AOPA In Advance SmartBrief
Breaking News
November 3, 2015

AOPA Headlines:

Data, Hard Work, and Unified O&P/ Amputee Community Response Yield Partial Win on Troublesome, Draft LCD for Lower Limb Prosthetics

The White House just announced that CMS "will not finalize" the July 16, 2015 Draft LCD. That may be clarified further when comparable announcement text from both CMS and from the DME MACs are released and can be analyzed. The White House report appears to confirm the information that AOPA shared at the recent San Antonio National Assembly that O&P could be confident that the July 16 proposed LCD for Lower Limb Prosthetics would not be enacted in anything close to its proposed form.

Unfortunately, there are aspects of this document which raise concerns. The announcement on the CMS website reports that CMS is going to convene "…a multi-disciplinary Lower Limb Prostheses Interagency Workgroup in 2016…the Workgroup will be comprised of clinicians, researchers, policy specialists, and patient advocates from different federal agencies."

A "working group" that would include both government officials as well as stakeholders from the public would have been more promising. The immediate concern is that this is NOT a rescission of the Draft LCD. Some might see this as following a too frequent government step of "kicking the can down the road." AOPA, the O&P Alliance, the Amputee Coalition and others had made clear that complete rescission was necessary because the draft was so completely out-of-touch with patient needs AND because there was no scientific data in the medical literature to support the draft. But the medical literature actually supports the present LCD—not a revision and tightening of requirements for beneficiaries to secure a prosthesis.

We recognize and believe it is a positive step that the draft LCD will not be implemented at this time. However, we continue to believe that the draft LCD should be rescinded by the Medicare Contractors and that CMS should provide patient and provider stakeholders with a meaningful role in the development of future coverage policies for lower limb prostheses.

There is a principle "if it ain't broke, don't fix it." Prosthetic spend for Medicare has declined for each of the past 4 years, by a total of 14% since the 2010 high. Looks like even though they are shelving the LCD, they want to convene a special committee, presumably to craft either a new, or revised LCD.

The foundation and structure within the current LCD is sound but there is an opportunity to improve upon it; there remains a need to establish recognition of the prosthetist's notes when considering medical necessity. That issue and similar additional requirements to care require continuing efforts to improve beneficiary access.

So, the announcement is a partial win—it means that we will not see the July 16, 2015 draft LCD enacted in its current form. AOPA urges caution in that beyond a White House email, we will need to take the time to examine carefully what the CMS announcement means, to assess any longer term issues/threats, beyond what appears, the near-term assurance that Medicare amputees will not see the kind of immediate degradation in the quality of prosthetic care that the draft LCD would have enforced on them, at least not in the near-term.

AOPA's leadership and regulatory specialists will review ALL government and contractor communications as they arise, and provide a further analysis once that in-depth review is complete.

The report at this juncture would not be complete without acknowledging with appreciation the hard work of amputees and their O&P providers who supported AOPA, the O&P Alliance and the Amputee Coalition in the all-out effort to stop this LCD from reverting amputees to a 1970's standard of care. Read the White House statement.

Jurisdiction A Release Pre-Payment Review Results

NHIC, Corp, who serves as the Jurisdiction A DME MAC has recently released the results of its ongoing pre-payment review for spinal orthoses described by L0631 and L0637.

From June 2015 through August 2015, 1,068 claims for L0631 and L0631 were submitted and 568 were reviewed, 500 claims could not be reviewed because the DME MAC did not receive any additional information from the suppliers. Out of the 568 claims reviewed 551 were denied representing a claim denial rate of 97%. The charge denial rate (CDR), the dollar amount of services determined to be billed in error divided by dollar amount of services medically reviewed, was 95.5% and this is an increase over the last reported CDR of 81.8%.

The top reasons for denial were missing/incomplete detailed written orders, missing/incomplete proof of delivery, and missing or unsubstantiated clinical documentation. You may view the complete findings here.

Based on the denial rates, NHIC will continue its pre-payment review for these codes. NHIC has also recently released the results of its ongoing pre-payment review of lower limb prostheses billed with a K3 modifier.

From May 29, 2015 until September 3, 2015, 118 claims were submitted, 28 claims could not be reviewed because the DME MAC did not receive any additional information from the suppliers. Out of the remaining 90 claims that could be reviewed 37 were denied representing a claim denial rate of 41%. The CDR was 42.1% and this is a decrease from the last reported CDR of 50.6%.

The top reasons for denial were no documentation submitted, documentation did not support the functional level, invalid/missing proof of delivery, and no documentation supporting the need for replacement. You may view the complete findings here.

