



**American Orthotic &
Prosthetic Association**

AOPA in Advance

Breaking News for O&P Professionals

August 23, 2011

Volume 15, Number 17

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Contact Us

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Newsletter Feedback

We invite your comments and questions. Please contact Steven Rybicki at srybicki@AOPAnet.org or (571) 431-0835.

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O&P NEWS

UPDATE: AOPA Meets with HHS Regarding O&P as an "Essential Health Benefit"

Most **AOPA** members already know that assuring that O&P is included among the essential health benefits in rules the Department of Health and Human Services (HHS) will establish is critically important-if not, there is literally no assurance that O&P care will continue to be paid for by government or private insurance.

As reported in previous issues of the AIA (including the August 9 edition), in May, **AOPA** delivered a letter and packet of materials to Kathleen Sebelius, Secretary of Health and Human Services (HHS), and to Hilda Solis, Secretary of Labor. The packet was a response by **AOPA** to a report from the Department of Labor (DOL) issued to HHS as part of the HHS effort to define what is an "essential health benefit" under the new health care reform law. The report from the DOL speculated that slightly less than 50 percent of employer plans provided coverage for orthotics and prosthetics. **AOPA** argued to both departments that the number of plans which offer coverage for prosthetics and customized orthotics is, in fact, much higher.

The **AOPA** response raised questions about the flawed Department of Labor report on the basis of it having two major problems. First, the report conducted a search for the coverage of orthotics and prosthetics by using a superficial and limited set of search terms. **AOPA** argued a more robust and accurate set of search terms would have made it more apparent that a high number of private employer health plans cover O&P. Second, **AOPA** pointed out that the Department of Labor did not conduct a current survey of employer health plans in order to compile this report, so its report reflects yesterday's not today's circumstances. Instead, it relied on only the historical data it possessed. Furthermore, this historical data was collected only from employers (and not from insurers) on a voluntary basis and so there is no way to know the extent to which their data is complete or representative plans in general.

AOPA has received a response from HHS Secretary Sebelius, acknowledging that she understands **AOPA's** concerns and informing **AOPA** that "HHS will launch an effort to collect input from the public, including groups such as the American Orthotic & Prosthetic Association, regarding how to define the essential health benefits."

[Click here to read the response from HHS Secretary Sebelius.](#)

On August 4, Kendra Calhoun (President, Amputee Coalition), former Congressman Scott Klug (lobbyist for Hanger Orthopedic) and Tom Fise, JD, Executive Director of **AOPA** met for approximately one hour with HHS officials to discuss the Department of Labor report on prevalence of O&P coverage, and prospects for inclusion of O&P among essential health benefits, as well as the HHS decision process. Special appreciation is in order for Mr. Klug, who as a follow-up to consultations we had with the staff of Congressman George Miller (D-CA), the Ranking Minority Member of the House Education and Labor Committee, had persuaded Congressman Miller to request the meeting on our behalf with key HHS decision-makers on the topic of the essential health benefits regulations. The following contingent of individuals represented HHS in the meeting:

- Chiquita Brooks-LaSure, Director of Coverage Policy, Office of Health Reform
- Nancy DeLew, Associate Deputy Assistant Secretary for Health Policy, Office of the Assistant Secretary for Planning and Evaluation
- Lee Wilson, Division Director, Office of the Assistant Secretary for Planning and Evaluation

- Pierre Yong, Office of the Assistant Secretary for Planning and Evaluation
- Sadena Thevarajah, Office of Intergovernmental and External Affairs

The O&P-related agenda for the meeting was to explain to the HHS officials that the DOL report (which pegged the prevalence of the O&P benefit in the market at about 47%) had consisted of old data, that no new survey was conducted, that DOL's only data was based on volunteer surveys of employers, and not on insurer data, and that their methodology of simply scanning policies for the words "orthotics and prosthetics" was deficient, unlikely to result in an accurate reading of the prevalence of the O&P benefit among typical employer plans. These points had been made in the letter that **AOPA** President Tom DiBello had written to Secretary Sebelius in late April. **AOPA** was pleasantly surprised when one of the HHS staffers started the meeting by acknowledging that they were aware of all of these deficiencies, recognized that the DOL report likely did not do a very good job of quantifying the prevalence of the O&P benefit, and they wanted to hear from us about other data **AOPA** had and what our experience is from the marketplace.

