



American Orthotic & Prosthetic Association

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AOPA In Advance SmartBrief

Breaking News

June 16, 2015

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O&P Alliance Meets with CMS Deputy Administrator Dr. Shantanu Agrawal

On June 3, the O&P Alliance, including AOPA's President Charles Dankmeyer, and Executive Director Tom Fise, JD, met with the Deputy Administrator and Director of the Center for Program Integrity at CMS. The meeting included several topics: local coverage determination (LCD) recognition of O&P clinicians' notes as part of the medical record; who can bill Medicare for prefabricated and custom-fitted orthotics and the definition of "minimal self-adjustment"; and audit concerns about new proof of delivery requirements.

The O&P Alliance requested that CMS revise certain provisions of the LCDs issued by the Durable Medical Equipment Medicare Administrative Contractors (DME MACs). Recovery auditor contractors (RACs) are restricting coverage of prosthetic care based on DME MAC instruction that "a prescription is not considered as part of the medical record" and "supplier-produced records... are not deemed part of a medical record". Thus the medical necessity is based solely on physician documentation [typically, physicians do not receive thorough training on the specific componentry used to fabricate a custom prosthesis, so if (as CMS via its contractors has articulated) any patient record or communication to the physician by the prosthetist is automatically disqualified from consideration as biased, there is slim chance that the physician notes alone will define medical necessity and the specific justification for each unique device to support reimbursement], resulting in denied claims on lower limb prosthetics that have been delivered. The five O&P Alliance members in a letter objected to this limited CMS view, and urged that the records from the prosthetist/orthotist's patient care note do constitute a legitimate part of the medical record for purposes of medical necessity determinations. Consistent with that communication, during the meeting, the O&P Alliance requested that CMS and the DME MACs eliminate the restrictions on the physician's

prescription and the prosthetist's clinical notes from being considered part of the medical record when reviewing a prosthetic limb claim for medical necessity and Medicare coverage.

The O&P Alliance also addressed the topic of determining who can provide prefabricated/custom-fabricated orthoses and prostheses. CMS asserts that orthotic fitters are not considered to have specialized training for purposes of providing custom-fitting. The O&P Alliance has taken the position, dating back to the comments the groups submitted in August, 2014 in response to CMS' proposed rule on OTS orthotics, that CMS should continue to allow the provision of prefabricated/custom-fitted orthoses by orthotic fitters, as they have been licensed in their state or by the established accreditation bodies, provided the services are provided under the supervision of the certified orthotist (or physician, practitioner or physical/occupational therapist. Additionally, CMS has attempted to overreach with its definition of off-the-shelf orthotics by expanding the meaning of the term "minimal self-adjustment", in contrast to Congress's definition in BIPA 2000, Section 427. The Alliance requested that CMS regulate orthotics in a manner consistent with all federal statutory requirements, similar to the request made in a recent [Congressional sign on letter](#) to HHS Secretary Burwell.

The last topic for discussion was the DME MAC's overreach with proof of delivery requirements, with a [Jurisdiction A memo](#) on Proof of Delivery. The memo states that HCPCS codes are not adequate for establishing proper coding determination, and instead requests a brand name or model/serial number. Congress does not have the authority to control medical device labeling, as it conflicts with the FDA's position that most O&P devices are not obliged to carry any brand name, model or serial number. Under the new DME MAC policy, if a device which fully meets FDA labeling rules does not go beyond those rules to include the brand name, model or serial number (which FDA says is not required), they face a very high bar to meet new DME MAC requirements around the seemingly straightforward issue of what device was delivered to the Medical beneficiary, and the highly specific HCPCS code descriptor are deemed not sufficient. The O&P Alliance stressed that this new proof of delivery policy creates another administrative hurdle that would lead to more technical denials of claims, and further, the fact that it is FDA, and not CMS, that has been delegated by Congress with full control over the content of what does and does not need to be included in medical device labeling has [already been decided](#).

While meeting with Dr. Agrawal is a productive step in correcting unfair practices targeting the O&P community, AOPA and the O&P Alliance will continue to press for tangible policy changes through meetings with CMS officials, and legislative channels including grassroots advocacy.

