



American Orthotic & Prosthetic Association

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AOPA In Advance SmartBrief

Breaking News

November 17, 2016

AOPA Headlines:

[HHS OIG Releases 2017 Work Plan](#)

[Contact your Senator During the Lame Duck Session](#)

[In Remembrance of Charles Woodley Wright](#)

[The First AOPA Coding & Billing Seminar of 2017 is in Nashville, TN!](#)

[AOPA's Post-Election Analysis](#)

[Call for Papers for the AOPA 2nd World Congress in Las Vegas](#)

[Register for AOPA's 2017 Webinar Series](#)

[Clarification on DME MAC Joint Statement Regarding C-Leg Billing](#)

[CMS Releases New HCPCS Codes for 2017](#)

[Upcoming Events](#)

HHS OIG Releases 2017 Work Plan

Two Longstanding Objectives in Orthotics Remain; No Other/New Prosthetic or Orthotic Items Listed

Each year, the HHS Inspector General releases its annual Work Plan, which lists the topics where the OIG believes there are significant potential items of fraud or other inappropriate or inefficient operations by HHS (including CMS and Medicare) that are costing the government money. This week, the OIG 2017 Work Plan was released.

There are no NEW O&P items listed on the new OIG 2017 Work Plan. However, there are two significant orthotic items for scrutiny that have been part of the OIG Work Plan for the past few years still remain. The following items continue to be highlighted by the OIG:

Orthotic Braces - Reasonableness of Medicare Payments Compared to Amounts Paid by Other Payers

Since 2009, Medicare payments for orthotic braces, including back and knee, have more than doubled almost tripled for certain types of knee braces. We will determine the reasonableness of Medicare fee schedule amounts for orthotic braces. We will compare Medicare payments made for orthotic braces to amounts paid by non-Medicare payers,

such as private insurance companies, to identify potentially wasteful spending. We will estimate the financial impact on Medicare and on beneficiaries of aligning the fee schedule for orthotic braces with those of non-Medicare payers. OAS: W-00-17-35756; various reviews Expected issue date: FY 2017

Orthotic Braces - Supplier Compliance with Payment Requirements

Medicare requires that suppliers' claims for DMEPOS be "reasonable and necessary" (SSA § 1862(a)(1)(A)). Further, local coverage determinations issued by the four Medicare contractors that process DMEPOS claims include utilization guidelines and documentation requirements for orthotic braces. Prior OIG work indicated that some DMEPOS suppliers were billing for services that were medically unnecessary (e.g., beneficiaries receiving multiple braces and referring physician did not see the beneficiary) or were not documented in accordance with Medicare requirements. We will review Medicare Part B payments for orthotic braces to determine whether they were medically necessary and were supported in accordance with Medicare requirements. OAS: W-00-17-35749
Expected issue date: FY 2017

These were the subject of an extensive memo to AOPA members last year. AOPA included comments about the OIG's concerns about not being the lowest payer for orthotic bracing. This was accompanied by a memo written by health care consultant, McGuire Woods. [Read AOPA's comments. Read the McGuire Woods memo.](#)

Read the entire [OIG 2017 Work Plan](#).

How the New Trump Administration Will Impact the OIG Priorities and 2017 Work Plan

It is worth noting that with the new Trump Administration we will almost certainly have a new HHS Secretary, and a new CMS Administrator. There is less certainty about whether there will also be a new HHS OIG, as there is some precedent for trying to keep OIG positions non-political. But there is also the chance that this 2017 OIG Work Plan evolves into something a bit different with the expected changes for health care foreseen for 2017.

Contact your Senator During the Lame Duck Session
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Congress is currently in a Lame Duck session while we wait for the new administration to take over. During this time, we actually have a better chance of getting S. 829: The O&P Improvement Act passed than we did previously. This bill would accomplish things like distinguishing O&P health professionals from providers of durable medical equipment, and assuring that prosthetists/orthotists have their patient records/ notes recognized as part of the medical record.

Even if you have already sent a letter - please [send your letter](#) now. Thanks for your advocacy.

Contact your Senator

Contact Lauren Anderson with any questions at 571/431-0843 or landerson@aopanet.org.

In Remembrance of Charles Woodley Wright



Charles Woodley Wright, 96, of Taylors Island passed away on Monday, March 28, 2016 at his home. He was born in Richmond, VA on June 5, 1919. Mr. Wright graduated from George Washington High School in Alexandria Va. After graduation Charles worked with his father painting bridges for the railroad. As a Merchant Marine during World War II he lived in California delivering military supplies throughout the Pacific Ocean. Returning to Virginia after the war Mr. Wright joined J. E. Hanger, a prosthetics manufacturer. On September 8, 1951, he married his high school sweetheart the former Ella L.

Pemberton. Shortly after marriage Charles moved his family to Philadelphia, PA and opened a branch office for J.E. Hanger where he worked until retiring in 1985.

