of the Dear Physician letter lead to years of frustration where the clinical notes of qualified, educated, certified, and often licensed prosthetists, were simply ignored during the claim review process. This exclusion of valuable clinical information lead to higher claim denial rates and unacceptable delays in the appeal process.

With the February, 2018 passage of legislation that now requires documentation created by orthotists and prosthetists to be considered part of the patient’s medical record for medical review purposes, the statement quoted above and other parts of the Dear Physician letter are no longer consistent with the law. The DME MACs have acknowledged this and have decided to retire the 2011 Dear Physician letter for artificial limbs until they receive further guidance from CMS.

While the retirement of the Dear Physician letter does not mean that the DME MACs will no longer require physician documentation to support claims for artificial limbs, it is a clear indication that they acknowledge and understand that the provisions of the original Dear Physician letter are no longer consistent with the law and therefore can no longer be used as the sole justification for denying a Medicare claim. It also indicates that the diligent AOPA efforts to convince CMS to provide guidance on this issue to their DME MAC contractors. While AOPA does not know what that eventual guidance will be, it is clear that CMS is aware of the legislation and intends to provide guidance to the DME MACs regarding the role of O&P practitioner notes in the medical review process.

[View a sample of one of the Dear Physician letters indicating its retirement.](#)

Questions regarding this issue 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).

### **Additional TPE Program Results Reported by Noridian**

Earlier this week, AOPA provided a summary on the first report of results of Target, Probe, and ERetireducate (TPE) audits by [Noridian Healthcare Solutions](#), the Jurisdiction D DME MAC contractor.

Since AOPA’s initial report which was limited to TPE results for “walking boot” orthoses, Noridian has published additional results for knee orthoses, spinal orthoses, and off the shelf diabetic shoes.

The newly published results by Noridian continue to show significant reductions in improper payment rates than were previously reported through the previous audit process which included an initial probe review followed by widespread pre-payment review.

As previously reported, the improper claim payment rate has dropped to 19% for walking boot style AFOs. New reports published by Jurisdiction D show that TPE audits for spinal orthosis showed a significant improvement with an improper claim payment rate of 34%. The improper payment rate for off the shelf diabetic shoes has been reduced to only 19%, a tremendous improvement over the almost 100% error rate during probe/widespread review audits.

Unfortunately, the results from the TPE audits for select knee orthosis codes has not improved as much as some of the other areas subject to TPE. While Noridian reported some improvement with

an improper payment rate of 77%, the improper payment rate remains significantly higher than the other services selected for TPE review. Common errors reported by Noridian for the knee orthosis review included documentation that does not support coverage criteria, incomplete or missing detailed written order, documentation does not support custom fitted criteria, and failure to respond to the request for documentation.

In addition to reporting the results of the initial audits performed under the TPE program, the DME MACs have just released a “Dear Physician” letter for knee orthoses that is designed to educate referral sources about what documentation must exist in their medical records in order to support your claim for a knee orthosis. AOPA has reviewed the Dear Physician letter and believes it is consistent with existing LCD and Policy requirements for Medicare coverage of knee orthoses.

The TPE program is designed to provide up to 3 rounds of audits with personalized provider education after each round that is designed to address the specific reasons for claim denial. While there is clearly a need for improvement in documentation practices for knee orthoses, in general, the results published by Noridian are generally encouraging. AOPA will continue to monitor the DME MAC websites for additional results from the TPE program.

[View the TPE Report](#)

[View the Physician letter](#)

Questions regarding this issue 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).

### **Low Volume Appeals Program Has Been Extended**

The Low Volume Appeals (LVA) program has been extended. If you 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. If you wish to take part in the LVA your expression of interest must be filed by June 8, 2018.

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

### **Lower Limb Prostheses Policy Has Been Revised**

The Durable Medical Equipment Medicare Administrative Contractors (DME MAC) have recently released revisions to the Lower Limb Prostheses (LLP) medical policy. The revisions don't represent any shifts in policy and coverage. The revisions now incorporate a previous DME MAC correct coding reminder on the proper usage of prosthetic skins and covers. The LLP Policy Article now states:

Lower limb prosthetic covers (L5704-L5707) are complete products and afford shape, protection and waterproofing for normal daily usage of the prosthesis. They offer sufficient protection and weatherproofing for beneficiaries who require lower limb prosthetics.

Protective outer surface covering systems (L5962, L5964, and L5966) are specialized covers intended to be worn over an existing prosthesis. They are used by a beneficiary who has special needs for protection against unusually harsh environmental situations where it is necessary to protect the lower limb prosthesis beyond the level of protection that is afforded by L5704-L5707. They are not for cosmetic or convenience reasons, or for everyday usage in a typical environment. Protective outer surface coverings are different from the covering that is already reimbursed as part of L5704 – L5707.

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 Systematic Review is Now Complete**

In 2015 AOPA awarded a grant to Michael Dillon, PhD of La Trobe University for his project “Evaluating outcomes of dysvascular partial foot and transtibial amputation: a systematic review for the development of shared decision making resources.” The project has now been completed and the research team accomplished the following:

- registered the systematic review protocol with PROSPERO
- published six articles in peer reviewed journals including: o a systematic review protocol (available as open access)
- two systematic reviews (both available as open access)
- an expert clinical view point describing the development of the decision aid and discussion guide
- two translational pieces challenging long held views about the association between amputation level and mortality rates, as well as increasing amputation prevalence
- written the first decision aid and discussion guide to help support decisions about dysvascular amputation
- translated this work through seven keynote/invited addresses
- published translational pieces for online magazines such as *O&P Almanac* and *Amplified* –

See the open access publications and AOPA’s other funded research [on our website](#).

