



American Orthotic & Prosthetic Association

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AOPA In Advance SmartBrief
Breaking News
February 6, 2018

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DME MACs Issue a Correct Coding Bulletin for Diabetic Shoe Inserts

On February 1, 2018 the four Durable Medical Equipment Medicare Administrative Contractors (DME MACs) issued a correct coding bulletin that addresses proper coding of diabetic shoe inserts described by HCPCS codes A5512, A5513, and the recently created K0903 which describes custom fabricated, total contact inserts that are manufactured through a direct milling process that utilizes a digital model of the patient's foot to direct a CAM based system in the fabrication of the insert.

The correct coding bulletin indicates that the PDAC coding redetermination review project, which was initially announced in August of 2017 and scheduled to be completed by June 1, 2018 has been extended to a new completion date of August 1, 2018 to allow manufacturers and central fabricators additional time to submit applications for their respective products. All diabetic inserts billed to Medicare using A5513 or K0903 must be listed on the PDAC product classification list no later than August 1, 2018. Inserts that are not included on the PDAC list by August 1, 2018 must be coded as A9270 and will be considered non-covered by Medicare.

Direct milled inserts described by K0903 must be billed using K0903 for dates of service on or after April 1, 2018, the effective date of the code regardless of how they are currently listed on the

PDAC product classification list. In addition, manufacturers and central fabricators of direct milled inserts must submit their product(s) to PDAC for review no later than April 1, 2018. While K0903 is effective for date of service on or after April 1, 2018, the Centers for Medicare and Medicaid Services (CMS) has not yet issued the Medicare fee schedule amount for K0903. As AOPA previously reported, the FAQ document that accompanied the announcement of the proposed changes to the DMEPOS quality standards that included direct milled, custom fabricated diabetic inserts in the definition of “molded to patient model” included a proposed 14% reduction in the Medicare fee schedule for direct milled inserts. AOPA has challenged this proposal based on several bases, including provisions within CMS’ own instructions to contractors that require the direct crosswalk of established Medicare fee amounts when a single code is exploded into two or more similar codes, and final decision on the fee schedule amount is still pending within CMS leadership. AOPA believes that this instruction applies to the creation of K0903 as it is similar to existing code A5513. AOPA will continue to monitor CMS resources for information regarding the Medicare fee schedule for K0903 and will communicate any new information to AOPA members as soon as possible.

The DME MAC correct coding bulletin may be viewed by [clicking here](#).

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

AOPA Member Funded Research on Shared Decision Making Now Available

AOPA is delighted that this AOPA member-funded research on shared decision making has been published in *Prosthetics and Orthotics International*.

Shared decision making is a consultative process designed to encourage patient participation in decision making by providing accurate information about the treatment options and supporting deliberation with the clinicians about treatment options.

[Click here to access the abstract.](#)

CMS and Veteran’s Administration Announce Partnership to Strengthen Prevention of Waste, Fraud, and Abuse Efforts

On January 23, 2018, the Centers for Medicare and Medicaid Services (CMS) and the US Department of Veterans Affairs (VA) announced a new partnership in which they will share data, data analytics and best practices in an effort to improve both agencies efforts to combat waste, fraud, and abuse in their respective healthcare delivery systems.

The VA and CMS represent the two largest public-private healthcare organizations in the country. According to the press release, the partnership will allow the VA to take advantage of gains in data analytics developed by CMS through its Center for Program Integrity.

While the press release discussed general efforts to improve efforts to eliminate waste, fraud, and abuse and made no specific mention of orthotics and prosthetics, the announcement is a clear indication that the VA will be placing increased scrutiny on all providers in the future. While AOPA supports efforts to eliminate fraud and abuse within the healthcare sector, it must be done

in a manner that does not inadvertently lead to unnecessary restriction to access to medical y necessary care for veterans and Medicare beneficiaries.

The CMS/VA press release may be reviewed by [clicking here](#).

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

AOPA 2018 Policy Hotel Block is Open



The 2018 AOPA Policy Forum will be in March 7-8 in Washington, DC. The Policy Forum is your best opportunity to learn the latest legislative and regulatory details and how they will affect you, your business and your patients. Once you are armed with the facts, we as a profession will educate our members of Congress to offer common sense solutions and share how the O&P profession restores lives and puts people back to work.

Host Hotel:

Ritz Carlton Hotel
1250 South Hayes Street
Arlington, VA 22202

AOPA has a special rate of \$279/night until February 16.

