



American Orthotic & Prosthetic Association

www.AOPAnet.org

**AOPA In Advance SmartBrief**  
***Breaking News***  
**October 23, 2018**

**AOPA Headlines:**

**[CMS to Host Special Open-Door Forum to Introduce New Documentation Look Up Tool](#)**

**[DME MACs Release Revised “Dear Physician” Letter Regarding General Documentation Requirements](#)**

**[AOPA Board Addresses and Provides Guidance on Issues of Non-Discrimination and Anti-Harassment in the Workplace](#)**

**[Mark your Calendars for Healthcare Compliance & Ethic Week – Nov. 4-10](#)**

**[AOPA Submits Comments on Draft Lower Limb Prosthesis Policy Released by Blue Cross Blue Shield of IL, TX, MT, NM, and OK](#)**

**[2019 AOPA Webinars Announced](#)**

**[Attend the Las Vegas Coding & Billing Seminar November 12-13](#)**

**[Upcoming Events](#)**

**CMS to Host Special Open-Door Forum to Introduce New Documentation Look Up Tool**

The Centers for Medicare and Medicaid Services has announced that it will hold a special Open-Door Forum conference call to educate the public about a new initiative tasked with developing an online resource where providers and suppliers can look up the documentation requirements necessary for Medicare to cover a service or item. While the initiative is still in the early stages of development, CMS has indicated that it is interested in receiving feedback from the public as it develops this initiative.

AOPA will be represented on the conference call and will provide a report to AOPA members upon its conclusion. **The call is scheduled for 2pm until 3pm EDT on Tuesday, October 23, 2018. The conference call dial in number for anyone who wishes to participate is 1-800-837-1935 and the participant ID is 7277693.** The call is open to the public and no pre-registration is required.

As stated earlier, AOPA will be represented on the call and will provide a report to its members on the content of the call.

The CMS announcement regarding the Special Open-Door Forum call may be viewed **[HERE](#)**.

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).

### **DME MACs Release Revised “Dear Physician” Letter Regarding General Documentation Requirements**

The four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) have recently released a revised version of the “Dear Physician” letter that addresses the need for prescribing physicians to support the medical necessity of the DMEPOS services they prescribe through proper clinical documentation in the patient’s medical record. While the revisions to the Dear Physician letter were not significant from previous versions of the long-standing letter, the revision provides a reminder that for DMEPOS items or services to be covered, they must **always** be supported by physician documentation.

O&P won a battle in February 2018, with the enactment of Section 50402, which recognized the clinical notes of orthotists and prosthetists as part of the medical record for purposes of medical necessity determinations. While the legislative change essentially reset the clock back to 2011 and reversed the now retired Dear Physician letter for lower limb prostheses that said that O&P notes were not considered part of the medical record, Section 50402 **DID NOT** convey to O&P prescribing rights and **DID NOT** eliminate the need for physician notes supporting the medical need for O&P services they prescribe. Section 50402 specifically indicates that while orthotist and prosthetist notes are now part of the medical record, they are corroborative, and cannot, standing alone, trigger a finding of medical necessity.

The recognition of orthotist and prosthetist notes as part of the medical record is a long sought-after result, and one of great pride for AOPA but it is important to remember the crucial role of physician partners in documenting the medical need for O&P services they prescribe.

The revised Dear Physician letter regarding general documentation was just one of many minor revisions made to the Dear Physician letters. Most of the revised Dear Physician letters do not apply to O&P services. This includes the recently revised Dear Physician letter regarding face-to-face visit and written orders prior to delivery for certain DMEPOS items. It is important to remember that these specific requirements do not apply to O&P services as O&P services are specifically exempt from these requirements.

AOPA continually monitors the DME MAC websites for substantive changes to the Dear Physician letters that affect O&P providers and will communicate them to AOPA members immediately.

The revised Dear Physician letter on general documentation requirements may be viewed by clicking [HERE](#).

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)

### **AOPA Board Addresses and Provides Guidance on Issues of Non-Discrimination and Anti-Harassment in the Workplace**

At its most recent meeting on September 24 at the AOPA National Assembly in Vancouver, the AOPA Board unanimously adopted the following statement, and determined to both include this in

AOPA Code of Interactions with Health Care Professionals, and to recommend it to all AOPA Members (educational programming in support of this statement is being considered):

### **Nondiscrimination/Anti-Harassment in the Workplace**

AOPA member companies, as assembled groups of healthcare professionals, must operate in full compliance with all federal and state laws, including those that govern discriminatory practices. Title VII of the Civil Rights Act of 1964 prohibits employers from discriminating against employees on the basis of sex, race, color, national origin, and religion. By way of accreditation, it is established that O&P facility owners operate with compliance plans that adhere to these tenets and condemn any form of discriminatory practices in the workplace. *Every employee is entitled to fair treatment in the workplace.* Any violation of these conditions is not consistent with the standing of AOPA member companies as assembled groups of healthcare professionals and is not consistent with this Code. More importantly, any violation of these conditions is almost certainly illegal, and punishable under state or federal laws.

AOPA also provided input on this issue to the O&P Alliance at its meeting in Vancouver which resulted in establishment of an Alliance Work Group on this item. AOPA has since submitted suggested language for an open letter from the O&P Alliance.

