



American Orthotic & Prosthetic Association

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AOPA In Advance SmartBrief

Breaking News

March 29, 2016

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AOPA Submits Comments on the Inclusion of the Term “Orthotics and Prosthetics in *The Uniform Glossary of Medical Terms*”

AOPA recently submitted comments applauding the decision to include a separate and distinct definition of the term “Orthotics and Prosthetics” as part of the *Uniform Glossary of Medical Terms*. This document, which was established through provisions of the *Affordable Care Act*, is intended to provide guidance to private insurance companies when defining and establishing coverage for essential health benefits.

Recently, the Department of Labor, in conjunction with the Centers for Medicare and Medicaid Services (CMS), requested public comment on the latest revision to the *Uniform Glossary of Medical Terms*, which, for the first time, included a proposed definition of the term Orthotics and Prosthetics. The Uniform Glossary proposed the following definition, which matched the suggested definition that was submitted for consideration by AOPA and the O&P Alliance as part of their previous comments:

Leg, arm, back, and neck braces, and artificial legs, arms, and eyes, and external breast prostheses incident to mastectomy resulting from breast cancer. These services include:

adjustments, repairs, and replacements required because of breakage, wear, loss, or a change in the patient's physical condition.

AOPA's comments applauded the decision to include a separate definition of the term Orthotics and Prosthetics as part of the Uniform Glossary and suggested a minor change to eliminate the requirement of breast cancer as the sole cause for mastectomy in the definition of a breast prostheses. AOPA's suggested revision to the definition reads as follows:

Leg, arm, back, and neck braces, and artificial legs, arms, and eyes, and external breast prostheses incident to mastectomy. These services include: adjustments, repairs, and replacements required because of breakage, wear, loss, or a change in the patient's physical condition.

AOPA and its partners, such as the O&P Alliance will continue to advocate for fair and equitable treatment of O&P providers. The inclusion of the separate definition of the term orthotics and prosthetics in the Uniform Glossary provides additional distinction of O&P services from the universe of Durable Medical Equipment and represents a significant advancement in acknowledging the unique skill set that properly trained and educated O&P practitioners offer to patients.

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

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

Bipartisan Bill That Would Delay Bundled Payments for Joint Replacements Introduced

On Wednesday, March 23, 2016, Rep. Price (R-GA) and Rep. Scott (D-GA) introduced a bipartisan bill that would delay implementation of a Medicare bundled payment program that would pay hospitals a single payment for joint replacement surgeries and any related follow up care for a period of 90 days post-surgery. This program, known as the Comprehensive Care for Joint Replacement (CCJR) payment model was finalized in the Federal Register on November 16, 2015 and is scheduled for implementation on April 1, 2016 -- despite significant concerns about the payment model that were submitted by various medical groups and allied healthcare groups such as AOPA through the official notice and comment period.

According to Rep. Price, the bipartisan bill seeks to delay implementation of the CCJR program until January 2018. In an interview, Rep Price stated, "at the very least, a delay in implementation is warranted to give all involved time to better assess, review, and weigh the impact and consequences of this proposal and more adequately prepare so patients are protected."

AOPA believes a delay in implementation is warranted to allow for more analysis of the potential impact of this payment model on all parties involved, especially patients. AOPA's comments on the [CCJR payment model may be found here.](#)

AOPA will continue to monitor the progress of this bill and report any information on a potential delay in implementation of the CCJR payment model as it becomes available.

Questions regarding this issue may be directed to Joe McTernan at jmcternan@aopanet.org.

Spinal Orthoses Pre-Payment Review Results

The Jurisdiction B Durable Medical Equipment Medicare Administrative Contractor (DME MAC), National Government Services (NGS), just released the most recent results of the ongoing widespread pre-payment review for spinal orthoses (L0450-L0640).

Between 10/1/2015 and 12/31/2015 NGS reviewed 459 claims and 342 claims were denied. This resulted in a 74.5% claim denial rate, the lowest denial rate since the widespread review began, and the number one reason for the denials was because documentation was not submitted in a timely manner. Out of the 342 claims denied 36% or 125 claims were denied because documentation was not submitted in a timely manner.

As a result of the high claim denial rate (74.5%) NGS will continue with the widespread pre-payment review of spinal orthoses.