AOPA outlined for the HHS staffers the major findings of the SHRM study, noting that its findings of 70% prevalence of the benefit among small employer plans, and 75% among major employer plans was based on a much better methodology and tracked much closer to the prevalence we had seen in other data sources. A series of questions and answers ensued about parity, clarifications of O&P, distinction from DME, and reasons why competitive bidding in O&P was limited to off-the-shelf devices, among things discussed. Very interesting was the fact that after HHS personnel understood that parity laws targeted things like annual and lifetime limits, they noted that it is likely the insurance regulations under the Affordable Care Act will eliminate those problems. Further, they asked us if we were aware of any other techniques insurers might be using, or planning to use to thwart patients from receiving the benefit after annual and lifetime limits were removed. The HHS staff also asked if we could try to secure any available data from the SHRM study as to the nature of the plans that had reported NOT providing the O&P benefit.

In terms of timing and future steps, they assured that they will not take any action until after they receive the report they contracted for with the Institute of Medicine (IOM). The IOM report is due by September 30, but they emphasized that IOM has some history of being late with reports. HHS indicated that they specifically asked that the IOM report NOT be conclusive, i.e., not say "this should be in, and this should be out." Once they have the IOM report, HHS will feel free to start drafting, but they expect to have some significant consultations with and input from key stakeholders, e.g., the patient community. They expect to publish their proposals as a proposed rule, with the opportunity for what they expect will be robust comments. They expect all of this will take significant time. They would not state dates, but said they must have a final rule by January 1, 2013, and they recognize that many players would like to know well before this date. It certainly seems that their proposal is more likely to first be seen as a proposal in 2012 rather than in 2011.

The meeting concluded with HHS officials asking us if there were any steps that we might expect would be used by insurers to interdict the availability of new technologies to amputees and persons with limb impairment. We had the opportunity to review with them the Colorado study, showing that the costs of O&P coverage were more than offset by savings derived in avoiding co-morbidities (e.g., obesity, depression, diabetes and peripheral vascular disease). We were also able to outline for them the methodology being used in the O&P cost effectiveness study. They expressed an interest in receiving that data. **AOPA** explained the timeline for completion by year-end, and agreed that we would consult to try to assure that they receive, if necessary, an interim or partial report on findings, if such is necessary to meet their time frame.

AOPA will continue to keep members updated about this important issue.

Questions? Contact Steven Rybicki at srybicki@AOPAnet.org or (571) 431-0835.

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BREAKING NEWS: CMS Omits Off-the-Shelf Orthotics from Competitive

Bidding Round II

For several months, **AOPA** and the entire O&P field have been very concerned that CMS might seek to exercise its legislative authority to extend its Round 2 of competitive bidding to include off-the-shelf orthotics. We have particularly been concerned because CMS telegraphed information to Capitol Hill that its contractor had identified over 100 such O&P devices, with a value of over \$200 million. This had led to grave concern that CMS would try to include many or most prefabricated orthotic devices as if they were off-the-shelf when in fact these devices did not meet the statutory definition of off-the-shelf orthotics, but rather are devices that require clinical care. **AOPA's** President Tom DiBello prepared an excellent series of ten examples of such prefabricated products, and the detriment that could come to patients if these products were provided without concurrent clinical care by an orthotics professional. These examples were used in meetings, coordinated by the O&P Alliance, first a telephone conference call in late July with Laurence Wilson, the lead CMS individual with responsibility for competitive bidding, and then, early last week, on August 15, in a face-to-face meeting with CMS Deputy Administrator, Jonathan Blum.