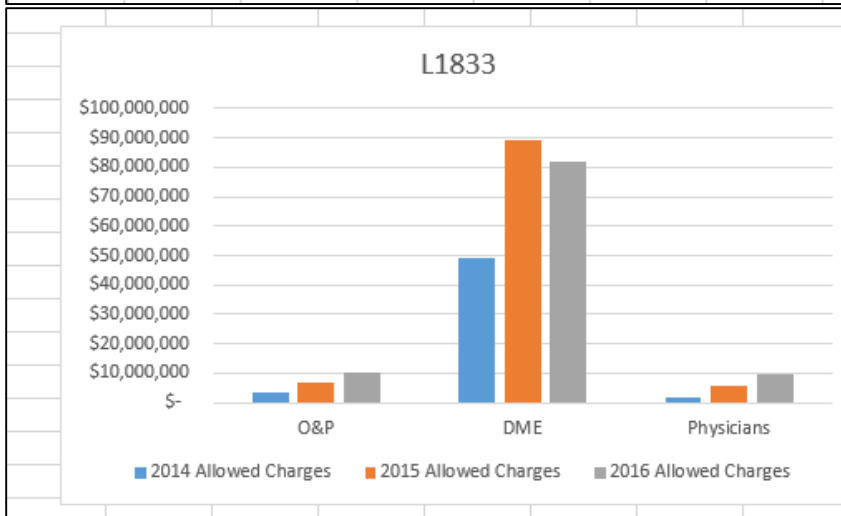
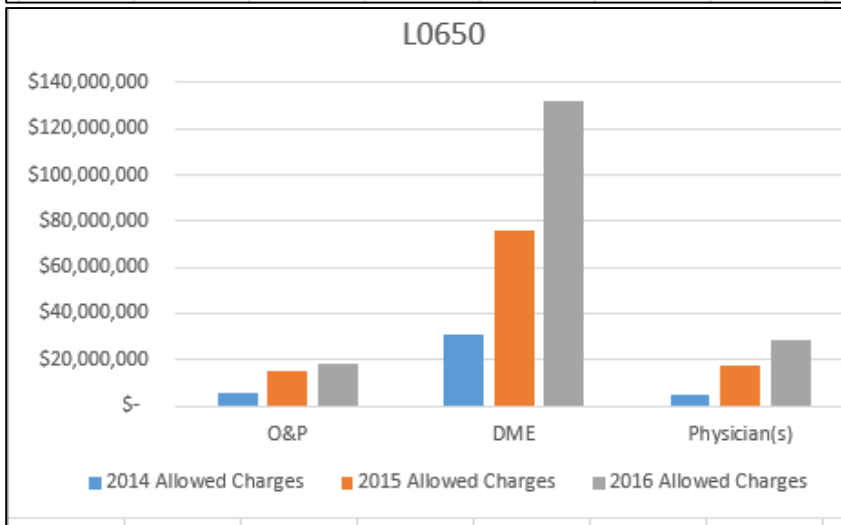
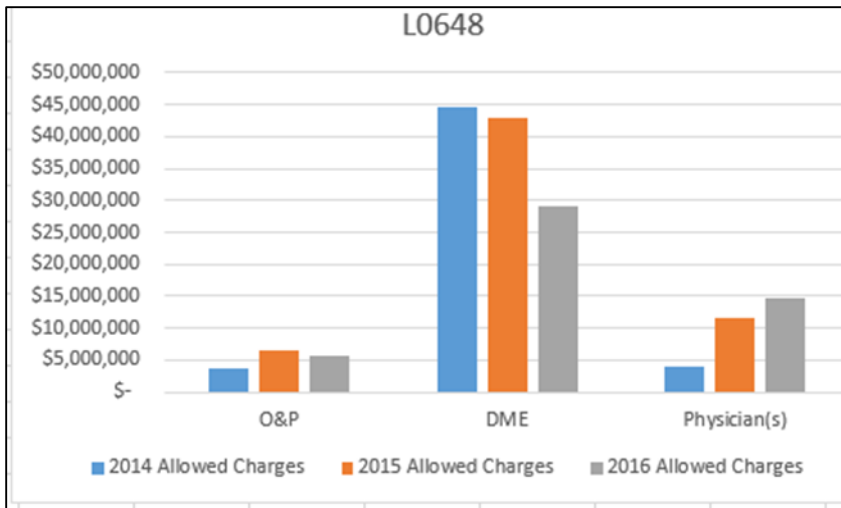
[Learn more and register now.](#)

OIG Work Plan Targets OTS Spinal and OTS Knee Orthoses

As part of its update to its 2018 work plan, the Department of Health and Human Services Office of Inspector General (OIG) announced that, based on abnormally high utilization and unusually high improper payment rates, two off the shelf (OTS) HCPCS codes that describe lumbar sacral orthoses (L0648 and L0650) and one OTS knee orthosis code (L1833) will be added as an area of focus for investigation by the OIG. All three codes identified by the OIG are part of the split code set created by CMS in 2014 that differentiated OTS orthoses from those that require the expertise of a certified orthotist or an equivalently trained professional.

