



American Orthotic & Prosthetic Association

www.AOPAnet.org

AOPA In Advance SmartBrief
Breaking News
July 6, 2017

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Complete Survey to Receive a Free OPC Compensation Report - NEW Deadline July 14th



Forward thinking managers are eager to receive their company's Operating Performance and Compensation (OPC) customized company report. This report, available to each AOPA member taking part in the 2017 OPC Survey, is a scorecard on how your O&P facility's operating performance compares with others of similar size and geographic location.

To receive your company's Operating Performance and Compensation customized company report, you'll need to complete the survey by the **new extended deadline – July 14th**. It's FREE. You'll also get the opportunity for a 30 minute consultation with Industry Insights about your findings. Don't miss out on this Scorecard Opportunity! Go to www.aopa-survey.com to fill out the survey online or call 571-431-0810 for more information.

Sign Up for the July 12 AOPA Webinar

Don't miss this month's webinar: [Know Your Resources: Where to Look to Find the Answers](#)

What do you need to know about documentation? Earn 1.5 credits during the Wednesday, July 12th webinar and learn everything you need to know. [Click here to register](#). Topics discussed include:

- Learn how to navigate the CMS website
- What information can be found on the PDAC website?
- What information can be found on your DMA MAC websites?
- Which Medicare Manuals apply to O&P?
- Where do I go to find out about appeals?

July 2017

12

1:00 PM Eastern

AOPA and Amputee Coalition Hold Joint News Conference

Last week, a Congressional Briefing was held on the Value of Rehabilitation and Habilitation Services and Devices, organized by the ITEM Coalition and Habilitation Benefits Coalition (representing 60 organizations). AOPA, while not an organizer, was in attendance, and hosted a joint news teleconference with the Amputee Coalition immediately after the briefing. [Click here to listen to the audio from the conference](#).

Many of the two million Americans who are amputees – including military veterans, accident victims, and older Americans – could lose care and the mobility and liberty that comes with that care if federal health care reform is not crafted to avoid three “pitfalls,” according to the American Orthotic & Prosthetic Association (AOPA) and the Amputee Coalition.

As outlined by the groups in a Tuesday news conference, the “big three” priority issues for amputees are as follows: (1) no cuts to Medicaid that would turn back the clock on the limb-loss/mobility impaired community in terms of access to needed treatment and state-of-the-art devices; (2) no waivers as to rehabilitative and habilitative services (an essential health benefit) that could be used to deny access to care and treatment for amputees; and (3) no changes to authorize higher premiums with respect to amputation as a pre-existing condition that could interfere with coverage access. (See details below.)

AOPA President Michael Oros said: **“For amputees, loss of affordable health insurance not only means a loss of care, it also means a loss of independence and liberty in the form of the mobility that the care makes possible. AOPA and the Amputee Coalition are also concerned about the tendency of the insurance industry to use discussion of the potential for any cuts as the basis denial of service, even when bills or regulations are not enacted. We are talking about two million Americans here, many of whom are gainfully employed, paying mortgages and raising families, and actively involved in their communities.”**

Dr. Jeff Cain, head of advocacy program of the Amputee Coalition, a Denver physician, and former president, American Academy of Family Physicians, said: **“Arms and legs are not a luxury ... I have three concerns about the current health care reform that could severely limit people with amputations: #1) If fewer people have insurance, fewer people can afford health care, and that means fewer amputees will be able to afford a leg to stand on ... second, not**

mandating essential health benefits, including habilitative and rehabilitative services, would mean that the cost to insure those people would rise dramatically. If you can't afford an insurance policy, you can't afford a leg to stand on ... and third, we cannot afford to go back to the pre-ACA world of pre-existing conditions, which prevented amputees across the country from being able to afford a leg to stand on."

