AOPA In Advance SmartBrief
Breaking News
November 29, 2018

AOPA Headlines:

PDAC Contract to Transition to Palmetto GBA Effective January 15, 2019

The Centers for Medicare and Medicaid Services (CMS) has awarded the Pricing, Data Analysis, and Coding (PDAC) contract to Palmetto GBA with a transition date of January 15, 2019. Palmetto GBA will replace Noridian Healthcare Solutions who has held the PDAC contract since August 2008.

Palmetto GBA currently holds the contracts to serve as the National Supplier Clearinghouse and the Competitive Bidding Implementation Contractor. In addition, Palmetto GBA served as the contractor for the SADMERC, which was renamed the PDAC when the contract was awarded to Noridian in 2008.

Doran Edwards, MD will serve as the PDAC medical director under the new contract. Dr. Edwards is currently an associate medical director for CGS which serves as the Jurisdiction B and Jurisdiction C DME MAC.

The announcement regarding the transition of PDAC duties from Noridian to Palmetto GBA may be viewed on the Palmetto GBA website by clicking here.

There has been no announcement to date regarding new procedures to submit code verification requests, but it is expected that an announcement will be made prior to the January 15, 2019 transition date.

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

Act Now: Submit Comments on OTS Competitive Bidding

The Centers for Medicare and Medicaid Services (CMS) is soliciting comments on its proposed inclusion of off-the-shelf (OTS) spinal orthoses and OTS knee orthoses as product categories in the next round of Medicare competitive bidding. While the impact of inclusion of OTS spinal and knee orthoses will not be felt for at least two years, there is a current delay in the implementation of future rounds of competitive bidding until at least January 2021, the recent CMS announcement represents the first indication that OTS orthoses of any kind will be included in competitive bidding.

There are a total of 16 OTS spinal orthoses and 8 OTS knee orthoses that have been identified for inclusion in the competitive bidding program. AOPA has performed a preliminary analysis on the codes included in the proposal, and traditional O&P providers are responsible for less than 15% of overall claims submitted to Medicare for the codes in question. While these codes do not represent a large portion of a typical O&P practices business, AOPA continues to believe that no orthoses should be subject to competitive bidding; especially considering the inappropriate expansion of the definition of OTS.

AOPA will be submitting comments to CMS indicating that competitive bidding for OTS orthoses is not in the best interest of patients or the Medicare program. Click here to submit pre-drafted comments to CMS via email. Comments must be submitted by midnight on December 17, 2018.

DME MACs Publish Revised "Dear Physician" Letter Regarding Documentation of Orthotic and Prosthetic Services

On November 13, 2018, the DME MACs published a revised Dear Physician letter that addresses the Medicare requirements for documentation within the referring physician's medical records that support the medical necessity of orthotic and prosthetic services provided to Medicare beneficiaries. This letter replaces an early Dear Physician letter,

issued in August, 2011 that was retired earlier this year as a result of the passage of legislation which AOPA had promoted and lobbied for (Section 50402) that requires Medicare to consider the medical records of orthotists and prosthetists as a legitimate part of the medical record for purposes of claims payment and medical necessity review/determinations.

The newly released letter acknowledges the legislative change that was passed in February, 2018 and reminds physicians that while orthotist and prosthetists notes are now part of the patient's medical record for purposes of medical necessity review, it emphasizes the continued need for referring physicians to document the medical need for the O&P devices they prescribe. The letter stresses that O&P practitioner notes must "corroborate and provide details consistent with the physician's records" and that conflicting information in the physician's notes and O&P practitioner notes may result in claim denial.

The letter continues on to discuss the importance of physician documentation of the patient's overall health to support their assigned functional level including symptoms limiting ambulation or dexterity, ambulatory assistance that the patient is using either in addition to their prosthesis or that they used prior to amputation, co-morbidities affecting ambulation and the ability to use a prosthesis, a summary of their activities of daily living, and a physical examination that is relevant to functional deficits. AOPA is encouraged by the continued acknowledgement of a patient's potential as a factor when establishing their appropriate functional level as well as the reminder that bilateral amputees cannot always be strictly bound by functional level classifications.

While the letter certainly is not perfect, AOPA is pleased that the DME MAC Medical Directors have acknowledged the legislative change that requires the recognition of O&P Practitioner notes as part of the medical record. As AOPA has reported in the past, the legislative change does not and was not intended to remove or diminish the role of the physician as a vital partner in the rehab team. In this respect, the legislation generally puts things on documentation back to where they stood in July, 2011 (before that Dear Physician sought to completely eliminate all consideration of the O&P professional's notes and records)—O&P clinical records are legitimate as consistent with, corroborative of, and fill in additional details in addition to the physician's prescription and clinical findings submitted to CMS. This matches with the intent of the legislation to acknowledge and recognize the role of the O&P practitioner as a health professional with valuable clinical input on the overall health and prosthetic needs of the Medicare beneficiary.