Late on Friday, August 19, CMS released the information about their plans for Round 2 of competitive bidding in the following press release:

[Click here to read the press release from CMS.](#)

While announcing an expansion of the program for DME, their announcement did not include any reference to off-the-shelf orthotics. We are also attaching the list of included devices CMS has published which does not include any L-Codes, and appears to avoid off-the-shelf orthotics entirely.

[Click here to read the list of devices and HCPCS Codes announced for Round II Competitive Bidding.](#)

Since CMS continues to have legislative authority to conduct competitive bidding as to off-the-shelf orthotics, there is no absolute assurance that OTS orthotics will permanently escape CMS action, but it is very gratifying to learn that off-the-shelf orthotics have not been included in the next phase of CMS' competitive bidding program.

AOPA wishes to express great appreciation to our O&P Alliance partners, and to Alliance Counsel Peter Thomas, Esquire for all of their efforts in joining together and speaking with one voice in making the case to CMS that competitive bidding for off-the-shelf orthotics would not be economically productive and would be detrimental to patient care.

Questions? Contact Steven Rybicki at srybicki@AOPAnet.org or (571) 431-0835.

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2011 AOPA National Assembly: Assembly Speakers Profiled in *Sports Illustrated*, Register for the Las Vegas Assembly Today!

In the current issue of *Sports Illustrated*, Melissa Stockwell and Hugh Herr are profiled along with other amputees in an article that details the convergence of cutting-edge bio-engineering and athletics. In particular the story examines the extent to which emerging technologies are contributing to the blurring of a distinction between "disabled" and "able-bodied" athletes.

[Click here to read the *Sports Illustrated* story.](#)

Both Ms. Stockwell and Dr. Herr will be guests at the 2011 **AOPA** National Assembly. Ms. Stockwell will be a keynote speaker during the Opening General Session on Tuesday, September 20 and Dr. Herr will present that same day at 10:00 AM during a continuing education session on robotics.

This is just further evidence that the 2011 **AOPA** National Assembly is "The Place to Be" September 19-22 for an O&P meeting experience like no other. Win great prizes, attend interactive education

programs, participate in roundtable discussions, network with peers, take part in fun events, earn CE credits and learn at hands-on workshops, and more.

[Click here to access the 2011 National Assembly Preliminary Program.](#)

[Click here to register for the 2011 National Assembly online.](#)

Due to the overwhelming response **AOPA** has received for National Assembly registration, the **AOPA** room block at the Mirage property has sold out entirely. **AOPA** has made sure, though, to secure additional hotel space for our members. **AOPA** has booked a new room block at Harrah's Las Vegas, across the street and within walking distance from the Mirage, for the low rate of \$124 per night. To take advantage of this offer, call (888) 458-8471 and provide group code SHAPA1.

Questions? Contact Stephen Custer at scuster@AOPAnet.org or (571) 431-0876.

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2011 National Assembly: Announcing the Otto and Lucille Becker Orthotic Presentation Research Award and the Edwin and Katherine Arbogast Prosthetic Research Award, Two New Awards for Students and Residents

AOPA is proud to unveil at the 2011 National Assembly two new awards available for students and residents. O&P Students and Residents are invited to present research findings or a particular case study via a poster presentation. The top orthotic and prosthetic presentations will be honored with the following awards:

- The Otto and Lucille Becker Award will be presented for the best orthotic abstract submitted for a poster presentation; and
- The Edwin and Katherine Arbogast Award will be presented for the best prosthetic abstract submitted for a poster presentation.

