
**AOPA In Advance SmartBrief**
*Breaking News*
October 27, 2016

**AOPA Headlines:**



## Jurisdiction A DME MAC Offering Personalized Education Opportunities

Noridian Healthcare Solutions, LLC, the contractor who serves as the Jurisdiction A DME MAC, is offering all Jurisdiction A suppliers the option of having individualized education tailored to their company with an Electronic Supplier Visit (E-visit). The E-visit can be scheduled for up to 90 minutes of tailored education with Noridian's Outreach and Education team.

Noridian will customize a presentation to answer questions that you may have and provide education on the policies you bill. In order to request this education opportunity, visit the Jurisdiction A website and complete the Education Request – Electronic Supplier Visit Data Collection Form.

**Patient Care in the 21st Century: Visit www.AtlanticProCare.com**

A facility's website is the first chance at making an impression with potential patients and referral sources, long before they even walk in the door. Websites increase visibility, credibility, and provide much needed information about the business.

AOPA members are always forward-looking, and we want to recognize members who do something especially well. AOPA would like to share the fine-tuned website created by AtlanticProCare in Portland, Maine. Their website features information for patients and providers, including their approach, staff profiles, and other patient resources. The site also features patient and provider testimonials, which provide a compelling case for the service care they provide. AtlanticProCare also started a blog this year, where they include advocacy issues, O&P technology, and other items of interest to O&P professionals and patients. A recent post took readers behind the scenes into their lab. Check it out and get some ideas for your website at www.AtlanticProCare.com.

What makes your business unique? Contact landerson@AOPAnet.org to have your business featured next month!

**Present at the 2017 AOPA World Congress**

**Share Your Expertise * Advance Your Career * Improve Patient Care**

AOPA is seeking high-quality education presentations for the second O&P World Congress to be held September 6-9, 2017 at the Mandalay Bay Resort in Las Vegas, Nevada, USA. 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 2017 World Congress. All free paper abstracts for the 2017 World Congress must be submitted electronically through the links below. Abstracts submitted by email or fax will not be considered. All abstracts will be considered for both podium and poster presentations. The review committee will grade each submission via a blind review process, based on the criteria below and reach a decision regarding acceptance of abstracts.

- Relevance, level of interest in topic
- Quality of Scientific Content
- Quality of Clinical Content

**The Business Program deadline for submission is February 1, 2017. All other papers are due March 1, 2017.**

**Clinical Free Papers** – Those wishing to present an Orthotic, Prosthetic or Pedorthic Free Paper should submit here to have their paper considered for presentation at the 2017 World Congress. The top scoring papers will compete for the prestigious Thranhardt Award.
**Technician Program** – If you would like your Technical education paper considered for submission in the Technical Track, please submit your paper here.
**Symposia – If you are interested in organizing a Symposium, then please submit here.**
**Business Education Program** – Please submit your business education paper here. The top papers will be considered for the prestigious Sam E. Hamontree, CP (E) Business Education Award.

Peer Review Process

The business education committee will review and grade each submission through a blind review process based on the criteria below and reach a decision regarding acceptance of the paper.

- Current Climate in O&P/Healthcare
- Quality of Format, Content, Delivery
- Experience with topic based on bio submitted

Contact AOPA Headquarters at 571/431-0876 or TCarlson@AOPAnet.org with questions about the submission process or the World Congress in general.

## Register for AOPA's 2017 Webinar Series

# WEBINAR WEDNESDAYS

AOPA's 2017 Webinar topics have been announced! Register for the whole series to earn 1.5 credits and get 2 free Webinars! Just $990 for members and $1990 for non-members.

**January 11**- O&P Clinical Documentation: Who Needs to Document and What You Need to Document
**February 8** - LSO/TLSO Policy
**March 8** - Marketing Your Business
**April 12** - Grassroots Advocacy
**May 10**- Modifiers: What do they mean and when to use them
**June 14**- Internal Audits: The Why and the How of Conducting Self-Audits
**July 12** - Know Your Resources: Where to Look to Find the Answers
**August 9** - What the Medicare Audit Data Tells Us & How to Avoid Common Errors
**September 13** - ABC Inspections & Accreditation
**October 11** - AFO/KAFO Policy
**November 8** -Gift Giving: Show Your Thanks & Remain Compliant
**December 13** - New Codes & Other Updates for 2018


Questions? Contact rgleeson@AOPAnet.org. Looking for 2016 webinars or individual webinars? Visit here.

## Revised Coding for the C—Leg

The Durable Medical Equipment Medicare Administrative Contractors (DME MAC) and the Pricing, Data Analysis and Coding (PDAC) contractor recently released a joint statement providing revised coding for the C-Leg. For claims with a date of service on or after October 6, 2016 the following codes are the only codes that may be used to describe the C-Leg for billing purposes:

- L5828 - ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL
- L5845 - ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE
- L5848 - ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM, FLUID STANCE EXTENSION, DAMPENING FEATURE, WITH OR WITHOUT ADJUSTABILITY
- L5856 - ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE

The revised coding announcement removes the HCPCS code L5930 (ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME), from the previous list of approved HCPCS codes. Suppliers are also reminded that the use of a miscellaneous code, L5999, may not be used to describe any features of the C-Leg.
Suppliers are also reminded that any and all HCPCS codes assigned to a product by the DME MACs or PDAC must be billed when a claim is submitted to Medicare for payment.

