



**American Orthotic &
Prosthetic Association**

AOPA in Advance

Breaking News for O&P Professionals

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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

A Big "Thank You" for Your Renewals

AOPA members have really stepped up to the plate for the 2012 Renewal process and deserve a huge round of applause for being so prompt in renewing their **AOPA** membership. Both suppliers and patient care facilities have renewed in greater numbers so far this year compared with last year and 2009 - which is most encouraging.

The Ten Top Renew Reasons flyer sent with the second round of renewal invoices listed "Think **AOPA**": When in Need of Help on Reimbursement and Claims Issues; How CMS Regulations Affect You; Best Industry Financial/Compensation Data; Robust Online Education for You; Help on State Medicaid Issues; Your Advocate in Washington; Getting the Word Out on What You Do; Essential Benefits Including O&P; Research to Preserve Your Reimbursements; and Best O&P Information Resource. **AOPA** receives queries touching on these subjects almost daily from members. The true value of any association is the ability to provide information and support whenever requested and that's what **AOPA** is here for. So when problems emerge in your business - remember, "Think **AOPA**" and email or call staff members directly who can be reached through **AOPA**'s main number (571) 431-0876 or email questions to info@AOPAnet.org.

Make the renewal process convenient for yourself and go to the secure website www.AOPAnetonline.org/profile. You'll need your User ID and password which are in the upper left and upper right corners of your renewal invoice. More than half the renewing members have used the online process this year – almost double the number members who chose online renewal last year.

Questions? Contact Michael Chapman at mchapman@AOPAnet.org or (571) 431-0843.

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Supreme Court to Hear Challenges to Healthcare Reform Law

The United States Supreme Court granted a writ of certiorari to hear a select few cases challenging Healthcare Reform Law. Oral arguments in this matter are anticipated in Spring 2012 with a decision expected sometime in Summer 2012. Importantly, the Court will review the constitutionality of the provision requiring individuals to purchase health insurance or face a penalty, referred to as the "Individual Mandate." This provision is often viewed as intertwined with other provisions of the Affordable Care Act (ACA), and it is unclear if this provision is struck down as unconstitutional how much of the ACA would be affected. The Court has scheduled a remarkably extensive amount of time for oral arguments, which will also include consideration of the view that the individual mandate of the case may not be "ripe" for any court action until 2014 since no beneficiaries will actually have been required to pay out before that date the penalty fees that law sets for not being insured.

The Court will also review the Medicaid expansion provisions to determine if, as alleged, these provisions are unduly coercive. The Medicaid expansion provisions require that states expand Medicaid, i.e. by including as eligible those individuals earning up to 133 percent of the federal poverty level. States must comply with this and other Federal conditions in order to receive federal funding to help support a state's Medicaid program. While there is the option for states not to comply and therefore forfeit receiving federal funds for Medicaid many states are already struggling to keep up with Medicaid costs with federal support and do not view this as a viable option. There is also a requirement that, prior to the Medicaid expansion requirements going into effect in 2014, states maintain their current Medicaid eligibility requirements, referred to as "maintenance of effort". States may request waivers to this requirement. The "maintenance of effort" requirement means that states

are not able to limit the number of Medicaid beneficiaries by changing eligibility requirements. However, states are not restricted under the "maintenance of effort" requirement from limiting benefits covered and decreasing provider reimbursements to contain costs. We have already seen this occur with proposed cuts to Medicaid in the O & P field, both with provider reimbursements, most recently in TX, and also proposed limitations on coverage of O & P, for example in Arizona.

We will continue to keep members informed about any new developments as the Supreme Court reviews this very important matter.

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

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Supercommittee Announces Failure to Broker Agreement

On November 21, the "supercommittee" created in the wake of the debt ceiling and default negotiations during July and August of this year announced that it had failed to reach an agreement on ways to decrease US deficits and structural debt in the near- to intermediate-term. The [Washington Post reported](#):

In a joint statement issued hours before a midnight deadline, the Democratic and Republican leaders of the panel said that they were "deeply disappointed" by their inability to reach an agreement and that they hope for progress in the months ahead. The collapse of the supercommittee offered fresh evidence of partisan gridlock and legislative dysfunction as policymakers gird for the 2012 elections with the White House and Congress up for grabs. The breakdown left the nation facing the prospect of automatic reductions to government agency budgets in January 2013 - an outcome that both parties agree could damage the military and government services such as law enforcement, food inspection and transportation safety.

The stock market responded to this news last week with an initial drop of 250 points, but quickly stabilized, though further declines could ensue if the failure act results in reductions in the government's credit rating. Some commentators have noted that ironically, the net effect of the failure of the supercommittee may be a precipitous decline in the Nation's annual deficit in the next few years (arguments that annual deficit shortfalls could be cut in half, i.e., by \$500 billion or more in moneys either collected by, or not spent by the federal government), through a combination of the alternative "sequestration" cuts of \$1.2 trillion over ten years and the expiration of the Bush era tax cuts (and the unlikely prospects that they will be extended by this Congress before they expire on December 31, 2012), and the prospects that this major reduction in government spending could possibly trigger a new recession.