These awards, made possible by a special endowment by Becker Orthopedic and WillowWood, will honor two meritorious scientific papers submitted for presentation as a poster at the **AOPA** National Assembly. The purpose of these awards is to encourage students and residents to display outstanding posters at the **AOPA** National Assembly. The poster must be exhibited and presented at the **AOPA** National Assembly for the award recipient to receive the prize. The prizes include:

- A \$500 Cash Award
- Complimentary Registration to the Meeting
- Coach Class Airfare
- Three nights lodging
- Paper published in the O&P Almanac and the **AOPA** Website
- Recognition during the National Show

To qualify to present a poster in this category and eligible for consideration for this award, the main author must be a student (baccalaureate or master level) or a resident at a qualified patient care facility. Abstracts will not be considered for either award if they have been previously presented, published, or are currently submitted with pending decision on acceptance elsewhere. The winners will be selected on the basis of abstracts submitted by an independent committee. Abstracts should relate to clinical or research oriented work in the field of orthotics and prosthetics.

[Click here to submit an abstract.](#)

Deadline for submission is August 30. Winners will be notified on or before September 2. Awards will be presented on Wednesday, September 21 General Session during the 2011 **AOPA** National Assembly.

Questions? Contact Stephen Custer at scuster@AOPAnet.org or (571) 431-0876.

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Medicare Enrollment Revalidation Process for Providers and Suppliers

If you are a provider or supplier who enrolled in Medicare prior to March 25, 2011 you are required to revalidate your enrollment based on new risk screening criteria covered under ACA, also known as the Affordable Care Act. If you enrolled in Medicare after March 25, 2011, the new risk screening criteria was used to process your enrollment and no current action is necessary. CMS has announced that they adopted the new screening criteria under section 6401(a) of ACA to help CMS reduce fraud, waste and abuse. The screening criteria consist of three categories of screening for providers or suppliers based on level of risk to the Medicare program— limited, moderate, or high. The Medicare contractor who processes the provider's or supplier's enrollment determines the degree of screening to be performed.

For O&P providers and suppliers the applicable Medicare contractor is National Supplier Clearinghouse (NSC). NSC is sending out notices through March 23, 2013, to individual providers and suppliers to begin the revalidation process for those that require it. You must wait to submit your revalidation until being asked by NSC to do so. Once you receive a request from NSC you have sixty (60) days from the date of the notice to complete and submit the enrollment forms. The most efficient method of completing this task is to revalidate through the internet-based Provider Enrollment, Chain, and Ownership System (PECOS), found by [clicking here](#). The revalidation process requires institutional providers to pay an application fee set at \$505 for Calendar Year 2011. If you do not submit the enrollment forms as requested your Medicare billing privileges may be deactivated. When CMS proposed these changes, **AOPA** strongly opposed both the three-level assignment of risk, as well as the application fee structure, but CMS ignored opposition from **AOPA** and others. [Click here to access the comments AOPA filed on behalf of O&P companies regarding these new policies.](#)

Questions? Contact Catherine Graf at cgraf@AOPAnet.org or (571) 431-0807.

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DME MACs Release a "Dear Physician" Letter Pertaining to Artificial Limbs

The four DME MACs have recently released a new "Dear Physician" letter that addresses a physician's documentation responsibilities when prescribing artificial limbs. While the letter discusses all artificial limbs, it is primarily focused on lower limb prostheses.

[Click here to read the "Dear Physician" letter.](#)

While **AOPA** views this type of letter as a useful tool in helping orthotists and prosthetists effectively communicate with their referral sources, **AOPA** has several concerns about the general tone of the letter specifically that it seems to minimize the value and importance of documentation recorded by the prosthetist for claim payment purposes.

AOPA is preparing a letter to the DME MAC Medical Directors to express its concern over the letter and hopes to establish a positive dialogue that will result in an understanding of the importance of prosthetist generated documentation along with that of the prescribing physician.

Questions? Contact Devon Bernard at dbernard@AOPAnet.org or (571) 431-0854, or Joe McTernan at jmcternan@AOPAnet.org or (571) 431-0811.

