



American Orthotic & Prosthetic Association

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AOPA In Advance SmartBrief

Breaking News

December 20, 2016

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Upcoming Events

<p>CMS Announces Initial Implementation of Prior Authorization Program-No Prosthetic Codes Included</p>
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On December 19, 2016, the Centers for Medicare and Medicaid Services (CMS) announced the initial implementation of the Medicare prior authorization program that was authorized through the final rule published on December 30, 2015.

As expected, CMS has chosen a cautious approach in implementing its prior authorization program. The initial list of codes subject to prior authorization only contains 2 codes, both of which describe power wheelchairs. The two codes selected are:

K0856--Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds; and

K0861--Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.

In addition to limiting the number of codes initially subject to prior authorization, CMS has chosen to implement the prior authorization process in two phases. The first phase will be implemented on March 20, 2017 and will require prior authorization for the two codes above in one state within each DME MAC jurisdiction. The second phase will be implemented on July 17, 2017 and will expand the prior authorization program for the two codes above nationwide.

While the initial implementation of the Medicare prior authorization program does not include any lower limb prosthetic codes, the expectation remains that prior authorization for most lower limb prostheses will become reality at some point in the future. AOPA will continue to monitor developments and communicate any new information to its members.

[Read the CMS announcement here.](#)

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

Congress Adjourns-No Final Action on Medicare O&P Improvement Act or Other Medicare Issues in Final Continuing Resolution

The 114th Congress completed its work in a "beat the clock" enactment around 11:30 pm on Friday evening, December 9 by the Senate passing a Continuing Resolution (CR) just 30 minutes before the government would have shut down. That Continuing Resolution will keep the U.S. government operating through April, and without enacting the provisions of the Medicare O&P Improvement Act (H.R. 1530/S.829). As the saying goes, "close doesn't count," but the story of how remarkably close we did come to enacting the bill does both reflect how very different this Congress was from the O&P vantage point, as well as holding some significant promise that we'll get this done, hopefully early in the next Congress.

[Click here to read the full summary.](#)

U.S. District Court Grants Judgment to Hospital Association, Mandates HHS Remedial Action to Reduce ALJ Waiting Period

In mid-2014, the American Hospital Association (AHA) filed suit against HHS challenging the long delays—far in excess of the statutory limit of 90 days—before RAC audit appeal cases are heard by an administrative law judge (ALJ). Early on, the District Court ruled against AHA, but was overruled by the Court of Appeals. In now ruling in favor of AHA, the Court clearly demonstrated its impatience with the long delays, but also was careful not to try to force the hand of HHS with specific steps. Instead, the Court adopted a remedy with four threshold dates at which HHS is instructed to have reduced the back-up in ALJ hearings by set percentages.

Namely,

By December 31, 2017 – 30% reduction in the backlog

By December 31, 2018 – 60% reduction in the backlog

By December 31, 2019 – 90% reduction in the backlog
By December 31, 2020 – 100% reduction in the backlog

AHA had also proposed the remedy that the Court automatically issue rulings for defendants as January, 2021 for any cases where there was a backlog of more than one year. The Court refused that request, at least for the present, though it left the door open to reconsider that if HHS fails to meet the above targets.

How will this potentially impact O&P RAC claims? O&P RAC claims comprise a disproportionately high percentage of all Part B RAC claims. The lawsuit by AHA involved Part A hospital claims. Nonetheless, AHA is very likely to set some new mechanisms—possibly the opportunity for those appealing audit decisions to accept settlements based on the history of success in appeals. Such a mechanism was previously crafted by HHS and extended to hospitals, but it did not succeed in markedly reducing the ALJ backlog.

Stay tuned, and AOPA will keep you apprised as finally, the courts demand that HHS/CMS take seriously the statutory requirement that entitles a provider who is audited, to receive an ALJ decision within 90 days of filing the appeal. The Court readily acknowledged that, “(T)he agency is also bound by statutorily mandated deadlines, of which it is in flagrant violation as to hundreds of thousands of appeals.”