From the narrower perspective of Medicare and O&P we must recognize that the sequestration process will necessitate Medicare spending reductions of at least 2 percent [the debt agreement provided that Medicare cuts under sequestration are limited to 2 percent in any year (over the ten years covered by the sequestration process)], and that over the next 45 days all forces in the political arena will pose threats of **more** Medicare cuts—there are unresolved issues of the physician fee schedule which without Congressional intervention (which would spell other additional Medicare cuts elsewhere) will be cut by 29 percent as of January 1, 2012, as well as extensions of Medicare therapy caps, the FICA-payroll tax relief, and the possible extension of unemployment benefits. Enactment of any of these measures is likely to result in even more Medicare payment cuts which could affect the entire health care sector, including O&P.

AOPA will continue to update members as to any new developments about these topics.

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

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White House Nominates New Head of CMS

On Wednesday, November 23 the White House announced the nomination of Marilyn Tavenner to run the Centers for Medicare and Medicaid Services. Tavenner, a former ICU nurse and hospital executive, has served since February 2010 as Medicare's principal deputy administrator. Ms. Tavenner has been elevated to the position after the current chief of CMS, Dr. Donald M. Berwick, submitted his resignation. The *Washington Post* reports that Republicans in the Senate had promised to block the confirmation of Dr. Berwick, a recess appointment, when his recess appointment term was scheduled to expire at the end of 2011. It is unclear whether Ms. Tavenner's nomination will be blocked, but according to The Hill, she has received support for the top position at CMS from the American Medical Association and the Alliance for Quality Nursing Home Care

[Click here to read more about Marilyn Tavenner.](#)

[Click here to read The Hill's coverage of her nomination.](#)

AOPA will continue to update members as the progress of this nomination.

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

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New Pilot Program to conduct HIPAA Audits starting November 2011

HHS is required as part of the American Recovery and Reinvestment Act of 2009, Section 13411 of the HITECH Act, to perform periodic audits to ensure HIPAA compliance by covered entities and business associates. To implement this requirement, the Office of Civil Rights (OCR) introduced a pilot program designed to conduct up to 150 audits, with 20 initial audits occurring from November 2011 to April 2012, to assess HIPAA compliance by covered entities. The remaining 130 audits will conclude by December 2012. OCR anticipates auditing a range of type and size of covered entities. OCR anticipates including business associates in future audits.

If selected for an audit, the covered entity will be notified by OCR in writing, with the letter explaining the audit process and information requests. OCR expects that information requested will be provided within 10 days by the entity the information is requested from. The notification letters are expected to go out 30-90 days before the anticipated site visit. The site visit could take between 3-10 business days. After the site visit the auditor will provide the covered entity a draft final report and allow 10 days for the entity to review this draft and provide any comments. Once comments are received from the covered entity the auditor will complete and submit within 30 business days the final report to OCR. If there is an indication of a major compliance issue OCR may do a compliance review on the matter. Notably, OCR will not post a list of entities that are audited, nor will OCR post findings from an audit in which the covered entity that was audited is clearly identifiable.

[Click here for more information.](#)

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

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PDAC Revises Previous Arizona AFO Coding Decision

The Pricing, Data Analysis and Coding Contractor (PDAC) has officially revised its earlier decisions on the proper coding of the Arizona Brace Extended AFO and Unweighting AFO, and any other type of AFO similar in construction.

For the Arizona Extended and the Arizona Unweighting or similar custom fabricated braces, only the following codes should be used:

L1960 - Ankle foot orthosis, posterior solid ankle, plastic, custom-fabricated

L2330 -Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only

L2820 -Addition to lower extremity orthosis, soft interface for molded plastic below knee section

[Click here to view the full PDAC announcement.](#)

Also be advised that a PDAC coding decision is binding when you are billing Medicare.

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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CMS Announces the Health Care Innovation Challenge

The Health Care Innovation Challenge is a program, funded by the Affordable Care Act, which will award grants to applicants that implement the "most compelling new ideas to deliver better health, improved care and lower costs to people enrolled in Medicare, Medicaid and the Children's Health Insurance Program, particularly those with the highest health care needs." The grants, anticipated to range from around \$1 million to \$30 million over three years, will be awarded in March. The grants will be for projects that can begin within 6 months. Further priority will be given for projects that focus on workforce development. Applications will be considered from providers, payers, local government, and community-based organizations. All projects that receive a grant under this Program will be reviewed and monitored for improvements in the quality of care and savings generated. For more information, please see the HHS Innovation Center website available at: www.innovation.cms.gov.