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Senate Finance Committee Investigates Medicare Contractors' Actions

Kimberly Brandt, the Chief Healthcare Investigative Counsel under the Senate Finance Committee, is looking into instances where contractors such as DME MACs, RACs and ZPICs have acted in an

overly aggressive fashion or beyond the scope of their legal authority. If you are aware of instances or examples of contractors acting in an overly aggressive, illegal or overreaching manner, please send them to Andrew Wachler of Wachler & Associates, P.C. Mr. Wachler, of the Payment & Reimbursement Interest Group of the American Bar Association Health Law Section, will organize all information received and forward it to Ms. Brandt. Your information will be kept confidential and reported to Ms. Brandt only in a de-identified format, unless you expressly permit otherwise.

Please send any such examples to Mr. Wachler as soon as possible as they must be provided to Ms. Brandt by September 1 to:

Contact Information

Wachler & Associates, P.C. 210 East Third Street, Suite 204 Royal Oak, MI 48067

Phone Number: 248-544-0888

Email: awachler@wachler.com (Please include a CC to Jessica Lange, jlange@wachler.com.)

Questions? Contact Devon Bernard at dbernard@AOPAnet.org or (571) 431-0854, or Joe McTernan at jmcternan@AOPAnet.org or (571) 431-0811.

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DME MACs Acknowledge Incorrect Denial of Claims for Prosthetic Codes Exempt from the SNF PPS Payment System

All four DME MAC jurisdictions have recently published articles indicating that they have been incorrectly denying claims involving prostheses delivered during a Medicare Part A covered SNF stay. Most prosthetic codes have been exempted from the SNF PPS payment system, meaning you may submit them directly to the DME MAC for payment. The DME MACs have acknowledged that an error in their claim edit process has been incorrectly denying claims for codes that are on the SNF PPS exempt list. While the error will be permanently corrected as part of the January 2012 system update, providers may continue to receive denials for these codes until the solution is implemented. If you have claims denied under these circumstances, the DME MACs have indicated that you should contact their customer service department to have the claims reprocessed. The current list of SNF PPS exempt codes may be found by [clicking here](#) and selecting "File 1" from the list at the bottom of the page.

As a reminder, if a code does not appear on the SNF PPS exemption list, payment for it must be negotiated directly with the SNF.

Questions? Contact Devon Bernard at dbernard@AOPAnet.org or (571) 431-0854, or Joe McTernan at jmcternan@AOPAnet.org or (571) 431-0811.

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2011 National Assembly News: Pre-Register for the AOPA Wine Tasting and Auction

For the fourth year, **AOPA** is hosting a Wine Tasting and Auction to benefit **AOPA's** Government Relations outreach. Quickly becoming one of the most anticipated Assembly events, the auction offers a chance to learn about and taste a variety of wines, including some made by your fellow members. We have received some outstanding donations and this year's event is shaping up to be the best yet!

If you are attending the 2011 **AOPA** Assembly in Las Vegas, don't miss out on the opportunity to attend this fabulous event, it is the place to be on Tuesday September 20th, from 6:30 PM-8:00 PM.

[Click here to pre-register for the Wine Tasting and Auction.](#)

[Click here for more information on the Wine Tasting and Auction](#)

[Click here for more information on the Wine Tasting and Auction.](#)

Questions? Contact Steven Rybicki at srybicki@AOPAnet.org or (571) 431-0835.

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Register for AOPA's September 14 Audio Conference, "Don't Run Afoul of the KO Rules"

Obtaining Medicare reimbursement for knee orthoses can be a challenging and often frustrating experience. With the publication of the knee orthosis LCD and Policy Article in 2008, Medicare drastically changed the rules that govern their coverage. Join **AOPA** for an **AOPA**ersity Mastering Medicare Audio Conference that will focus on the nuances of the knee orthosis LCD and Policy Article and help you to better understand the rules. Attendees will learn:

- What documentation must exist in order to use the KX modifier on your claim
- How to interpret the specific diagnosis codes that are required for coverage
- When addition codes are appropriate
- What codes require PDAC approval
- Useful lifetime restrictions for knee orthoses

The cost of participating is \$99 per line for **AOPA** members (\$199 for non-members) and any number of employees may listen on a given line. Listeners can earn 1.5 continuing education credits by returning the provided quiz within 30 days and scoring at least 80 percent. Contact Devon Bernard at dbernard@AOPAnet.org or (571) 431-0854 with content questions.