More details about the three areas of concern for AOPA and the Amputee Coalition are detailed here:

- **Medicare cuts.** Orthotics and prosthetics provided through Medicaid to millions of individuals are at risk within the current framework of healthcare legislation reform. In 2013, around the time the Medicaid expansion was in full effect, the recorded number of amputations (upper and lower extremity) was 154,000 and 14% of those were paid by Medicaid as compared to 18% by private payers. Since the majority of amputations are between the ages of 45-64, the time before someone becomes eligible for Medicare, and the fact that not all private payers cover prosthetics, the loss of Medicaid expansion could be detrimental to patients facing limb loss and already suffering from limb loss.
- **Essential health benefits.** Removing of certain essential health benefits from insurer plans may cause individuals to face the possibility of not having coverage for orthotics and prosthetics (bracing and artificial limbs), or be faced with unrealistic annual limits or artificial lifetime caps. Orthotics and prosthetics are considered an essential health benefit under the rehabilitative and habilitative services and devices category; in part because it was included in 70-75 percent of private payer plans. If essential health benefits are removed we could return to 25-30% or more of private employer plans not covering orthotics and prosthetics, and possibly even an increase in the number of non-employer based plans not including O&P coverage.
- **Pre-existing conditions.** Amputations which are traumatic or caused by an accident, may not always be considered a pre-existing condition, however if the amputation and all follow-up care is required as a result of a disease (non-traumatic); then it could be considered as a pre-existing condition. For example, diabetes may be curable but can also be a long-term illness and lead to an amputation; and cause insurance companies to declare the amputation as a pre-existing condition. A large number of individuals have been affected by the burdens caused by diabetes, in 2010 29.1 million individuals were diagnosed with diabetes and in 2010 60% of non-traumatic lower-limb amputations among adults were attributed to people with diabetes. There are also several conditions (e.g. cerebral palsy or multiple sclerosis) currently listed as pre-existing, and life lasting, which may result in some type of limb impairment and require the use of an orthosis.

Click on the links below for news articles generated from the Teleconference:

[The Sacramento Bee](#)
[Healio](#)
[Task & Purpose](#)
[HME News](#)

AOPA is Looking for Legislative Contacts – Do you have a Relationship with a Legislator?

AOPA needs a few good men and women to advance our advocacy efforts. Many AOPA members have treated a member of Congress, or member of their family. Or maybe you know a member of the U.S. House or Senate because you go to the same church, or your children go to the same school, or play on the same soccer team.

In the end, all politics is local. AOPA is starting a systematic plan to identify AOPA members who may either have such an existing relationship with their legislator, or are interested and have a path where they can develop such a relationship. Making a "cold call" and asking your legislator to help with something is hard - both for you as constituent and for your legislator, who clearly can't say "yes" to everyone. On the other hand, if you have built a relationship when there isn't an "ask," have invited your legislator to visit your practice, have educated him/her about the care you provide to their constituents, maybe have supported them at a fundraiser, then it becomes much more natural to ask for help when you really need it.

Contact Lauren Anderson at landerson@AOPAnet.org with the name of your legislative contact.

Jurisdiction D Reports Pre-Payment Audit Results

Noridian Healthcare Services, which serves as the Jurisdiction D DME MAC, recently released results of pre-payment audits for walking boots described by L4361 and spinal orthoses described by L0648 and L0650. While the overall denial rates for these audits remain high, they are slightly lower than they have been in the past which is an encouraging sign.

The pre-payment review for L4361 included 704 claims, of which 462 were denied for an overall denial rate of 66%. Common reasons for denial included failure to respond to requests for additional documentation, invalid proof of delivery documentation, and an incomplete or missing detailed written order.

The pre-payment review for L0648 included 399 claims, of which 314 were denied for an overall denial rate of 79%. The pre-payment review for L0650 included 1,126 claims, of which 986 were denied for an overall denial rate of 88%. In addition to the reasons above, many claims for these spinal orthoses were denied as same or similar to a previous claim.

Based on the overall denial rates, Noridian will continue its pre-payment review of services described by L4361, L0648 and L0650. Questions regarding this issue may be directed to Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

Jurisdiction D DME MAC Reports Results from Ongoing Review of Knee Orthoses

Noridian Healthcare Solutions, who serves as the Jurisdiction D DME MAC, recently released results of its ongoing pre-payment review of knee orthoses described by HCPCS codes L1832 and L1843.