During the 1950s Charles and Ella adopted two children. Afterward he spent his free time with family at his vacation home on Taylors Island; moving to Taylors Island permanently upon his retirement. Charles loved boating and fishing, built a large boat - the "Happy Pappy" - and joined the Coast Guard Auxiliary. Mr. Wright was also a long time member of the Taylors Island Volunteer Fire Company. He is survived by a son Charles Wright and grandchildren Gregory and Britany, and a daughter Tina Bennett.

The First AOPA Coding & Billing Seminar of 2017 is in Nashville, TN!

The AOPA Coding & Billing Experts are Heading to Nashville January 23-24, 2017!

AOPA experts provide the most up-to-date information to help O&P Practitioners and office billing staff learn how to code complex devices, including repairs and adjustments, through interactive discussions with AOPA experts, your colleagues, and much more. Meant for both practitioners and office staff, this advanced two-day event will feature breakout sessions for these two groups, to ensure concentration on material appropriate to each group.

Join your Colleagues January 23-24 in Nashville!

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



Register Now

AOPA's Post-Election Analysis

In an election unprecedented in American history, Donald Trump defied the polls, conventional wisdom and notions of political correctness for a convincing win of the Presidency in the Electoral College, despite a roughly break even in the popular vote. What does it mean for orthotics and prosthetics, and health care more generally?

It is clear that the Affordable Care Act is likely to be repealed. There will need to be a replacement, and it may have several consistent features, for example, no exclusions for pre-existing conditions and maintaining kids on parents' coverage until age 26. But expect the medical device excise tax to be history, as will major subsidies, and any tax on uninsureds. Medicaid will likely be addressed by block grants to states to use as they deem appropriate. Similarly, expect a move toward vouchers in Medicare. We'll have a new CMS leadership, and large amounts set aside for innovations, ACOs and such may go away.

Beyond the Affordable Care Act, health care was not a major issue debated heavily in this election, so beyond these broad issues, what the Trump Administration's health care will look like is not that clear. AOPA's counsel, Alston & Bird, published a general overview, which included the following which we provide with attribution to our counsel's authorship.

President-Elect Trump's Health Care Proposals

The key issues include: health insurance coverage and costs; Medicaid; Medicare; opioids; prescription drugs; women's reproductive health; mental health; and Zika funding. Almost any significant change below could face challenges in Congress. Below is an overview of President-Elect Trump's proposals.

Donald Trump	
<i>Health insurance coverage and costs</i>	<ul style="list-style-type: none"> * Repeal ACA and eliminate individual mandate * Allow insurance to be sold across state lines * Allow taxpayers to deduct entire health premium * Allow people to enroll in tax-free Health Savings Accounts usable by all family members and inheritable without tax penalty * Require price transparency from all health care providers to enable individuals to shop for the best prices on medical procedures * Protect individuals from premium increases or exclusions due to the preexisting conditions * Enforce immigration laws and restrict visas to reduce healthcare costs * Work with states to establish high-risk pools to ensure access for individuals who have not maintained continuous coverage
<i>Medicaid</i>	* Move Medicaid to block grants for the states
<i>Medicare</i>	* Guarantee enrollees have an income-adjusted contribution toward a plan of their choice with catastrophic protection

<i>Opioids</i>	* Stop inflow of opioids * Invest in heroin addiction treatment
<i>Prescription drugs</i>	* Allow drug importation * Allow Medicare to negotiate drug prices
<i>Women's reproductive health</i>	* Allow abortion only to save the life of the woman or in cases of rape and incest; limit access to later term abortions; make the Hyde amendment permanent * Defund Planned Parenthood
<i>Mental health</i>	* Promote reform of mental health programs and institutions to assist families in helping loved ones
<i>Zika funding</i>	* Provide funding for Zika

In terms of specific impact on O&P, perhaps three comments are noteworthy: (1) the only Democratic candidate for the Senate who succeeded in defeating a seated Republican Senator is Senator-Elect Tammy Duckworth (D-IL), who as we all know is a double amputee Iraq war hero who has been a major champion for O&P; (2) President-Elect Trump has emphasized a commitment to improve care for Vets, and our guess is that could well improve the role for private sector contractors and lessen movement toward more O&P care by VA-employee prosthetists/orthotists; and (3) the threat for competitive bidding being errantly applied to O&P, and the strong reliance on data driven decisions and emphasis on quality and cost effectiveness of care are concepts largely embraced on both sides of the aisle, so we can expect the efforts as well as some battles around these to continue. There will almost certainly be a lame duck session of the old Congress, likely a short one with many remaining issues simply pushed forward to the new President and Congress. However, AOPA has laid a good bi-partisan foundation for possible action on issues around both S.829/H.R. 1530, the Medicare O&P Improvements Act, and the proposed LCD during that lame duck session, the timing and duration of the session permitting.



(AOPA President-Elect Michael Oros, CPO, FAAOP celebrated Senator-Elect Duckworth's win in Chicago)

As with any new administration, it will take time for Presidential cabinet and agency appointments to play out, as well as for new health-related Committees in the House and Senate to be settled-in short, it will take a while to determine who key players in the Executive branch and in the 115th Congress will be. AOPA will continue to be a strong advocate for O&P professionals and their patients. Our 2017 AOPA Policy Forum is slated

for May 2017, with tentative, but most likely dates being May 23-25. 2017 promises to usher in a brave new world in Washington-mark your calendars for the AOPA Policy Forum, and plan to be part of it!