[Click here to register online.](#)

Questions? Contact Stephen Custer at scuster@AOPAnet.org (571) 431-0876.

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Announcing AOPA's Final Coding & Billing Seminar of 2011: October 24-25 in Baltimore

Don't miss out on the third and final Coding & Billing seminar of 2011 on October 24-25 at the [Sheraton Inner Harbor](#) in Baltimore, Maryland. Be sure to register early and take advantage of the early bird registration savings and the special low room rate of \$159 per night.

At this seminar, **AOPA** experts will 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 and your colleagues and much more. This two day event will feature break-out sessions for both practitioners and office staff.

In the breakout session Practitioners will cover:

- General Coding Principles
- "Hands on" coding of specific devices
- Proper coding for repairs and adjustments
- Reimbursement for unlisted codes
- Codes that are mutually exclusive and should not be billed together

In the breakout session Administrators will cover:

- Updated Quality and Supplier Standards
- Strategies for handling appeals and denials
- How to handle unique billing situations
- Documentation Requirements
- Medicare as Secondary Payer

[Click here to register for the Baltimore Coding & Billing Seminar.](#)

[Click here to reserve your room at the Sheraton Inner Harbor and take advantage of the low Coding & Billing Seminar rate of \\$159 per night or call \(410\) 962-8300. Be sure to mention the AOPA Seminar to receive the \\$159 per night rate.](#)

Questions? Contact Stephen Custer at scuster@AOPAnet.org (571) 431-0876.

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2011 National Assembly: The 2011 Fall Thranhardt Golf Classic

Missed your invitation to play in the British Open? Not to worry. On Monday, September 19 you can still play 18 of the best holes from 11 different British Open rotation courses, including two holes from this year's British Open. Better still, they are all on one golf course located less than 9 miles from the heart of the Las Vegas Strip. This is not your typical round of golf. You will play at the Royal Links Golf Club in Las Vegas, NV, and whether you are into the history of the game or just want a shot at Tiger Woods' course record of 67 (Feb., 2001), Royal Links and your O&P friends will provide you with some great golfing memories.

The tournament will be held in conjunction with the **AOPA** National Assembly and will benefit two Great Causes and one great course make it not just golf, but a golf experience. For the third year in a row **AOPA's** Capitol Connection and OPAF have joined forces to co-sponsor this great event to benefit the inspiring efforts of OPAF and the legislative, research and education efforts of the Capitol Connection to further the O&P policy agenda.

[Click here to register for the 2011 Fall Thranhardt Golf Classic.](#)

For further information, contact Tina Moran at (571) 431-0808 or tmoran@AOPAnet.org.

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O&P RESOURCES FROM AOPA

Check Out the AOPA Job Board for New Opportunities in O&P

If you need a position filled at your business or are interested in looking at other job possibilities within the O&P field, check out the [AOPA Online Job Board](#). The online job board sports a freshly updated look and an easy-to-navigate profile creation system.

In the past month the Job Board has been viewed over 8,000 times by more than 1,500 unique users. If you want people to find out about a job opening at your facility or are interested in posting your resume for employers to view for potential openings, visit the [AOPA Online Job Board](#) today.

And remember: if you advertise on the Online Job Board and decide to also advertise in the *O&P Almanac*, then you'll receive a 5 percent discount on the cost of advertising in the *Almanac* and on the Job Board.

Questions? Contact Steven Rybicki at srybicki@AOPAnet.org or (571) 431-0835.

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The 2011 Audio Conference Series from AOPA

Numerous offices have benefited from their participation in **AOPA's** Medicare Audio Conferences. These one hour sessions come to you in the comfort of your office on the second Wednesday of each month at 1:00 PM Eastern. This series provides an outstanding opportunity for you and your staff to stay abreast of the latest hot topics in O&P, as well as gain clarification and ask questions on topics

that you may not understand as fully as you would like to.