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

Jurisdiction D DME MAC Releases Audit Results

Noridian Healthcare Solutions, who serves as the Jurisdiction D DME MAC contractor, recently released its latest results of ongoing pre-payment audits for spinal orthoses described by HCPCS codes L0648 and L0650 and prosthetic feet described by L5980, L5981, and L5987.

Noridian's review of spinal orthoses described by L0648 included a total of 405 claims during the fourth quarter of 2015; 313 of which were denied for an overall denial rate of 77%. Noridian's review of spinal orthoses described by L0650 included a total of 634 claims during the fourth quarter of 2015; 539 of which were denied for an overall denial rate of 85%. Common reasons for claim denial included a lack of documentation supporting the coverage criteria, failure to respond to additional documentation requests, invalid proof of delivery, and missing or incomplete documentation of medical necessity.

Noridian's review of prosthetic feet described by HCPCS code L5980 involved 19 claims during the third and fourth quarter of 2015; all of which were denied for an overall denial rate of 88%, based on dollars. Noridian's review of prosthetic feet described by HCPCS code L5981 involved 51 claims during the third and fourth quarter of 2015; 46 of which were denied for an overall denial rate of 81%. Noridian's review of prosthetic feet described by HCPCS code L5987 involved 41 claims during the third and fourth quarter of 2015; 36 of which were denied for an overall denial rate of 79%. Common reasons for claim denial included a lack of documentation supporting the functional level criteria, lack of documentation to support basic coverage criteria, failure to respond to additional documentation requests, and missing or incomplete detailed written orders.

The ongoing pre-payment audits involving these two product categories continue to show very high denial rates and it is expected that as a result, the audits will continue. It is very important that AOPA members remember to include all required documentation when responding to additional documentation requests.

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

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Proof of Delivery Requirements: AOPA's Efforts Pay Dividends

As you may recall, last year the four Durable Medical Equipment Medicare Administrative Contractors (DMEMACs) released a clarification on the type of information which must be included on a valid Proof of Delivery (POD). The DME MACs stated that the inclusion of the official L-code descriptor, which had been the accepted norm for years, was not sufficient enough and that suppliers/providers had to include narrative descriptions and/or manufacturer information (serial number, part number, model number, manufacturer name, brand name, etc.). As a result of this sudden shift in policy numerous providers/suppliers began to have their claims denied due to invalid PODs, which were valid prior to the DME MAC clarification.

AOPA challenged the excessive specificity of that new proof of delivery policy and the problems it posed for O&P patient care providers almost immediately and [sent a letter to CMS' Laurence Wilson, Director of Chronic Care Policy Group](#) and [Dr. Shantanu Agrawal, CMS' Deputy Administrator and Director of Center for Program Integrity](#). AOPA's letter argued that only FDA received authority from Congress to require serial numbers and other unique device identifiers, and that CMS could not enforce such a 'de facto' serial number requirement in the absence of explicit Congressional authority. AOPA also took the opportunity to address the issue of the new POD requirements with the [comments submitted in regard to the Draft Lower Limb Prosthesis Policy](#) released in July 2015.

All of this work has paid off, as AOPA has recently learned that CMS has reversed course and will now accept the official L-code descriptors on PODs. Effective March 4, 2016 the Program Integrity Manual, specifically Chapter 4; Section 4.26.1- Proof of Delivery and Delivery Methods, has been updated and includes the following statement:

The long description of the HCPCS code, for example, may be used as a means to provide a detailed description of the item being delivered; though suppliers are encouraged to include as much information as necessary to adequately describe the delivered item.

You may view the official Change Request published by CMS [here](#) and the revised Program Integrity Manual [here](#).

While the complete PIM indicates that "suppliers are encouraged to include as much information as necessary to adequately describe the delivered item," PODs that include the complete HCPCS code descriptors can no longer be considered invalid resulting in a denial of the claim.

AOPA is very pleased to see a direct result of its communication efforts with top CMS officials regarding POD requirements and will continue to advocate for the equitable treatment of its members.

ISPO Awards Phits Insoles



At the past ISPO Munich trade show, the world's largest sporting goods fair, Phits Insoles won an ISPO Award in the category of best innovative performance footwear. The jury especially liked the innovative combination of directly translating a person's dynamics into a 3D-printed insole design and the mass customization opportunities of Phits within footwear.

