



American Orthotic & Prosthetic Association

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AOPA In Advance SmartBrief
Breaking News
September 26, 2017

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Update on the Graham-Cassidy Healthcare Bill

We know that all AOPA members are very interested in all health care reform efforts, as they have the potential to impact both the patients we serve, and how AOPA members plan and conduct their business. AOPA members who attended this year's May Policy Forum had the opportunity to meet Senator Bill Cassidy (R-LA), and heard from him first hand his thoughts on how Congress might go about trying to attain universal health coverage in an alternative to the Affordable Care Act (ACA). While the Cassidy-Graham bill that emerged, and has dominated headlines in the past ten days, reflected some changes from the plan that Senator Cassidy had outlined at the Forum, it does reflect Senator Cassidy's aspirations to move funding resources closer to the patient, while trying to come to grips with expansion of Medicaid coverage.

Because of the political impasse between Republicans and Democrats about the topic of "repeal and replace," Republicans have sought to pursue legislation to address the ACA under the rules of "budget reconciliation," which avoid the prospect of filibuster, and thereby avoid the need for 60 votes to bring debate to a close on a matter in the U.S. Senate. Because the federal government's fiscal year ends, and the *budget* year concludes at midnight on Saturday evening, September 30, the opportunity to operate under these filibuster-proof rules expires at that time, and this in turn has generated a haste in trying to act on the Cassidy-Graham bill. Throughout this year, AOPA has viewed reform initiatives through the lens of impact on three patient-centric provisions: Cassidy-Graham would: (1) recognize the prospect of waivers available to states to modify the ACA's essential health benefits (which could therefore impact the current "rehabilitative and habilitative essential benefit"); (2) patients with pre-existing conditions—including a substantial number of O&P patients—would be assured of being eligible for coverage, although state waivers might be invoked that could increase the cost of coverage for those with pre-existing conditions; and (3)

Cassidy-Graham would shift Medicaid funds via block grants to the states in accordance with a formula, envisioning reduction of expansion of federal Medicaid funding over a period of years.

At press time for *AOPA SmartBriefs*, the outlook for Cassidy-Graham was mixed. With all 48 Senate Democrats aligned in opposition to the bill, and with at least three Republican Senators—Sens. Collins (R-ME), McCain (R-AZ) and Paul (R-KY)—stating that they intended to vote against the bill, the arithmetic looks adverse unless one of the Democrats or one of the three Republicans shifts position without any other Republicans gravitating to the opposition column. Clearly, this is an important deliberation in process, with the time pressures before September 30 limiting the extent of independent CBO analysis. We'll keep AOPA members apprised of further significant developments on Cassidy-Graham and any other health reform initiatives.

Jurisdiction D DME MAC Releases Audit Results

Noridian, the Jurisdiction D Durable Medical Equipment Medicare Administrative Contractor (DME MAC), has recently released the results of several ongoing prepayment review audits for LSOs, TLSOs, AFOs and KOs.

Spinal Orthoses

From June 2017 through August 2017 Noridian reviewed claims for the following HCPCS codes: L0450, L0452, L0454-L0458, L0460, L0462, L0464, L0466-L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0490-L0492, L0621, L0623, L0625-L0643 and L0648-L0651. The results were that TLSOs had a potential improper payment rate of 98%, LSOs had a potential improper payment rate of 100%, SOs had a potential improper payment rate of 75%, and LOs had a potential improper payment rate of 100%.

Noridian also had a focused review on L0648, L0650, L0631 and L0637. From April 2017 through August 2017 they reviewed over 2,000 claims and determined L0648 had a potential improper rate of 74% and L0650 had a potential improper rate of 72%. From March 2017 through August 2017 Noridian reviewed 328 claims for L0631 and L0637 and determined a potential improper payment rate of 98% for L0631 and 96% for L0637.

Knee Orthoses

From March 2017 through September 2017 Noridian reviewed 1,822 claims for L1833, and 1,519 were denied. This resulted in an overall claim potential improper payment rate of 85%.

From April 2017 through August 2017 Noridian reviewed 158 claims each for codes L1832 and L1843, and determined a potential improper payment rate of 99% for L1832 and 97% for L1843.

Ankle Foot Orthoses

Between March 2017 and August 2017 Noridian reviewed over 1,200 claims for L1960, L1970 and L4360. L1960 had an overall claim potential improper payment rate of 71%, L1970 had an overall claim potential improper payment rate of 70%, and L4360 had an overall claim potential improper payment rate of 98%.

The top three common denial reasons in all the reviews were:

- Documentation does not support coverage criteria, including custom fit criteria

- Documentation was not received in response to the Additional Documentation Request (ADR) letter
- Proof of Delivery (POD) was missing or incomplete

To review the full results of these or any other audits visit the [Noridian Medical Review page](#).

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

AOPA-Funded Research Published in *Archives of Physical Medicine and Rehabilitation*

In 2015, AOPA awarded a grant for a systematic review on partial foot amputation to Michael Dillon, PhD of La Trobe University. Earlier this year, an article from this research was published in *Biomed Central* as an open access article (subscription is not required): [“Outcomes of dysvascular partial foot amputation and how these compare to transtibial amputation: a systematic review for the development of shared decision-making resources”](#). This month, a new article has been published in *Archives of Physical Medicine and Rehabilitation*, and is available as open access with no login required to view it. Read the article: [“While Mortality Rates Differ After Dysvascular Partial Foot and Transtibial Amputation, Should They Influence the Choice of Amputation Level?”](#) Read about all of [AOPA's research efforts](#).