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

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CMS Announces a New Qualified Independent Contractor

As a reminder to members: as of November 15, 2011 your requests for reconsideration, the second level of appeals, will now be processed by a new Qualified Independent Contractor (QIC). The old QIC was RiverTrust Solutions and they have been replaced by C2C Solutions, Inc.

All requests for reconsideration sent to and received by RiverTrust Solutions, on or after November 15, 2011 will be automatically forwarded to C2C Solutions. However effective November 15, 2011 all reconsideration requests should be sent to the following address:

C2C Solutions, Inc.
Attn: DME QIC
P.O. Box 44013
Jacksonville FL 32231-4103

Any reconsideration requests received by RiverTrust Solutions prior to November 15, 2011 will be processed by RiverTrust Solutions.

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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HIPAA 5010: Enforcement Extended by 90 Days

The January 1, 2012 remains the official deadline to make the transition to the new 5010 format for all HIPAA covered electronic transactions. However, CMS's Office of E-Health Standards and Services (OESS), the entity responsible for enforcing the new HIPAA 5010 standards, has recently stated that they will not actively begin enforcing the new standards until March 31, 2012.

This delay of enforcement will allow you to continue working with your software vendors, billing services and clearinghouses to ensure a smooth transition to the new HIPAA 5010 format.

To help you in the transition, the Center for Medicare and Medicaid Services (CMS) has created a series of educational materials, including checklists and readiness assessment tools.

[CMS HIPAA 5010 Educational Materials](#)

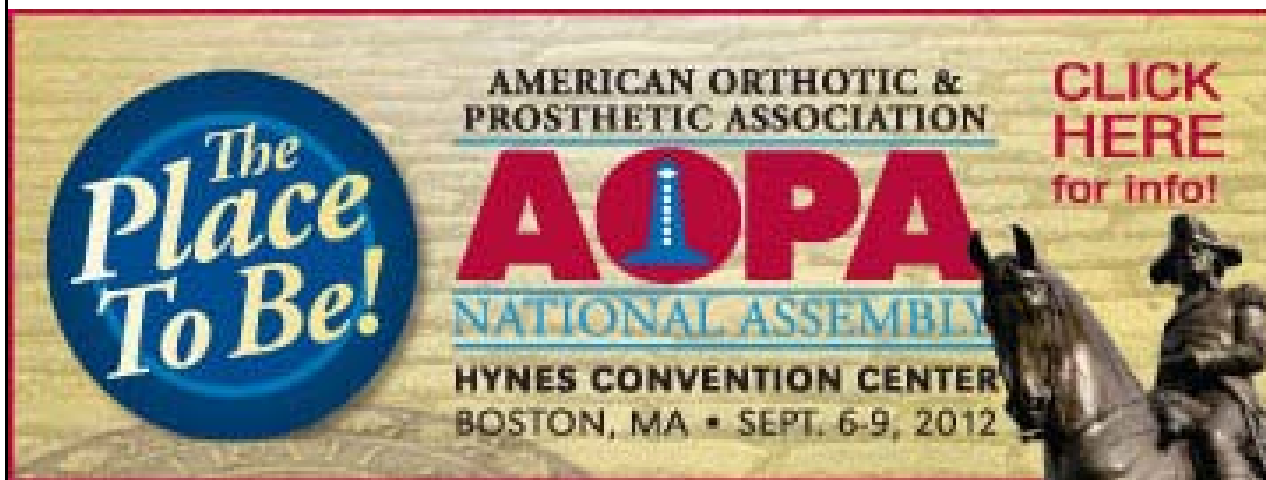
Here are some other helpful links from the Common Electronic Data Interchange (CEDI), the entity which handles all front-end processing duties for the four DME MAC jurisdictions, website:

[HIPAA 5010 Medicare Fee-For-Service Companion Guide.](#)

[HIPAA 5010 Frequently Asked Questions.](#)

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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2012 AOPA National Assembly: A Call for Papers

AOPA is excited to announce this "Call for Papers" for the 95th Annual AOPA National Assembly to be held September 6-9, 2012 in downtown Boston. The "call for papers" requests that all interested presenters submit an abstract of their proposed scientific paper or description of their proposed business paper. Presentations will be selected from among papers received by the AOPA Assembly Program Committee. Currently, submissions are being accepted for the following AOPA National Assembly programs and awards:

- **Clinical Presentations and Award Winning Thranhardt Lectures:** Your submissions, based on sound research and strong empirical data, will set the stage for a broad curriculum of highly valued clinical and scientific offerings at the 2012 AOPA National Assembly. [Click here to submit your Clinical Abstracts.](#)
- **Business Presentations and Sam E. Hamontree, CP Award Submissions:** AOPA is

looking for qualified O&P professionals and business management experts who have significant business experience. Join the ranks of our profession's recognized experts and share your knowledge and know-how at the 2012 **AOPA** National Assembly. [Click here to submit your business presentation for consideration as a general business program or the Hamontree Award.](#)