In its announcement the OIG reported that, since 2014, claims for the three OTS codes have grown by 97% with allowed charges rising to \$349 million in 2016. The OIG plans to explore questionable billing practices for these three codes including the lack of medical necessity documentation from referring providers and instances where no patient/physician encounter occurred within the 12 months prior to provision of the orthosis.

Based on Medicare utilization data from 2014 until 2016 AOPA has determined that less than 10% of the OTS devices described by L0648, L0650, and L1833 were provided by traditional O&P companies. The vast majority of these devices, over 65%, were provided by DME suppliers without certified O&P professionals on staff. The graphs below show the overall utilization of each code by O&P providers, DME providers, and physicians.



While traditional O&P providers represent a small percentage of the overall utilization of these three codes, it remains wise to make sure that, when providing OTS orthoses described by these codes and any other codes, proper medical necessity documentation is maintained by the ordering physician and all Medicare policy requirements have been met. While L0648, L0650, and L1833 have not previously been identified as approved for RAC review, the outcome of the OIG review may possibly lead to additional audit activity by the RAC and other contractors. [See the OIG Work Plan.](#)

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

2018 Quick Coders are Now Available

Stop searching through numerous pages to find a code! AOPA's Quick Coder provides a speedy reference to the HCPCS orthotic, shoe and prosthetic codes and modifiers. These laminated cards are durable, long-lasting and convenient to store.

Only \$30 for members/\$80 for non-members

[Shop in the bookstore.](#)



Present at the 2018 AOPA National Assembly in Vancouver, Canada



Gain International Recognition * Advance Your Career * Improve Patient Care

AOPA is seeking high-quality educational and research content for the 2018 AOPA National Assembly, September 26-29 in Vancouver, BC, Canada. **All submissions are due March 1, 2018.**

Your submissions will set the stage for a broad curriculum of high-value clinical and scientific offerings at the National Assembly. All free paper abstracts 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



SEPT. 26-29 | VANCOUVER | CANADA

Clinical Free Papers - Present an Orthotic, Prosthetic or Pedorthic Free Paper. The top scoring papers will compete for the prestigious Thranhardt Award.

Technician Program - Submit your Technical education paper for submission the Technical Track.

Symposia - If you are interested in organizing a Symposium.

Business Education Program - The top papers will be considered for the prestigious Sam E. Hamontree, CP (E) Business Education Award.

Pedorthic Program - Healthcare professionals with an interest in Pedorthics should use this form. [Learn more.](#)

Scheck & Siress Welcomes Two New Shareholders

Scheck & Siress is pleased to announce Jason Wening, CPO, and Lakshmi Narayan Shandilya, CPO, as the newest shareholders of the firm. Jason Wening, CPO/LPO, MS, FAAOP, completed his prosthetics and orthotics training at Northwestern University and joined Scheck & Siress in 2005. Jason is an American Board Certified and Illinois Licensed Prosthetist & Orthotist, and brings a unique perspective to patient care. He is both a bilateral amputee and a biomechanist.

With over 15 years of experience in the orthotics and prosthetics field, Lakshmi Narayan is an American Board Certified and Illinois Licensed Prosthetist & Orthotist at Scheck & Siress' University of Illinois at Chicago center. He attends the Ambulatory Rehab Amputee, Neuro-Rehab, Spine-Scoliosis, and Pediatric Orthopedic clinics each week at the University of Illinois Hospital & Health Sciences System in Chicago.

Shirley Ryan AbilityLab Survey for Custom AFOs

The Shirley Ryan AbilityLab (formerly the Rehabilitation Institute of Chicago), is conducting a research study to obtain input from certified orthotists and physical therapists about quality of care indicators for custom AFO users for the project "Enhancing Quality of Orthotic Services with Process and Outcome Information" (Northwestern University IRB # STU00203034). This project aims to improve the quality of services for custom ankle-foot-orthosis (AFO) users by identifying indicators of high quality services.

The survey will take about 15-25 minutes to complete.. Contact Jamal Spraggins at 312-238-4856 (jspraggins@sralab.org) or Ontonio Jackson-Lucas at 312-238-3050 (ojacksonlu@sralab.org) with any questions. [Take the Survey.](#)

Upcoming AOPA Events

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| February 14, 2018 | <i>Inpatient Billing</i>
AOPA Webinar
Learn more and register here |
| February 26-27, 2018 | Coding & Billing Seminar
Atlanta, Georgia
Learn more and register here |
| March 7-8, 2018 | AOPA Policy Forum
Washington, D.C.
Learn more here |