Based on these results, NHIC will continue its pre-payment review for lower limb prostheses. AOPA would like to remind you of the changes to the proof of delivery requirements currently being enforced by the DME MACs. It is no longer acceptable to solely use 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 for each component that is billed separately and provided to the patient. AOPA continues to discuss the enhanced proof of delivery requirements with the DME MACs and CMS.

Questions? Contact Joe McTernan at jmcternan@aopanet.org or Devon Bernard at dbernard@aopanet.org.

Upcoming Webinar: How to Make a Good Impression: Marketing Yourself to Referrals

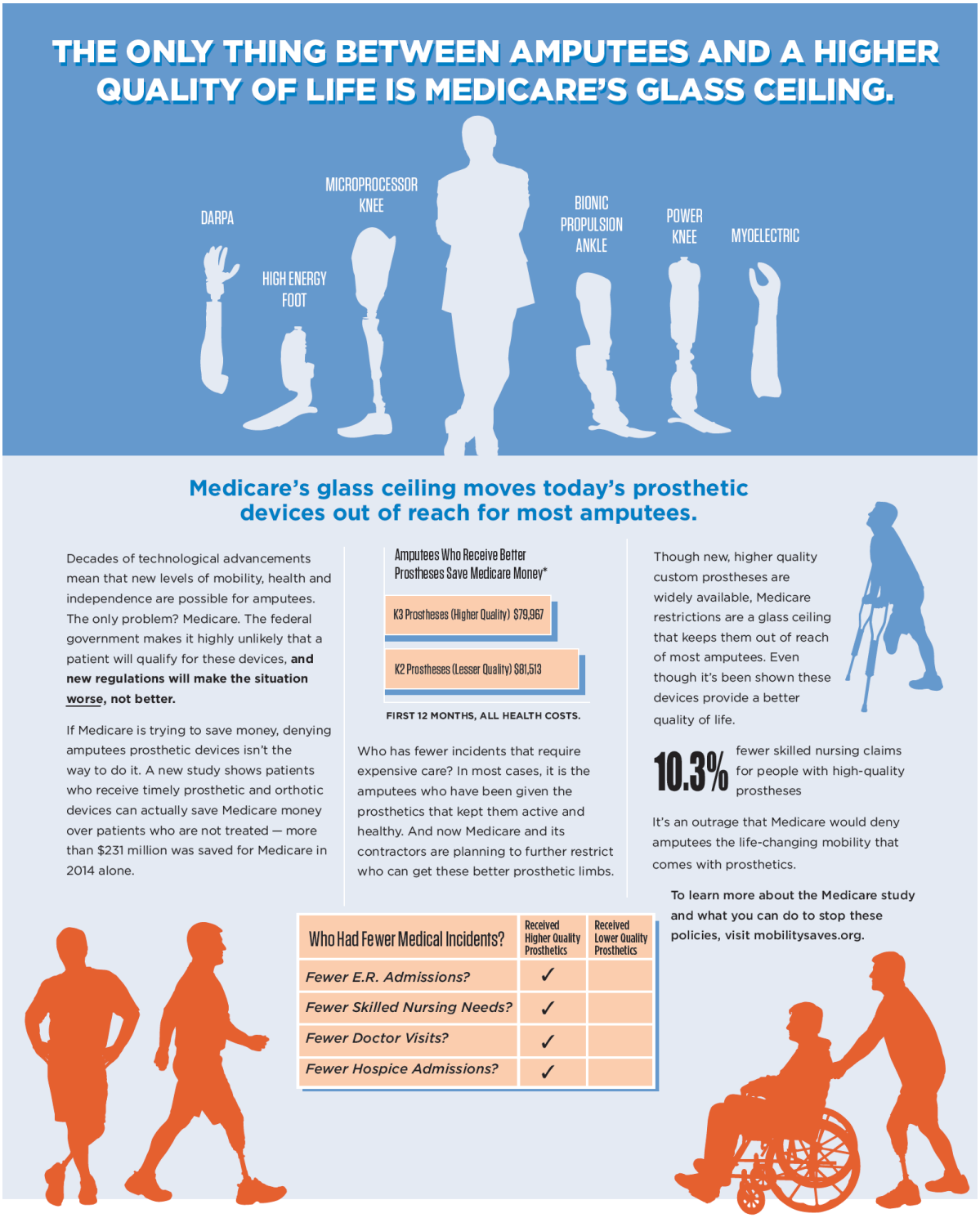
November 11: 1:00-2:00 PM EST
"You Never Get a Second Chance to Make a First Impression," This often used quote not only applies to life, but also to O&P. Join AOPA for its upcoming webinar entitled, "How to Make a Good Impression: Marketing Yourself to Your Referrals." During this one hour webinar, AOPA experts will discuss strategies that may give you a competitive edge when it comes to building a referral base. Topics of discussion will include:

- Making your business stand out
- Using your strengths to your advantage
- Rules regarding gifts to referral sources
- How to encourage referrals without bothering your referral sources
- How patient relationships may increase your referral opportunities

AOPA members pay $99 (nonmembers pay $199), and any number of employees may participate on a given line. Attendees earn 1.5 continuing education credits by returning the provided quiz within 30 days and scoring at least 80 percent. Register online. Contact Ryan Gleeson at rgleeson@AOPAnet.org or 571/431-0876 with questions.

AOPA Develops Ads on the "Prosthetic Glass Ceiling"

Consider sharing AOPA's print ad on your website, that appeared in the *Washington Post* and *The Hill*. For more information, click here.



Read the November Issue of the *O&P Almanac* Online

Improving With Age | Page 20
AOPA's annual Wine Tasting and Auction has become a true 'experience.' **Read More**

Cover Story: Foot Care for the Ages | Page 22
Great awareness of early intervention for pediatric flatfoot and other issues will prevent complications for patients later in life. **Read More**

Leadership Series: Broadening Our Scope | Page 30
Providing ancillary services may offer benefits for both O&P facilities and patients. **Read More**

Page 18 – Reimbursement Page – Earn 2 CE's
Read the Column and Take Your Quiz Here.

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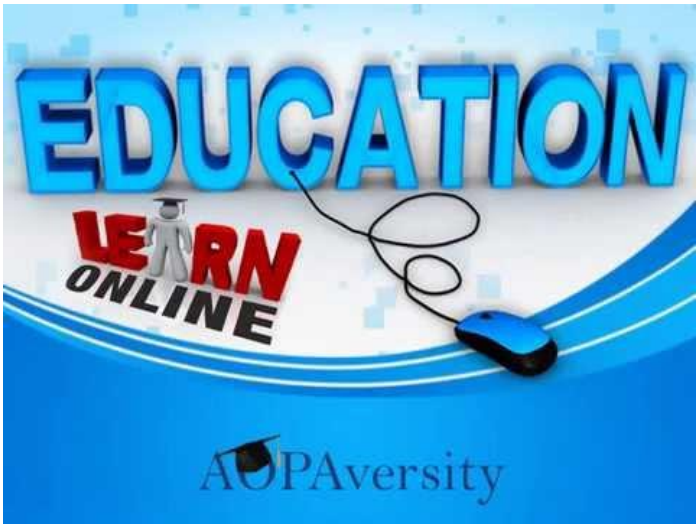

Now Available: 2015 Operating Performance and 2015 Compensation Reports

Are you curious about how your business performance compares to others? The **2015 Operating Performance Report** provides a comprehensive financial profile of the O&P industry including balance sheet, income statement and payer information organized by total revenue size, community size, and profitability. The data was submitted by more than 90 patient care companies representing 1,116 full time facilities and 71 part-time facilities. The report provides financial performance results as well as general industry statistics. Except where noted, all information pertains to fiscal year 2014 operations. This survey is repeated annually.

The **2015 AOPA Compensation & Benefits Report** is the most complete, accurate, and up-to-date compensation information for the O&P industry. Compare your compensation levels and benefits policies with similar facilities. The report is divided into two major sections: Average Salaries (including ranges of key employee positions) and Benefits (including holiday and vacation policies). AOPA's Compensation & Benefits Survey is conducted every other year.

Reports are available electronically or print.
2015 Compensation Report (Electronic) member/nonmember $185/$285
2015 Compensation Report (Print) member/nonmember $325/$425
2015 Operating Performance Survey (Electronic) member/nonmember $185/$325
2015 Operating Performance Survey (Print) member/nonmember $285/$425
To order your copy, visit https://www.aopanetonline.org/store.

Upcoming AOPA Events

November 9-10, 2015 Essential Coding & Billing Techniques Seminar in Las Vegas
Learn more or register online here

November 11, 2015 *How to Make a Good Impression: Marketing Yourself to your Referrals* Webinar
Learn more or register online here

December 9, 2015 *Bringing in the New Year: New Codes and Changes for 2016*
AOPA Webinar
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