View the complete joint statement here.

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

## Coding Reminder for Prosthetic Covers and Skins

Each of the DME MACs ( Durable Medical Equipment Medicare Administrative Contractors) continue to report a high volume of claims containing codes that describe prosthetic covers (L5704-L5707) and protective covering systems (L5962, L5964, and L5966), even though they have stated that the medical need for both of these protective features on a single prosthesis is rare. The DME MACs contend that custom shaped protective covers (L5704-L5707) provide sufficient protection and waterproofing for normal daily usage of a prosthesis and that the addition of an outer surface covering system, commonly referred to as a skin, is only medically necessary when there are unusually harsh environmental situations that warrant additional protection.

The DME MACs want to remind suppliers that there must be documentation to support medical necessity of a protective outer surface covering system (L5962, L5964, and L5966) and this documentation must indicate the type of extraordinary activities that would justify the need for extra protection; beyond that of everyday usage in a typical environment.

Also, when billing for the L5962, L5964 or L5966, you must include information on your claim regarding the type of protective cover provided (i.e., manufacturer name, make, model or type).

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

## Join the Coding & Billing Experts in Las Vegas!

### *The AOPA Coding & Billing Experts are Coming to Las Vegas!*

AOPA's next Coding & Billing Seminar will be in Las Vegas! Don't miss this opportunity to get the most up-to-date information to advance your O&P practitioners' and billing staff's coding knowledge.

### Join your Colleagues November 14-15 in Las Vegas!

**At this seminar you will:**

- **Receive up-to-date information on Prior Authorization and other Hot Topics**
- **Ensure your Proof of Delivery meets Medicare Requirements**
- **Learn how to assess risk areas in your practice**

- **Learn successful appeal strategies and hints to avoid claim denials**
- **Practice coding complex devices, including repairs and adjustment**
- **Attend break-out sessions for practitioners and office staff**
- **Earn 14 CEs**


## Noridian Releases Prepayment Review Results

Noridian, the Jurisdiction D Durable Medical Equipment Medicare Administrative Contractor (DME MAC), recently released their quarterly results of its review for claims involving the HCPCS codes L1832, L1843, L0648 and L4361.

Between April 2016 and July 2016 Noridian reviewed 161 claims involving the L1832 and 152 claims were denied; resulting in a 99% error/denial rate. The previous denial/error rate was 100%. The review of claims involving the L1843 had a denial/error rate of 98%; 111 of 112 claims were denied.

The top four denial reasons were listed as:

- Documentation submitted didn't justify the need for a custom fitted brace
- Documentation did not support the presence of knee instability or that the beneficiary is ambulatory
- Documentation was not submitted in response to the Additional Documentation Request
- Invalid/Incomplete/Missing proof of delivery

Noridian released their quarterly results of its prepayment review for L0648 and L0650. Between April 2016 and July 2016 Noridian reviewed 275 claims involving the L0648 and 186 claims were denied; resulting in a 64% error/denial rate. The previous quarter's denial rate (January-April) was 74%. The review of claims involving the L0650 had a denial/error rate of 83%; 425 of 512 reviewed claims were denied. The previous quarter's denial rate (January-April) was 82%.

Some of the top denial reasons listed included:

- Invalid/Missing/Incomplete detailed written orders
- Documentation was not submitted in response to the Additional Documentation Request
- Invalid/Incomplete/Missing proof of delivery

Noridian also released their quarterly results for claims involving HCPCS code L4361 (walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf). Between April 2016 and July 2016 Noridian reviewed 378 claims or the L4361, and 270 were denied. This resulted in a claim denial/error rate of 73%.

The top four denial reasons were listed as:

- Invalid/Missing/Incomplete detailed written orders
- Documentation was not submitted in response to the Additional Documentation Request
- Invalid/Incomplete/Missing proof of delivery
- Documentation didn't support basic coverage criteria (patient was ambulatory, patient had a weakness/deformity of the ankle, potential to benefit, etc.)

Based on the high denial/error rates Noridian will continue with the prepayment review for all of those codes.

## HHS Request to U.S. District Court Rejected

In 2014, the American Hospital Association filed suit in the federal District Court seeking relief because HHS and the Office of Medicare Hearings and Appeals (OMHA) have for many years egregiously exceeded the statutory provision which assures a provider who must return money to Medicare as a result of an audit a final ALJ decision within 90 days after filing a request for ALJ appeal. Originally, the District Court dismissed the case, but early this year the D.C. Circuit Court of Appeals reversed that decision and ordered that the case should go forward in the District Court.