<b>Mark your Calendars for Healthcare Compliance &amp; Ethic Week – Nov. 4-10</b>
---

### ***How is AOPA celebrating Healthcare Compliance & Ethics Week?***

Next week AOPA and our members are celebrating the first annual Healthcare Compliance & Ethics Week, with daily activities. Every day AOPA will send out a Compliance Tip and question of the day. Answer each day's Compliance question for a chance to win one of 3 daily prizes:

- \$100 Visa card
- AOPA Compliance Guide
- Office fun pack (4 HCEW mugs, 4 HCEW pens, and 4 HCEW charger sets)

Follow us on [Facebook](#) and [Twitter](#) for daily updates. Other special events during the Week:

<b>November 5</b>	1:00 PM EST Webinar -FREE for AOPA members <a href="#">Creating a Compliant Office: Healthcare Compliance &amp; Ethics Week</a>
<b>November 6</b>	1:00 PM EST Webinar -FREE for AOPA members <a href="#">Texting and E-mail with Patients: Patient Requests and Complying with HIPAA: Healthcare Compliance &amp; Ethics Week</a>
<b>November 7</b>	1:00 PM EST Webinar -FREE for AOPA members <a href="#">Defining, Mitigating and Reducing Harassment in the Workplace: Healthcare Compliance &amp; Ethics Week</a>
<b>November 8</b>	1:00 PM EST Webinar -FREE for AOPA members Top Ten Things You Need to Know to Create a Chart Audit
<b>November 9</b>	1:00 PM EST Webinar -FREE for AOPA members Panel Discussion on Cyber Security

## **AOPA Submits Comments on Draft Lower Limb Prosthesis Policy Released by Blue Cross Blue Shield of IL, TX, MT, NM, and OK**

On October 1, 2018, AOPA submitted comments on a draft policy governing coverage of lower limb prostheses, including microprocessor-controlled prostheses issued by Health Care Services Corporation (HCSC), which operates Blue Cross Blue Shield of Illinois, Texas, Montana, New Mexico, and Oklahoma. The draft policy, as written will significantly reduce access to advanced prosthetic technology for BCBS subscribers in these five states. AOPA expressed its concern regarding the draft policy in its comments which are summarized below and linked at the end of this article.

AOPA's first concern is that HCSC published the draft policy on September 15, 2018 with comments due no later than October 1, 2018. AOPA commented that 15 days was not sufficient time to perform a complete review of the draft policy and provide informed comments. AOPA suggested a minimum 60-day comment period to allow stakeholders adequate time to comment on the draft policy. Despite the unrealistic deadline, AOPA submitted comprehensive comments regarding the draft policy and negative impact it will have on BCBS subscribers.

AOPA commented that the draft policy is unnecessarily restrictive and will limit access to advanced technology, especially to BCBS subscribers who may be classified as limited community ambulators (K2) but may benefit more from receiving microprocessor-controlled prosthetic knees. AOPA referenced studies published by the RAND Corporation, the health economics firm Dobson-DaVanzo, and the Mayo Clinic that showed that the use of microprocessor-controlled knees by limited community ambulators reduced the rate of falls and fall related injuries. The draft policy would effectively eliminate BCBS coverage except for patients who were assessed as high functioning community ambulators (top percentage of K3 patients).

AOPA's comments also referenced the recent report of the inter-agency workgroup that was convened to provide a consensus statement on Medicare coverage of lower limb prostheses after the Medicare draft LCD was released several years ago. The inter-agency workgroup recommended the potential creation of a National Coverage Determination that would address Medicare coverage of microprocessor knee in K2 patients. AOPA's comments expressed concern that restricting access to advanced prosthetic technology was not in BCBS' best interest nor the best interest of their subscribers as it was contradictory to the consensus statement of the inter-agency workgroup and the overall health of their subscribers.

AOPA is hopeful that HCSC will seriously consider AOPA's comments before publishing the final version of the policy revision.

[AOPA's complete comments may be viewed here.](#)

### **2019 AOPA Webinars Announced**

AOPA is pleased to announce the topics for its 2019 Webinars, which take place on the second Wednesday of each month at 1:00 P.M. Eastern Time. [Register here.](#)

January 9: Understanding the Knee Orthoses Policy

February 13: Patient Outcomes: Best Practices & How to Use Them

March 13: Advanced Beneficiary Notice: Get to Know the ABN Form  
April 10: Shoes, External Breast Prosthesis, Surgical Dressings and Other Policies  
May 8: Are You Compliant-Know the Supplier Standards  
June 12: Documentation-Understanding Your Role  
July 10: T.P.E – Get to Know the Program & What the Results are Telling You  
August 14: Are You Ready for the Worst: Contingency Planning  
September 11: Veteran Affairs Updates: Contracting, Special Reports and Other News  
October 9: Performance Reviews: How is Your Staff Doing?  
November 13: The Holiday Season-How to Provide Compliant Gifts  
December 11: New Codes for 2020, Other Updates and Yearly Round-Up

During these one-hour sessions, AOPA experts provide the most up-to-date information on a specific topic. Perfect for the entire staff-- a great team-building, money-saving, educational experience!

Sign up for the entire series and get two conferences FREE. Entire Series (\$990 Members/\$1,990 Non-Members). [Register here.](#)

**Attend the Las Vegas Coding & Billing Seminar November 12-13**

*The Tropicana Las Vegas  
3801 S Las Vegas Blvd  
Las Vegas, NV 89109*

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**

## Upcoming AOPA Events

- November 4-10, 2018      *AOPA Healthcare Compliance & Ethic's Week*  
AOPA Sponsored Events  
[Learn more here](#)
- November 12-13      Mastering Medicare: Advanced Coding and Billing Techniques  
The Tropicana Resort, Las Vegas, Nevada  
[Learn more here](#)
- November 14, 2018      *Evaluating Your Compliance Plan & Procedures: How to Audit Your Practice*  
AOPA Webinar  
[Learn more and register here](#)
- December 12, 2018      *New Codes, Medicare Changes & Updates*  
AOPA Webinar  
[Learn more and register here](#)
- January 4-6, 2019      AOPA Leadership Conference  
Scottsdale, Arizona  
[Learn more here](#)