Unfortunately, the denial rate for both HCPCS codes was 100% for the claims reviewed from January 2017 through April 2017. There were 139 claims selected for review for L1832 and 117 claims selected for review for L1843. The four top denial reasons were:

- Documentation does not support custom fit criteria

- Documentation does not support coverage criteria
- Lack of response to request for additional documentation
- Proof of delivery is incomplete or missing elements

While the report from Noridian does not specify how many claims were denied for each of the reasons above, it is discouraging to continue to see claims denied for lack of response and invalid proof of delivery as these functions are completely within the capability of the O&P provider. AOPA has had discussions with Noridian regarding potential reasons for such high denial rates, especially for knee orthoses and will continue to work with Noridian on education strategies to reduce the overall denial rate for these services.

Save Big with AOPA Webinar Wednesdays

Stay on top of all relevant reimbursement issues and earn 1.5 CE credits each month. One registration is all it takes to provide the most reliable business information for your entire staff.

Summer Savings:
Buy 5 Webinars and Get 3 Free
\$495 members/ \$995 nonmembers

Every Month
2017

2nd Wed

1:00 PM Eastern

REGISTER

Subscribe to the July-December half-year series and get 3 free webinars. Note that this includes 2 bonus webinars added as part of Healthcare Compliance & Ethics Week, which are free to all AOPA members with no purchase required.

Just \$495 members/\$995 non-members for all 8 webinars! Individual webinars are \$99 AOPA members/\$199 non-members.

NIH Omnibus Solicitations for Small Business Grant Applications

The National Institutes of Health invites eligible United States small business concerns (SBCs) to submit Small Business Technology Transfer (STTR) and Small Business Innovation Research (SBIR) grant applications. Click each of the following funding opportunity announcements to learn more:



National Institute
on Minority Health
and Health Disparities

[PHS 2017-02 Omnibus Solicitation of the NIH, CDC, and FDA for Small Business Innovation Research Grant Applications \(Parent SBIR \[R43/R44\]\)](#)

[PHS 2017-02 Omnibus Solicitation of the NIH for Small Business Technology Transfer Grant Applications \(Parent STTR \[R41/R42\]\)](#)

Register by August 7th for Early Bird Pricing to Attend the AOPA World Congress



AOPA is excited to share the great news of our new lower room rate at the Mandalay Bay. **Only \$125/night** for a great room during the World Congress at the Mandalay Bay Resort in Las Vegas! The room block will fill up early, so book your room today.

Register for the World Congress by **August 7** to register at the discounted early-bird rate!

AOPA and our 9 international partners welcome you to expand your knowledge, grow your market presence, and advance your career at this unique global gathering. [Register now](#).



When in Vegas, Party with a Purpose

With the money you'll save on the lowered room rate for the 2017 AOPA World Congress, choose to attend the "Party with a Purpose" on Thursday, September 7 at 6:30 PM at the 1923 Bourbon Bar - a private and modern speakeasy inside the Mandalay Bay Resort & Casino.

The evening will include dinner, prohibition inspired specialty cocktails, access to a private cigar lounge, and a silent auction. Don't forget about the live entertainment provided by [The Moonshiners](#). Space will be limited, so be sure to secure your spot today!

This is a special event and certain rules and restrictions may apply. For additional information about the Party with a Purpose or to register, contact Devon Bernard at dbernard@AOPAnet.org.



Last Call to Register for the Coding & Billing Seminar in Pittsburgh, July 17-18

Join the AOPA Billing & Coding Experts July 17-18 in Pittsburgh, PA

There is still space to register for the July Coding & Billing Seminar. 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](#)

Upcoming AOPA Events

July 12, 2017	<i>Know Your Resources: Where to Look to Find the Answers</i> AOPA Webinar Learn more and register here
July 17-18, 2017	<i>Coding & Billing Seminar</i> Pittsburgh, PA Learn more and register here
August 9, 2017	<i>What the Medicare Audit Data tells us & How to Avoid Common Errors</i> AOPA Webinar Learn more and register here