AOPA is quite concerned by this latest Dear Physician letter's assertion that prior and concurrent patient use of ambulatory aids (canes, walkers, crutches and wheelchairs) as in any sense a significant consideration in determining a patient's functional level, This was a central tenet of the July 2015 proposed Local Coverage Determination which was universally criticized by all 80+ witnesses at the public hearing (also for lack of any scientific justification), and which was rejected earlier this year by the CMS Interagency Workgroup's repudiation of that draft LCD, which also has since been 'retired.' Further, multiple scientific studies have shown that ambulatory aids are not necessarily an impediment to function and often improve a patient's ability to effectively use a prosthesis.

AOPA will review the revised Dear Physician letter and provide any concerns that it has to the DME MAC Medical Directors, and other Medicare authorities.

The revised Dear Physician letter may be viewed here.

2019 Medicare Part A & B Deductibles Premiums, & Coinsurance Amounts Released

The Centers for Medicare and Medicaid Services (CMS) has recently announced the Medicare premium and deductible rates for 2019. The monthly Medicare Part B premium will begin at $135.50. This is slightly higher than the 2018 amount of $134. The Medicare Part B deductible for 2019 has increased by $2 and will be set at $185.00; the Medicare Part B coinsurance remains at 20 percent of the Medicare allowed charge.

The Medicare Part A deductible for 2019 is set at $1,364 and the daily co-insurance amount for days 61-90 is $341 and the lifetime reserve day's rate is set at $682. Lastly, the SNF Part A extended care days co-insurance (day 21-100) will be $170.50 for 2019.

Amounts in Controversy for 2019 Released

Medicare recently released the Amounts in Controversy (AIC) for the 2019 calendar year. The AIC is the monetary threshold which must be met to file an appeal with the Administrative Law Judge (ALJ), third level of appeal, and with the Federal District Court, fifth level of appeal. The 2019 AIC for the ALJ is $160 and the AIC for the Federal District Court is $1,630. The new AICs will be effective for all appeal requests filed on or after January 1, 2019.

CMS Proposes OTS Spinal Orthoses and OTS Knee Orthoses as Product Categories for Next Round of Competitive Bidding

On November 1, 2018, the Centers for Medicare and Medicaid Services (CMS) announced that it is soliciting comments on its proposed inclusion of off-the-shelf spinal orthoses and off-the-shelf knee orthoses as product categories in the next round of Medicare competitive bidding. This announcement came on the same day that the final rule on changes to the competitive bidding program was announced. Ironically, a provision of the final rule was the announcement of a delay in the implementation of future rounds of competitive bidding until at least January 1, 2021. While the impact of inclusion of OTS spinal and knee orthoses will not be felt for at least two years, the recent CMS announcement represents the first indication that OTS orthoses of any kind will be included in competitive bidding.

There is a total of 16 OTS spinal orthoses and 8 OTS knee orthoses that have been identified for inclusion in the competitive bidding program. AOPA has performed preliminary analysis on the codes included in the proposal and traditional O&P providers are responsible for less than 15% of overall claims submitted to Medicare for the codes in

question. While these codes do not represent a large portion of a typical O&P practices business, AOPA continues to believe that no orthoses should be subject to competitive bidding and will be submitting comments to CMS indicating that competitive bidding for OTS orthoses is not in the best interest of patients or the Medicare program. The CMS announcement may be viewed here. Comments must be submitted by December 3, 2018.

HCPCS Code Changes for 2019

The Centers for Medicare and Medicaid Services (CMS) has released the new Healthcare Common Procedure Coding System (HCPCS) codes for 2019, and there were a few minor changes. 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, 2019.

New Codes

Code	Descriptor
A5514	For diabetics only, multiple density inserts, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated

Changes in Code Descriptors

Code	New Descriptor	Old Descriptor
A5513	For diabetics only, multiple density inserts, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer **(**or higher**)**,	For diabetics only, multiple density inserts, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher, includes arch filler and

	includes arch filler and other shaping material, custom fabricated, each	other shaping material, custom fabricated, each

The change in the descriptor is a minor grammatical change, and not an actual change in the code verbiage. The new descriptor places parenthesis around the phrase or higher. The change makes the descriptor in line with the verbiage of the A5512 and the new A5514.

Deleted Codes

Code	Descriptor
K0903	For diabetics only, multiple density inserts, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each

The temporary K code, K0903, which has been active since April 1, 2018 has been deleted and will be cross walked to the newly created A5514 code.

AOPA's Coding and Reimbursement Committee will review the list of changes and provide appropriate comments to CMS.

As a reminder registration is still open for the December 12, 2018 AOPAversity webinar (New Codes, Medicare Changes & Updates), which will focus on the changes to the HCPCS code set and any other upcoming Medicare changes which may impact your business in 2019.