Former AOPA President and O&P Legend Mike Schuch Obituary



Charles Michael "Mike" Schuch, March 4, 1955 - June 9, 2015

Raleigh, NC - Charles Michael "Mike" Schuch, 60, passed away suddenly on June 9, 2015, surrounded by loved ones. He is survived by his wife, Barbara Wall Schuch, son Zachary and fiancée, Carson Hicks, son Brandon and wife, Jill, two grandsons, Benjamin and William and two brothers, Doug Schuch and Jon Schuch. His parents, Hope Pate Schuch and Charles (Chuck) Peter Schuch preceded him in death.

Mike was most accomplished in the field he loved, Prosthetics and Orthotics, for over 40 years.

During his career he wore many hats as a director, an author, teacher, and editor. His passion, dedication, and professionalism led him to become President of both the academic (Academy) and the business (Association) organizations within his scope of practice. He was also selected as the first fellow of the Academy; the highest honor bestowed upon an individual who demonstrates commitment to their profession through sustained educational pursuits and commitment of service to their community and their field. When he was not working, he was volunteering his time as a coach. His gift of developing talent and putting players in a position to succeed, fostered lasting relationships beyond his two boys. After playing baseball at Carolina, (his Alma Mater) he became an avid Carolina fan, enjoying and supporting the Tar Heels with friends and family. Most importantly, Mike became a supporter of all who knew him. He was a loved husband, father, and grandfather who found great joy in his family, Carolina athletics, and fishing at the coast. A private memorial service will be held by the family. "The tide recedes, but leaves behind bright seashells in the sand; The sun goes down, but gentle warmth still lingers on the land. The music stops, and yet it lingers on every sweet refrain: For every joy that passes, something beautiful remains." - Unknown . Condolences and memorial contributions may be sent to Barbara Schuch, 101 Turtleback Crossing Drive, Chapel Hill, NC 27516, in lieu of a future charity fishing tournament in Mike's name to support Autism research. [Published in The News & Observer.](#)

Jurisdiction D Releases Pre-Payment Review Results

Noridian Healthcare Solutions, who serves as the Jurisdiction D DME MAC has recently released the results of its ongoing pre-payment review for spinal orthoses described by L0648 and L0650 and knee orthoses described by L1832 and L1843.

Spinal Orthoses

From January until April 2015, 154 claims for L0648 were reviewed and 101 were denied, representing an overall claim denial rate of 66%. In the same timeframe, 153 claims for L0650 were reviewed and 106 were denied, representing an overall denial rate of 69%. The top reasons for denial were no documentation submitted, invalid proof of delivery, no dispensing or detailed written order, and no documentation supporting the need for replacement. Based on the denial rates, Noridian will continue its pre-payment review for these codes.

Knee Orthoses

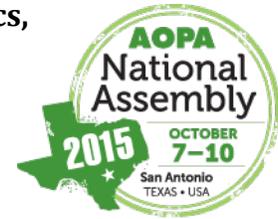
From January until April 2015, 89 claims for L1832 were reviewed, all of which were denied representing an overall denial rate of 100%. In the same timeframe, 93 claims for L1843 were reviewed and 92 were denied for an overall denial rate of 99%. The top reasons for denial were no documentation submitted, lack of documentation supporting the medical need for a custom fitted device rather than an OTS device, no documentation of knee instability or ambulatory status of the beneficiary, and invalid proof of delivery. Based on the denial rates, Noridian will continue its pre-payment review for these codes.

Both pre-payment reviews indicated an invalid proof of delivery as a top reason for denial. AOPA reminds its members that while we may not agree with recent changes to proof of delivery requirements that no longer accept HCPCS codes and descriptors on a proof of delivery, in order for your proof of delivery to be considered valid, you must include either a brand name and/or model number or a detailed narrative description (other than the HCPCS code description) for each component that is billed separately.

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

AOPA Assembly Spotlight: Attend the Prosthetic Symposium on Dysvascular Foot Disease

Register today for the country's oldest & largest meeting for orthotics, prosthetics and pedorthics!
October 7-10 in San Antonio, TX



- Over 35 CE Credits
- Five Concurrent Education Tracks for Orthotists, Prosthetists, Technicians, Pedorthists and Business Managers
- An Exhibit Hall packed full of every device, service, tool and product you will ever need
- Engaging Networking events
- Top-Notch Speakers from around the world.