Call for Papers for the AOPA 2nd World Congress in Las Vegas

Gain International Recognition * Advance your Career * Improve Patient Care

AOPA is seeking high-quality educational and research content 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, will set the stage for a broad curriculum of high-value clinical and scientific offerings at the 2017 World Congress. All free paper abstracts for the 2017 World Congress must be submitted electronically. Abstracts submitted by e-mail 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

Receive a complimentary one-day registration (or 50% credit towards a full conference registration) when your free paper is selected as a podium presentation. Those presenting more than one Podium Free Paper will receive a Full Complimentary registration. Poster Presenters will receive a 40% discount off their full conference registration.

CLINICAL FREE PAPERS – Health care professionals with an interest in Orthotics, Prosthetics, Pedorthics and related fields wishing to present a Free Paper should [submit here](#) to have their abstracts considered for presentation at the 2017 World Congress. A model abstract has been provided with additional information [here](#).

The top scoring papers will compete for the prestigious Thranhardt Award. *Topics of interest include but are not limited to:*

- Additive manufacturing
- Microprocessor components
- Bio-sensors
- Powered joints (O&P Applications)
- Socket designs and socket issues
- Public Health topics related to O and P
- Osseointegration
- New and interesting O and P designs and clinical techniques
- Pediatric O and P
- Scoliosis
- Evidence based practice

SYMPOSIA/INSTRUCTIONAL COURSE – If you are interested in organizing a Symposium or Instructional Course, then please [submit here](#).

TECHNICIAN PROGRAM – If you would like your Technical education paper considered for submission in the Technical Track, please [submit your paper here](#). Topics of interest include but are not limited to:

- CAD and/or CAM applications
- The role of the technician in the CAD CAM environment
- The role of the technician in the Additive Manufacturing environment
- New and Cutting edge fabrication techniques and processes

BUSINESS EDUCATION PROGRAM – Are you a seasoned business professional with significant experience in managing an orthotics and prosthetics patient care or manufacturing business? Share your successes at the AOPA hosted World Congress and compete for the prestigious Sam E. Hamontree Business Education Award. The winner of the Hamontree award will take home \$1,000. Learn more or [submit your business paper here](#).

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](#).

REGISTER NOW

Clarification on DME MAC Joint Statement Regarding C-Leg Billing

AOPA recently published an article announcing a recent joint statement of the DME MACs and PDACs about proper coding of the Ottobock C-Leg for Medicare beneficiaries. In the article it was not made clear that the joint statement applies to Medicare claims only. While some private insurers elect to follow Medicare policy and guidance closely, they are not required to do so and may choose to develop their own policies and guidance on the correct billing of prosthetic and orthotic devices.

In addition, the version of the AOPA article that was sent via e-mail did not indicate the effective date of the joint statement. The coding guidance in the joint statement applies to Medicare claims with a date of service on or after October 6, 2016.

The complete joint statement from the DME MACs and PDAC may be reviewed by [clicking here](#).

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

CMS Releases New HCPCS Codes for 2017

The Centers for Medicare and Medicaid Services (CMS) has released the new HCPCS codes for 2017, and there were only a few minor changes.

The biggest change was the deletion of the temporary K codes (K0901 & K0902), which became effective on October 1, 2014, to describe off the shelf (OTS) versions of custom fitted knee orthoses described by L1843 and L1845, and their subsequent crosswalk to new permanent L codes (L1851 & L1852). Below is a complete breakdown of the code changes which will be effective for claims with a date of service on or after January 1, 2017.

New Codes

Code	Descriptor
A4467	Belt, strap, sleeve, garment, or covering, any type
A9285	Inversion/eversion correction device
L1851	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf
L1852	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf

Changes in Code Descriptors

Code	New Descriptor	Old Descriptor
L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf	AFO, multiligamentous ankle support, prefabricated, off-the-shelf

Deleted Codes

Code	Descriptor
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A4466	Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each
K0901	Knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf
K0902	Knee orthosis (ko), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf

AOPA's Coding and Reimbursement Committee will review the list of changes and provide appropriate comments to CMS. As a reminder registration is open for the December 14, 2016 AOPAversity webinar, [New Codes & What Lies Ahead for 2017](#), which will focus on the changes to the HCPCS codes and any other upcoming Medicare changes which may impact your business in 2017.

Questions regarding the code changes may be directed to Joe McTernan at jmcternan@AOPAnet.org, or Devon Bernard at dbernard@AOPAnet.org.

Upcoming AOPA Events

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| December 14, 2016 | <i>New Codes and What Lies Ahead for 2017</i>
AOPA Webinar
Learn more and register here |
| January 11, 2017 | <i>O&P Clinical Documentation: Who Needs to Document and What You Need to Document</i>
AOPA Webinar
Learn more and register here |
| January 23-24, 2017 | <i>Coding & Billing Seminar</i>
Nashville, TN
Learn more and register here |