CMS Releases Final Rule on DMEPOS Competitive Bidding and Potential Changes to Gap Filling Methodology

On November 1, 2018 the Centers for Medicare and Medicaid Services (CMS) published a final rule that addressed changes to the DMEPOS Competitive Bidding program and potential changes to the gap filling methodology that is currently used to establish Medicare fee schedules for new HCPCS codes.

The final rule followed a proposed rule that was published on July 11, 2018. AOPA submitted comments on the proposed rule on September 10, 2018. The competitive bidding and gap filling provisions addressed in the final rule are part of the larger final rule entitled, "*Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, Durable Medical Equipment, Prosthetics, Orthotics and*

Supplies (DMEPOS) Competitive Bidding Program (CBP) and Fee Schedule Amounts, and Technical Amendments to Correct Existing Regulations Related to the CBP for Certain DMEPOS". This is a rule that is published annually to update the Prospective Payment system for the Medicare prospective payment system for the Medicare End Stage Renal Disease program but has also been used to announce changes to the DMEPOS competitive bidding program.

The final rule confirmed that there will be at least a two year pause in the Medicare DMEPOS competitive bidding program while the provisions of the final rule are implemented, and new contract proposals are solicited and evaluated for award. In the final rule, CMS does not expect the next round of competitive bidding to begin prior to January 1, 2021.

The provision of the proposed rule that is of greater immediate interest to AOPA members is one that requested input on improving the gap filling methodology that is currently used to establish Medicare fee schedule amounts for new HCPCS codes. In the proposed rule, CMS announced that it was soliciting comments on how to improve the gap filling process. In its comments, AOPA recommended that the gap filling process must be completely transparent and must be modernized to include accurate resources when establishing Medicare fees. While CMS received significant comments on the gap filling process, it declined to initiate any changes to the gap filling process as part of the final rule. The final rule only acknowledged the comments on the gap filling process and indicated that it would consider the recommendations that were submitted.
AOPA will continue to communicate with CMS regarding ways to improve the gap filling process and will report any changes to AOPA members.

Call for Papers for the 102ND AOPA National Assembly in San Diego

Improve Patient Care * Gain International Recognition * Advance your Career

AOPA is seeking high-quality clinical education and research content for the 102nd AOPA National Assembly to be held September 25-28, 2019 at the San Diego Convention Center in San Diego, CA USA.

Your submissions, will set the stage for a broad curriculum of high-value clinical and scientific offerings at the 2019 National Assembly.

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 2019 National Assembly.

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 POP
- Osseointegration
- New and interesting O and P designs and clinical techniques
- Pediatric O and P
- Scoliosis
- Evidence based practice

SYMPOSIA/INSTRUCTIONAL COURSE – Symposia are presentations of related research addressing specific topic or controversies in orthotics and prosthetics or related fields. These symposia should bring together the world's leading experts and researchers to present current evidence on the subject. The specific format will be determined by the symposia chairperson and when appropriate, may present differing points of view on a topic. Instructional Courses are designed to provide a more in-depth overview of a topic and should employ recognized subject matter experts to disseminate techniques, processes or concepts related to treatment of a specific area of practice that are generally accepted as state of the art or current best practice.

For more information on presenting business or technical education visit the National Assembly website online.

AOPA Board Addresses and Provides Guidance on Issues of Non-Discrimination and Anti-Harassment in the Workplace

At its most recent meeting on September 24 at the AOPA National Assembly in Vancouver, the AOPA Board unanimously adopted the following statement, and determined to both include this in *AOPA Code of Interactions with Health Care Professionals,* and to recommend it to all AOPA Members (educational programming in support of this statement is being considered):

Nondiscrimination/Anti-Harassment in the Workplace
AOPA member companies, as assembled groups of healthcare professionals, must operate in full compliance with all federal and state laws, including those that govern discriminatory practices. Title VII of the Civil Rights Act of 1964 prohibits employers from discriminating against employees on the basis of sex, race, color, national origin, and religion. By way of accreditation, it is established that O&P facility owners operate with compliance plans that adhere to these tenets and condemn any form of discriminatory practices in the workplace. *Every employee is entitled to fair treatment in the workplace.* Any violation of these conditions is not consistent with the standing of AOPA member companies as assembled groups of healthcare professionals and is not consistent with this Code. More importantly, any violation of these conditions is almost certainly illegal, and punishable under state or federal laws.

AOPA also provided input on this issue to the O&P Alliance at its meeting in Vancouver which resulted in establishment of an Alliance Work Group on this item. AOPA has since submitted suggested language for an open letter from the O&P Alliance.

Upcoming AOPA Events

December 12, 2018	*New Codes, Medicare Changes & Updates* AOPA Webinar Learn more and register here
January 4-6, 2019	AOPA Leadership Conference Scottsdale, Arizona Learn more here
January 8, 2019	*Understanding the Knee Orthoses Policy* AOPA Webinar Learn more and register here
March 25, 2019	*Call for Papers Deadline* AOPA National Assembly Learn more submit here