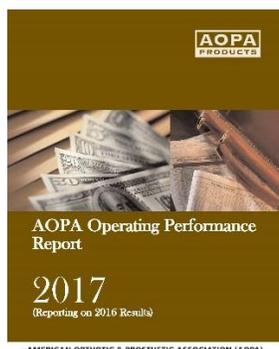
Be Sure to Use the Proper CMS-1500 Form

Effective August 30, 2017 any paper claims submitted to Medicare must be submitted using the current CMS-1500 form, version 02/12. To verify if you are using the correct form double check the version number on the top of the claim form and in the lower right hand corner. The version number should be 02/12.

Paper claims not submitted using the CMS-1500 form version 02/12 will be returned and not processed. Questions? Contact Joe McTernan (jmcternan@AOPAnet.org) or Devon Bernard (dbernard@AOPAnet.org).

AOPA Releases Results from Member Benchmarking Survey

Now Available: 2017 Operating Performance Report and 2017 Compensation and Benefits Report

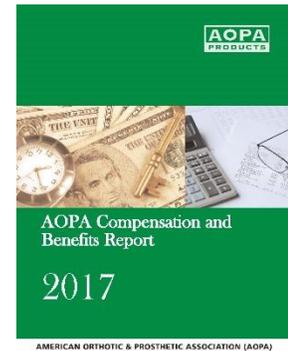


Do you need to know how your compensation and benefits compare with similar sized O&P companies or those in your geographic region? As a forward thinking manager, do you want to know how your company's financial performance compares with O&P industry leaders?

There is no better industry resource for this type of information than AOPA's annual Operating Performance Report and bi-annual Compensation and Benefits Report. Results of these member surveys are now available electronically in AOPA's bookstore. To order your copy, [visit the bookstore](#).

2017 Operating Performance Reports member/nonmember
\$185/\$325

2017 Compensation and Benefits Report member/nonmember
\$285/\$425



Promote your Brand with AOPA's new Apparel Program

AOPA is partnering with Encompass Group, a leading provider of health care apparel to offer members special prices on customized polos, scrub tops and lab coats. Customized embroidery is available.

For more information on products and available colors, go to www.iconscrubs.com. Enter access code: ICON-AOPA. Then enter your AOPA member id, and create your user profile.



Contact bleppin@AOPAnet.org for additional information or call 571-431-0810.

Upcoming AOPA Events

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| October 11, 2017 | <i>AFO/KAFO Policy</i>
AOPA Webinar
Learn more and register here |
| November 6-7, 2017 | <i>Coding & Billing Seminar</i>
Phoenix, AZ
Learn more and register here |
| November 8, 2017 | <i>Gift Giving: Show Your Thanks & Remain Compliant</i>
AOPA Webinar
Learn more and register here |
| Save the date:
January 5-7, 2018 | AOPA Leadership Conference (Invitation Only)
Palm Beach, FL |
| September 26-29, 2018 | AOPA National Assembly
Vancouver, BC, Canada |

AOPA 2nd World Congress Highlights

AOPA's Centennial Celebration and World Congress in Las Vegas set a new record with over 2,500 attendees! Exhibitors and attendees came from 41 countries, making it a truly global event.

The exhibit hall opened with a performance from the Las Vegas production La Reve- the Dream, with an impressive dancer doing backflips on a prosthetic leg. The morning opening session presented Saeed Zahedi, PhD with the Lifetime Achievement awards and 4 notable inventors were honored for their contribution to O&P: Van Phillips (Flex-Foot); Marty Carlson, CPO(E), FAAOP (Tamarack Flexure Joint); M.E. "Bill" Miller, CO, (The Boston Brace System); and Kelly James, (C-Leg).



The educational line-up was described as our "best ever", with presentations on Exosekeletons, Osseointegration, Gait Salvage, CMT, and all the latest clinical research. Business managers learned all about documentation, heard from the DME MACs, watched demos of the [AOPA Co-OP](#), and more, while pedorthic and technical education covered all the latest topics.

As part of the Prosthetics 2020 research initiative, findings from the RAND Study "Economic Value of Advanced Transfemoral Prosthetics" were presented – that microprocessor knees (MPKs) provided economic benefits and quality of life improvement over non-MPKs. The study is now available on [RAND's website](#). Al Dobson, PhD presented the updated Dobson-DaVanzo cost-effectiveness study using the 2007-14 Medicare data, that found that O&P care is still cost-effective, similar to the 2007-10 data.



Attendees enjoyed the Walk through Time showcase in the Exhibit Hall, with artifacts and photos spanning O&P's history. The Party with a Purpose fundraiser for AOPA's government relations efforts brought in over \$50,000, at an exclusive party at the 1923 Bourbon Bar Speakeasy.

See all the photos on [Flickr](#) and search #AOPA2017 on Twitter.