Seminars are still priced at just \$99 per line for members (\$199 for non-members). Buy the series and get two free; members pay just \$990 and non-members pay \$1990. If you purchase all the conferences, all conferences from months prior to your purchase of the set will be sent to you as CDs.

These convenient one-hour telephone seminars are designed to fit easily into your busy schedule. Any practitioners needing credit can get 1.5 per audio conference by returning the provided quiz within 30 days and scoring at least 80%. Billing staff and others who don't need credit can nonetheless gain information they will use right away. The topics for 2011 are:

- January 12: How to Meet the New Medicare Supplier Standards (Available on CD)
- Feb. 9: Using the Lower Limb Medical Policy to Your Advantage (Available on CD)
- March 9: Enhance Your Claims Success, Two Letters at a Time (Available on CD)
- April 13: Improving Clinical Documentation (Available on CD)
- May 11: Which Box to Check? The Negative Effect of the 855S on Reimbursement (Available on CD)
- June 8: Preventing Audit Disasters (Available on CD)
- July 13: Don't Rile the OSHA Police (Available on CD)
- August 10: How to Get Paid for Miscellaneous and Repair Codes (Available on CD)
- September 14: Don't Run Afoul of the KO Rules
- October 12: Developing Your Medicare Billing Compliance Plan
- November 9: Happy Holidays: Kickbacks and Gifts in O&P
- December 14: Are You Ready for the New Year? 2012 New Codes and Policies

[Click here to register for any 2011 Audio Conference.](#)

If you miss an audio conference, it will be available on CD after the fact. Cost is the same as if you participate live (\$99/\$199). We hope you'll be able to join us for this year's series.

Questions? Contact Stephen Custer at scuster@AOPAnet.org (571) 431-0876.

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O&P INSIDER'S TRACK

The Only Up-to-the Minute O&P Newsline

People in the News

[The Orthotic & Prosthetic Assistance Fund](#) (OPAF), the First Clinics, announced that the Dale Yasukawa Scholarship Fund received a five hundred dollar donation from [Ability Prosthetics and Orthotics](#) of Gettysburg, Pennsylvania and their president, Jeff Brandt, CPO and COO.

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Businesses in the News

[Hanger Orthopedic Group](#) announced that it will be celebrating its 150th anniversary. The event will be marked starting on Wednesday August 10, 2011 as Hanger leadership, practitioners, and patients ring The Closing Bell® at the New York Stock Exchange and Hanger will also launch www.Hanger150.com.

[The Orthotic & Prosthetic Assistance Fund](#) (OPAF) and [Otto Bock HealthCare](#) announced that Otto Bock HealthCare will be hosting T.O.D.D. Field Day on Saturday, October 1 from 10 am to 4 PM at the Northern Star Base Camp facility on the grounds of Ft. Snelling in Minneapolis. The event will offer multiple adaptive sport opportunities to try as well as team demonstrations and more. Adaptive archery, rock climbing, golf, yoga, hand cycling and self defense will all be part of the day along with on court demonstrations of wheelchair basketball and softball by members of Anderson's teams

on court demonstrations of wheelchair basketball and soccer by members of Anderson's teams.

T.O.D.D. Field Day coincides with the launch of National Physical Therapy Month for October.

Össur announced that one of its patients, 28 year-old transtibial amputee Shea Taylor, was awarded his amateur mixed martial arts license, allowing him to compete in an event in September and also be the first athlete to be granted a license to fight in a sanctioned event while wearing a prosthesis.

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Send Us Your News!

The next **AOPA** *In Advance* will arrive in your inbox on September 6. So if you have a new employee or a new office, tell us! Share your news with the over 15,000 readers of the *O&P Almanac* and **AOPA** *In Advance* newsletter. Contact Steven Rybicki at srybicki@AOPAnet.org

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