- **Poster Presentations:** Present your research findings or a particular case presentation at the 2012 **AOPA** National Assembly. Presentations should be a graphical display in a poster format using photographs, diagrams, flowcharts and graphs and any sample educational materials developed. Applications for poster presentations will be accepted through July 1, 2012. [Click here to submit abstracts for a poster presentation.](#)
- Otto and Lucille Becker Award will be presented for the best orthotic abstract submitted and the Edwin and Kathryn Arbogast Award for the best prosthetic abstract submitted by a qualifying student or resident. [Click here if you are a student and/or resident to submit your abstract.](#)

Eligible presenters will receive a complimentary full-conference registration for the 2012 **AOPA** National Assembly. Due to programming time constraints and the volume of abstracts typically received by the committee, please remember that only top-quality papers will be accepted for presentation at the 2012 Assembly. Submissions for Clinical and Business Presentations will be accepted through January 31 and Poster Submissions will be accepted through July 31.

Questions? Contact Tina Moran at tmoran@AOPAnet.org or (571) 431-0808.

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Register for AOPA's December Audio Conference: "Are You Ready for the New Year? 2012 New Codes and Policies"

HIPAA requires all payers to use HCPCS Codes. The end of the year marks the beginning of New Codes and Modifier changes that will be effective January 1st, 2012. Do you have a plan in place? The ability to make sure your practice is sound may prevent unnecessary audits down the road. As we welcome a new year, join **AOPA** on December 14 for an AOPAversity Mastering Medicare Audio Conference that will focus on New Codes and Medical Policy Changes for 2012 and why it's an important part of your business operation. An **AOPA** expert will address the following issues during the Audio Conference:

- Learn about new HCPCS codes effective January 1, 2012.
- Discuss verbiage changes to existing codes and how they may affect your business.
- Find out which codes will no longer be used as of January 1, 2012.
- Discover other changes to the HCPCS system.
- Find out **AOPA's** interpretation of why the changes took place.

The audio conference begins at 1 PM (EST), 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 the 2012 Audio Conference Series from AOPA

AOPA has confirmed the dates and topics for its 2012 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 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 percent. Billing staff and others who don't need credit can nonetheless gain information they will use right away. The topics for 2011 are:

- January 11: RAC Audits, What Are They and How to Prepare
- Feb. 8: Resources for O&P Patient Care Facilities
- March 14: AFO/KAFO Policy - What You Need to Know
- April 11: Network and Market Your Way to Success
- May 9: Contracting 101
- June 13: Improving Your Bottom Line
- July 11: Perfecting the Intake Process
- August 8: The Ins and Outs of Advance Beneficiary Notices (ABNs)
- September 12: How to Get Paid for Orthopedic and Diabetic Shoes
- October 10: What Every O&P Facility Needs to Know about the FDA
- November 14: Medicare Enrollment Procedures
- December 12: Are You Ready for the New Year? 2013 New Codes and Policies

[Click here to register for any 2012 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 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.

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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O&P INSIDER'S TRACK

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

People in the News

[Kootenai Prosthetics & Orthotics](#) of Coeur d'Alene, Idaho, has purchased Valley Orthopedic and opened a new office at 1424 North McDonald Road, Spokane Valley, Washington, and has hired the following practitioners:

- **Sunye Tafoya, LCO;**
- **Alexandra Gates, CO, LP;** and
- **Patrick Sullivan, C.Ped,** Professional Ski Boot Fitter

[Tensegrity Prosthetics](#) has appointed **Morgan Stanfield** as its new Director of Marketing and Communications.

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Businesses in the News

[ABC Prosthetics & Orthotics](#) has designed the first whale scoliosis brace for a rescued pilot whale who now resides at SeaWorld Orlando.

[Board of Certification/Accreditation, International](#) (BOC) announced that it has accepted an invitation from the [Orthotic & Prosthetic Alliance](#) (O&P Alliance) to become a member of the coalition.

[OPAF](#) & The First Clinics, announced the success of its November 19 event that was held in conjunction with the Shriners Hospitals for Children® - Northern California.

The **U.S. Department of Veterans Affairs (VA) Patient-Centered Community Care (PCCC)** program will be hosting "Industry Day" events in Atlanta, GA and Portland, OR. The VA describes these events as opportunities "to contract directly with the VA during an upcoming solicitation to provide medical and surgical services (excluding primary care, dialysis and mental health) to veterans needing care from non-VA healthcare providers." [Click here for more information about these meetings.](#)

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Send Us Your News!

The next **AOPA in Advance** will arrive in your inbox on December 13. 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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