AOPA Announces Requests for Proposals for Pilot Grants

The American Orthotic & Prosthetic Association is proud to announce a [Request for Pilot Grant Proposals](#) in sixteen potential areas of Orthotic and Prosthetic (O&P) research including an open topic. For 2016-2017 the association is seeking proposals for one-time grants in amounts up to \$15,000 for one year. The leadership of AOPA, working in conjunction with the Center for Orthotic and Prosthetic Learning and Outcomes/Evidence-Based Practice (COPL) and its Board of Directors comprised of representatives from eight leading O&P organizations recognizes that there is a modest amount of original evidence-based or outcomes research in orthotics and prosthetics. Consequently, AOPA is interested in funding original pilot research that will lead to larger trials that may qualify for government or other research funding support in the following areas:

Areas for submission are:

- a) Demonstration of multi-site coordination of P&O clinical outcomes data collection with emphasis on data consistency and quality
- b) Quality of Life, Wellness, Patient Satisfaction and/or Outcomes Studies of Patients Who Have Received O&P Care vs. Those Who Have Not
- c) L0631 bracing—Performance and Outcomes Data That Differentiate Patient Results from What Could be Achieved with an OTS Orthosis that is Provided without any Fitting, Trimming or Clinical Care?
- d) TLSO/LSO: Utilization and comparative effectiveness of TLSO/LSO. Pre and post-operative use
- e) AFO/KAFO: Utilization and comparative effectiveness of custom vs. OTS AFOs and KAFOs. Investigation and analyses of patients who receive custom orthosis subsequent to OTS AFO fitting.
- f) Microprocessor Controlled Knee and Ankle Joints – Safety Benefits for Non-Variable Cadence (K-1, K-2) Ambulators
- g) Does Restricted Access for K-1 and K-2 to Hydraulic Controls Adversely Impact Patient Safety?
- h) Efficacy of custom vs. OTS relating to clinical outcome, analyses of providers credential
- i) Functional Impacts of Vacuum-Assisted Socket Suspension Systems
- j) Outcomes Measures, Evaluation of Clinical Benefit, and Quality of Life Metrics Related to Orthotic Management (Note: Submissions Should be Pathology and/or Condition Appropriate, e.g. Stroke, Cerebral Palsy, Multiple Sclerosis, Polio, OA)
- k) Orthotic Management of Osteoarthritis
- l) Alignment (tuning) of Ankle Foot Orthoses in the Cerebral Palsy population, measured outcome.
- m) Stance Control Knee Ankle Foot Orthoses, Clinical Application and Measured Outcome.

- n) Socket Interface: Methods for Measuring Quality of Socket Fit and Alignment
- o) Sockets: Methods for Measuring Proper Socket Fit and Alignment
- p) Open Topics – Beyond the Above Priorities, Top Quality Clinical O&P Research Topics Considered

AOPA and COPL will give preference to grants that address evidence-based clinical application in orthotics and prosthetics. Please post this RFP and share it with your colleagues. **The deadline for proposals is April 30, 2016.** [Read the full eligibility and application process.](#)

Exhibit at the 2016 National Assembly in Boston, MA!



AOPA is currently accepting exhibit applications for the 2016 AOPA National Assembly, which is due to take place in Boston, MA on September 8-11, 2016. The Hynes Convention Center will serve as the event's venue. This event, the oldest and largest of its kind in the United States, will feature dedicated tracks of the most relevant education for prosthetists, orthotists, technicians, pedorthists and business managers.

Why Exhibit?

Exhibit at this important event will give you the opportunity to:

- Build your customer base and increase sales by meeting with Owners who actually make the final decisions on purchases.
- Experience face-to-face time with existing customers to answer questions and build new relationships.
- Enjoy sponsored networking opportunities, including an opening reception in the exhibit hall.
- Take advantage of fun traffic-building opportunities.
- Take advantage of education sessions to learn what's happening with Medicare, and other regulatory agencies that affect the success of your product.
- Increase visibility for your company/organization in a targeted market.
- Host a Manufacturer's Workshop and/or Product Preview Theater presentation.
- Speak to AOPA reimbursement experts, who can answer all your O&P coding, reimbursement and compliance questions.
- Hear from top researchers and clinicians to learn what products and support is needed from manufacturers.
- Participate in key education programs and plenary sessions.