Assembly Session Spotlight

Prosthetic Symposium: New Findings in the Treatment of Dysvascular Foot Disease (C2)
Thursday, October 8 @ 11:00 AM - Noon

This symposium focuses on the recent research on the care and treatment of dysvascular foot disease. The speakers will discuss classic functional teachings in light of the recent research about dysvascular foot disease and wound healing. Meet the speakers below:



Michael Dillon, PhD, is a Senior Lecturer at the National Centre for P&O and an affiliate of the Musculoskeletal Research Centre, La Trobe University. He specializes in transfemoral prosthetics and ischial containment socket designs. He currently serves as President of ISPO Australia.



Luigi Pascarella, MD is the Assistant Professor in the Department of Surgery for University of Iowa Health Care. Dr. Pascarella specializes in Surgery and Vascular Surgery. He earned his medical degree at the school of Medicine and Surgery, Second University of Naples. He completed his residency at Duke University Hospital.



Donald Shurr, CPO, PT, has been a practitioner with American P&O for over 25 years. He earned a masters degree from the University of Iowa and graduated from the O&P programs at Northwestern University. Throughout his career, Don has written numerous articles and has been active in research studies with the University of Iowa Department of Orthopaedics, where he is also an instructor.

[Preview the Preliminary Program](#)
[Register online](#)

[General Information](#)
[Hotel Reservations](#)

Questions: Visit www.AOPAnet.org or Contact AOPA at (571) 431-0876 or info@AOPAnet.org

Department of Defense Bill to Include \$10 Million for O&P Outcomes Research



U.S. Senator Dick Durbin (D-Ill.) issued a June 9 press release with a summary of the Department of Defense Appropriations Bill for Fiscal Year 2016, which includes \$10 million for O&P outcomes research. AOPA, through consultant Catriona Macdonald of Linchpin Strategies, has worked closely with Senator Durbin's office to encourage this funding, and AOPA has previously been invited to offer input to help determine the topics that are the highest priorities for research. This is the third year in a row that this funding has been included. AOPA will be following this bill closely and updating members on any developments.



It's Not Too Late to Improve Your Business

Why wouldn't you invest the 60 minutes to get the data you need – **for FREE** – to develop specific strategies to gauge and improve the health of your business?

It's not too late to participate in the 2015 Operating and Performance and Compensation Survey! You have until **June 19** to return your survey data. Start improving your business performance by measuring:

- *How your financial results stack up to your industry peers;*
- *How your spending on materials, advertising, or other expenses compare with other companies similar to yours;*
- *Whether your gross margin is better (or worse) than other facilities of the same size;*
- *How your compensation levels compare to the rest of the industry; and*
- *Whether your employees are generating enough sales.*

The survey takes about 60 minutes to complete and can be returned by fax, or completed online at www.aopa-survey.com. The online form has a "save and return" capability, which allows you to complete the survey in multiple sittings if needed. You may also submit your raw data to Industry Insights and they will enter it for you. *(All personally identifiable data remains confidential with Industry Insights.)*

AOPA members who participate in the survey will receive:

1. **FREE** customized Company Performance Report, comparing your organization with others of similar size and location. *(A private consultant would charge hundreds of dollars for such a report.)*
2. **FREE** copies of the two published reports: 2015 Operating Performance Report and 2015 Compensation Report – valued at \$570.
3. **FREE** Mastering Medicare Webcast series – a \$693 value. You or your colleagues can earn 13.5 CE credits when scoring 80% or higher on the webcast quizzes.

For questions or more information, contact Betty Leppin at bleppin@AOPAnet.org, or 571/431-0810.

Upcoming AOPA Events

- June 10, 2015 *Stay Out of Trouble: Building a Medicare-Approved Compliance Plan*
Webinar Conference
[Learn more or register online here](#)
- July 8, 2015 *Who's on First? Medicare as a Secondary Payer*
Webinar Conference
[Learn more or register online here](#)
- July 13-14, 2015 Essential Coding & Billing Techniques Seminar
Philadelphia, PA
[Learn more or register online here](#)