[Read the memo from United States District Judge James E. Boasberg.](#)

AOPA Celebrates 100 Years in 2017 – Become a Part of the Story

AOPA will be celebrating its 100 year anniversary in 2017! AOPA will be memorializing the centennial by producing a keepsake member directory and a commemorative website. We will host special events at the World Congress in Las Vegas September 6-9, and each issue of the 2017 O&P Almanac will have highlight some aspect of our shared history.

The 100th Anniversary Commemorative Who’s Who Membership Directory will be printed and distributed as a gift to all of our AOPA members. In it, you will see your company name, address, and employee names – all AOPA members will be listed. The directory will also include special sections for O&P history, technology timelines, and photographs that will showcase our members’ proud heritage.

AOPA members have the opportunity to add a special message to AOPA in the directory. We are offering congratulatory ads that you can submit that would include your logo, name, and website with your message to AOPA. You can design your own or use our template.



We are also collecting photographs, memorabilia, and personal stories to be used on the commemorative website, social media, and at the AOPA World Congress. [Please share here.](#) Your story is our story.

[Review the details of the directory.](#) We look forward to celebrating 100 years with you. [You can order your ad online.](#) The deadline to reserve a space in the directory is January 15. Ad materials will need to be submitted by February 25.

Contact Bob Heiman at bob.rhmedia@comcast.net or (856) 673-4000 with any questions.

Create an AOPAversity Profile TODAY!



Questions? Contact rgleeson@AOPAnet.org.

CMS Releases the 2017 DMEPOS Fee Schedule

The Centers for Medicare and Medicaid Services (CMS) has released the [2017 Medicare DMEPOS fee schedule](#) which will be effective for Medicare claims with a date of service on or after January 1, 2017. The 2017 Medicare fee schedule for orthotic and prosthetic services will be increased by 0.7% over 2016 rates. The 0.7% increase is a net reflection of the 1% increase in the Consumer Pricing Index for Urban Areas (CPI-U) from June 2015 through June 2016, combined with the annual Multi-Factor Productivity Adjustment (MFP) of -0.3%.

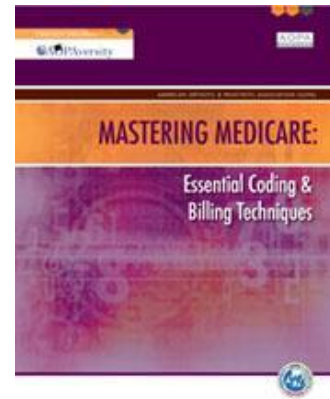
The 0.7% increase in the O&P Medicare fee schedule for 2017 is relatively good news after the fee schedule was actually reduced by 0.4% in 2016. Unfortunately, the 2% sequestration based reduction to all Medicare payments remains in effect (currently through 2025) meaning that Medicare fee for service payments will continue to be reduced by 2% due to sequestration. While sequestration continues to impact Medicare reimbursement, it is not cumulative. You will still receive 0.7% more for a service you provide in 2017 than you did in 2016 since the 2% sequestration reduction would be applied to both claims.

[Download the 2017 Medicare DMEPOS fee schedule from the CMS website.](#)

AOPA's In-Demand Coding & Billing Manuals are for Sale

AOPA will be making a limited supply of the Mastering Medicare: Essential Coding and Billing Techniques Manual, used at AOPA's popular Coding and Billing Seminars, available for purchase.

Manuals can be purchased at \$185 plus \$7 shipping and handling. Get yours while supplies last! [Purchase your copy.](#)



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.

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

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](#).

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

Upcoming AOPA Events

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| 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 15, 2017 | <i>Deadline to reserve a space in the AOPA Directory</i>
Review the details of the Directory here |
| January 23-24, 2017 | <i>Coding & Billing Seminar</i>
Nashville, TN
Learn more and register here |