HHS/OMHA asked for a delay of over a year (until September 30, 2017) citing proposed regs (to which both AOPA and the O&P Alliance responded) intended to reduce the backlog--which are somewhat problematic in their own right. The Court ruled not to approve HHS' request for such a delay, but rather that case will go forward with a hearing in two weeks.

### *Court Sees Likelihood that the Backlog and Delay in ALJ Decisions Will Grow, Despite Various Efforts by HHS/OMHA Proposed Rule*

In his ruling rejecting the HHS request for delay, District Court Judge Boasberg said that even with the administrative changes proposed by HHS/OMHA, it would not reverse the backlog, but rather that the ALJ backlog/delay would nonetheless probably get worse, not better over several years. The increased claim settlement efforts, and appointing attorneys to undertake adjudication of appeals in the proposed regs, would, the Court said, at best reduce the growth of the backlog. The specifics of the delay are daunting. Without any remedial actions by either HHS/OMHA or Congress the projected number of appeal cases awaiting ALJ hearing would reach nearly 1.1 million. HHS reports average delay in 2016 is 850 days, but OMHA says in the third quarter of this year it took 935 day for appeals to get through the first three levels of appeal, not getting to a final ALJ decision. Reports from O&P patient care appellants seems to run closer to 4 years waiting time to get to an ALJ decision! HHS proposed changes to the RAC program, but these would impact just 7 percent of RAC cases. Finally, the judge underscored that several Congressional initiatives, e.g., the AFIRM bill had not moved much closer to enactment in the 7+ months since the Circuit Court of Appeals decision, nor did it appear likely that significant budget increases to hire substantially more ALJs would be enacted anytime soon.

### *The Appeals of RAC Decisions, and the Related Interest Due if Provider Wins May Be Making the Program Much Less Financially Beneficial to the Federal Government Than Many Think*

As a report from Dobson-DaVanzo last year demonstrated, with the long ALJ delays, coupled with the 11% annual interest payable by the government on the amount the government recouped if the provider prevails, the actual yield to the government from the audits is greatly reduced, and perhaps close to being fully consumed by its costs. For example, RAC auditors receive something in range of a 13% bounty on whatever they claw back. If the case is reversed after the ALJ decision 4 years later, CMS would pay the 11%, which when compounded amounts to a 51.8% interest over the 4 years. In this scenario CMS may be able to secure the return of the RAC auditor commissions. Dobson-DaVanzo's work identified at least 58% of O&P RAC appeals are won at the ALJ level (this is the highest success rate among all provider subgroups, and could perhaps be higher, as only verified ALJ wins could be affirmatively identified)-this coupled with the above

large interest due, would appear to largely obliterate any net long-term CMS gains from all the RAC efforts in O&P.

One concluding note is that two bills supported by AOPA would help alleviate some of the adverse impact of RAC audits on O&P professionals. S.829/H.R. 1530 would assure that CMS must recognize the orthotist/prosthetist notes of patient visits as a legitimate part of the medical record for purposes of determining medical necessity. H.R. 1526 would help reduce the cash flow devastation of audits and extended wait for appeals by establishing the maximum amount of recoupment that CMS could claw back **before** a final ALJ appeal decision to 50% of the contested amount until such time as HHS/CMS/OMHA are operating within the clear terms of the statute and assuring delivery of final ALJ decisions within the stated 90 days.

## AHRQ Announces Systematic Review of Clinical Literature on Lower Limb Prostheses

The Agency for Healthcare Research and Quality (AHRQ), the "government agency tasked with producing evidence to improve the quality of healthcare while working with partners to ensure that the evidence is understood and used," recently announced that it will be initiating a systematic review for lower limb prostheses. The systematic review will be performed through the Evidence Based Practice Center Program of the AHRQ—they will likely select a firm to conduct the review under contract-- and the stated purpose of the systematic review is "to examine the available clinical evidence that defines practices in the care of beneficiaries who require lower limb prostheses (LLP)."

While the announcement does not tie the systematic review to the work of the inter-agency taskforce assigned to review the delayed draft Local Coverage Determination (LCD) that was released by the DME MACs in the summer of 2015, it is very likely that the initiation of the systematic review for lower limb prostheses is related to the work of this taskforce.

AOPA will be working toward a timely and substantive meeting with representatives of the AHRQ in order to discuss existing systematic reviews for lower limb prostheses that have recently been completed through AOPA funding as well as the ongoing work and comprehensive systematic literature reviews and simulation modeling being conducted by the RAND Corporation including its assessment of the cost effectiveness of prosthetic intervention, as well as both previous and new cost effectiveness studies based on Medicare data that have been developed by Dobson DaVanzo.

## Upcoming AOPA Events

| | |
|---|---|
| November 9, 2016 | *Don't Miss Out: Are You Billing For Everything You Can?*<br>AOPA Webinar<br>Learn more and register here |
| November 14-15, 2016 | *Coding & Billing Seminar*<br>Las Vegas, NV<br>Learn more and register here |
| December 14, 2016 | *New Codes and What Lies Ahead for 2017*<br>AOPA Webinar<br>Learn more and register here |