### **AFO/KAFO Policy Has Been Revised**

The DME MACs recently released a series of revisions to the AFO/KAFO Medicare medical policy with an effective date of 01/01/17. The revisions were predominantly clerical (e.g. include language associated with the 21 Century Cures Act and updating the list of off-the-shelf/custom fitted braces) and should not have a direct effect on your coding, billing and medical necessity determinations. In addition the revised policy now states in writing that walking boots (L4360, L4361, L4386 or L4387) are all inclusive and may not be billed with any other add-on codes.

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

### **New Medicare ID Cards are being Mailed this Spring**

Just as a reminder the first two waves of mailings of the new Medicare ID cards with a Medicare Beneficiary Identifier (MBI), instead of the current Health Insurance Claim Number (HICN), have

begun this spring and will continue until June. The first wave includes beneficiaries in: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia. The second wave includes beneficiaries in: Alaska, American Samoa, California, Guam, Hawaii, Northern Mariana Islands, and Oregon. With these mailings Medicare will start the transition period of allowing claims to use either the old HCIN or new MBI. To review what to expect with the new ID cards and what you can do to prepare please read the reimbursement page in the [November 2017 issue of the O&P Almanac](#).

### Join AOPA in Leipzig, Germany This Week



Consider joining AOPA in Leipzig, Germany May 15-18 for the largest exhibition in the world dedicated to orthotics and prosthetics. AOPA is co-hosting the U.S. Pavilion with Kallman and Associates. The Pavilion will provide AOPA supplier members with an interpreter,

refreshments and a comfortable meeting place. Should you have questions about exhibiting please contact Mark Alt, Vice President of International Events, Kallman Associates at (201) 652-7070, ext 111 or email [mark@kallmanexpo.com](mailto:mark@kallmanexpo.com). If you'd like to learn more about OT World visit [www.ot-world.com](http://www.ot-world.com).

### Attend the St. Louis Coding & Billing Seminar July 23-24

***When: July 23-24***

***Location: The Westin St. Louis***

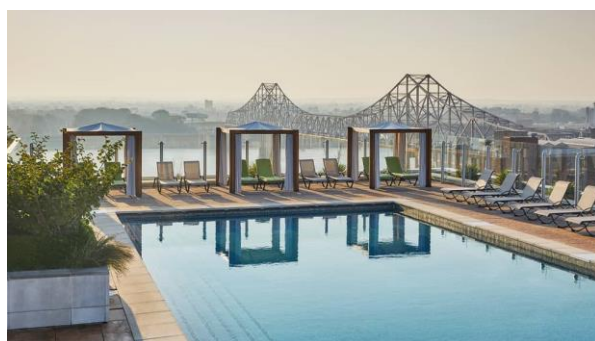
***811 Spruce Street***

***St. Louis, MO 63102***

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**

## Exhibit at the AOPA National Assembly – Sept. 26-29 in Vancouver, Canada



AOPA is currently accepting exhibit applications for the 2018 AOPA National Assembly which is to be held September 26-29, 2018 in beautiful Vancouver, Canada. Now is your chance to sign up and showcase your products at the largest O&P tradeshow in the Western Hemisphere. This world-wide convention opportunity features 4 days of high-level networking, exhibits, the latest techniques in O&P treatment, and the finest industry specific business and clinical training programs. We hope you make plans to join us.

### **Exhibiting at this important event will give you the opportunity to:**

- Build your customer base and increase sales by meeting with Facility Owners and decision-making practitioners.
- Experience face-to-face time with existing customers to answer questions and build new relationships.
- Enjoy sponsored networking opportunities, including an opening welcome reception in the exhibit hall.
- Take advantage of fun traffic-building opportunities.
- Take advantage of education sessions to learn what's happening with U.S. health care reform, Medicare, and other regulatory agencies that affect the success of your products.
- Increase visibility for your company/organization in a targeted market.
- Host a Manufacturer's Workshop and/or Product Preview Theater presentation.
- Speak to AOPA coding experts to learn what's happening with U.S. government sponsored healthcare programs.
- Increase your exposure through a wide variety of advertising and sponsorship opportunities.
- Hear from top-researchers and clinicians to learn what products and support is needed from manufacturers.
- Participate in key education programs and plenary sessions.
- Benefit from global exposure.
- Much more!

[Click here to sign up](#) today to exhibit at the 2018 AOPA National Assembly. Questions? Contact Kelly O'Neill at [kelly.oneill@AOPAnet.org](mailto:kelly.oneill@AOPAnet.org) or call (571) 431-0852.



Join your colleagues at the Vancouver West Convention Center, Vancouver, BC, Canada for AOPA's 101st Assembly! Enjoy the best in business education and advanced clinical programming, the largest O&P exhibit hall, networking with the most influential people in the profession, must attend events, and 30+ CE credits. [Register and learn more here.](#)

## Upcoming AOPA Events

- June 13, 2018      *Audits: Know the Types, Know the Players, and Know the Rules*  
AOPA Webinar  
[Learn more and register here](#)
- July 11, 2018      *Administrative Documentation: Always v. Sometimes*  
AOPA Webinar  
[Learn more and register here](#)
- July 23-24, 2018      Coding & Billing Seminar  
St. Louis, MO  
[Learn more and register here](#)