Who Attends?

Access to key Decision Makers: O&P Practitioners, pedorthists, physicians, technicians, fitters, students, educational instructors, facility owners, marketing personnel, physical therapists,

residents, office managers, billing specialists, occupational therapists, researchers, engineers, manufacturers, distributors and suppliers of O&P products and services.

What Will You Get?

As an exhibitor you will receive:

- 24 hour perimeter security guard service.
- FREE breakfast and lunch.
- Exhibitor Service Kit—Exhibitors will receive two sets of information. The first will be the Exhibitor Confirmation Packet that contains your booth assignment, payment confirmation, and additional materials. The second set of information is the Exhibitor Service Kit which is an online guide provided by Freeman Decorating that includes all information and order forms you need to plan a successful trade show event; to include shipping information, booth rental, electric and internet needs.
- Exhibitor Newsletters—provide you with up to date information regarding the show.
- Complimentary exhibitor company listing on the National Assembly website, *O&P Almanac*, show APP and 2016 National Assembly Preliminary Program.
- Opening night reception for all attendees held in the exhibit hall
- Post-event registration mailing list of all National Assembly attendees (*AOPA Members only*).
- Two exhibitor full conference badges (per 10x10 exhibit space) which include: admission to all education sessions, CE credits, meeting materials, social functions, and lunch tickets.
- Private lounge area exclusive to exhibitors.
- 1 hour access to exhibit hall prior to exhibit hall opening each day

[Sign up today to exhibit](#) at the 2016 AOPA National Assembly. Questions? Contact Kelly O'Neill koneill@aopanet.or or (571) 431-0852.

Join the Coding Experts in Portland this April 11-12



The AOPA Coding Experts are Coming to Portland, Oregon April 11-12!

The world of coding and billing has changed dramatically in the last few years. The AOPA experts are here for you! The Coding & Billing Seminar will teach you the most up-to-date information to advance your O&P practitioners' and billing staff's coding knowledge.

The seminar includes hands-on breakout sessions, where you will practice coding complex devices, including repairs and adjustments. Breakouts are tailored specifically for practitioners and billing staff. Start the year off right for your business, staff, and patients!

Join your Colleagues April 11 & 12 in Portland, OR!

Top 10 Reasons to Attend

1. **Get Your Claims PAID**
2. **Increase Your Company's Bottom Line**
3. **Stay Up-To-Date On Billing Medicare**
4. **Code Complex Devices**
5. **Earn 14 CE Credits**
6. **Learn About Audit Updates**
7. **Overtturn Denials**
8. **Submit YOUR Specific Questions Ahead of Time**
9. **Advance Your Career**
10. **AOPA Coding & Billing Experts with over 70 Years of Combined Experience**



REGISTER NOW!

Make a Difference for O&P at the Policy Forum



Register Now for the 2016 Policy Forum and O&P Legislation-Writing Congress!
New Format - New Program

Join us April 26 -27, 2016 in Washington, DC for a new Policy Forum experience. Former Senator Robert Kerrey will preside over a special session to write a simple one-to-two page *piece of legislation* to take to the Hill to educate your lawmakers. This is your opportunity to make your voice heard and participate in a landmark event.

[Learn more.](#)

Why should you attend? Educate lawmakers on the issues that are important to YOU:

- 1. Participate in the 2016 O&P Legislation-Writing Congress - make your voice heard.*
- 2. Ensure O&P has fair representation in any O&P LCDs*
- 3. Make sure Prior Authorization is administered fairly*
- 4. Help Curb RAC audit practices that harm honest providers and don't prevent fraud*
- 5. Prevent the Expansion of Off-the-Shelf Orthoses and Competitive Bidding*
- 6. Showcase the value of O&P professionals as health providers by simply sharing a personal story how O&P restores lives and saves money.*

Learn more and register now.

Upcoming AOPA Events

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| April 11 & 12, 2016 | <i>Coding & Billing Seminar</i>
Portland, OR
Learn more and register here |
| April 13, 2016 | <i>Understanding Shoes, Mastectomy, and Other Policies</i>
AOPA Webinar
Learn more and register here |
| April 26 & 27, 2016 | <i>AOPA Policy Forum</i>
Washington, DC
Learn more or register here |