



American Orthotic & Prosthetic Association

www.AOPAnet.org

AOPA In Advance SmartBrief
Breaking News
January 29, 2019

AOPA Headlines:

[BCBS Minnesota: Commercial Pre-Authorization/Pre-Certification/Notification - PA List \(Commercial\)](#)

[UHC Community Plan: DME, Orthotics, Ostomy Supplies, Medical Supplies and Repairs - Med Policy](#)

[Jurisdiction A Releases Quarterly TPE Results](#)

[Jurisdiction D Releases Quarterly TPE Results](#)

[Performant Announces New RAC Audit](#)

[CMS Releases the 2019 Medicare DMEPOS Fee Schedule](#)

[Updated Requirements for the RT and LT Modifiers](#)

[NAAOP Announces 2019 Fellowship on Public Policy and Advocacy](#)

[HCPCS Code Changes for 2019](#)

[Upcoming Events](#)

<p>BCBS Minnesota: Commercial Pre-Authorization/Pre-Certification/Notification - PA List (Commercial)</p>
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This is relevant to Upper Extremity Myoelectric Orthoses which falls under interests in Bracing.

This list has been revised with the following changes to PA list:

Added the following procedure codes to applicable codes in the service category Psychological and Neuropsychological Testing:

96121 - Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)

96130 - Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

96131 - Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and

clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)

96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour

96133 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)

96136 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes

96137 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)

96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes

96139 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)

96146 - Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only

Added the following procedure codes to applicable codes in the service category Myoelectric Prosthesis for the Upper Limb:

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

Added the following drugs with associated procedure codes:

Vimizim

Naglazyme

Elaprase

Aldurazyme

Mepsevii

Removed the following procedure codes from applicable codes in the service category Psychological and Neuropsychological Testing:

96101 - Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, mmpi, rorschach, wais), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

96102 - Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, mmpi and wais), with qualified health care professional interpretation and report, administered by technician, per hour of technician time,

face-to-face

96103 - Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, mmpi), administered by a computer, with qualified health care professional interpretation and report

96118 - Neuropsychological testing (eg, halstead-reitan neuropsychological battery, wechsler memory scales and wisconsin card sorting test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

96119 - Neuropsychological testing (eg, halstead-reitan neuropsychological battery, wechsler memory scales and wisconsin card sorting test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face

96120 - Neuropsychological testing (eg, wisconsin card sorting test), administered by a computer, with qualified health care professional interpretation and report

Removed the following procedure codes from applicable codes in the service category Advanced Pharmacologic Therapies for Pulmonary Arterial Hypertension:

K0455 - Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)

S0155 - Sterile dilutant for epoprostenol, 50 ml

Updated the applicable procedure codes for the following drugs:

Fasenra

Crysvita

Brineura

Radicava

Remicade

Updated: 01/14/2019.

Next revision estimated: 04/2019.

[View Full Policy - PDF](#)

[View Full Policy - Payer Website](#)

UHC Community Plan: DME, Orthotics, Ostomy Supplies, Medical Supplies and Repairs - Med Policy

This pertains to Cranial Remolding Helmet under Bracing and has been revised with the following changes to criteria and supporting information:

Added mobility devices (manual wheelchairs, electric wheelchairs, transfer chair, or scooters/Power-Operated Vehicles (POV) as a medically necessary benefit when criteria are met. Clarified that proof of home evaluation is not required at the time of prior authorization and may be performed prior to, or at the time of, delivery of a power mobility device with the written report of the home evaluation available on request post-delivery.

Revised policy statement for cranial remodeling orthosis to clarify covered device as cranial "molding" helmets.

Effective: 01/01/2019.
Next revision projected: 01/2020.

[View Full Policy - PDF](#)

[View Full Policy - Payer Website](#)

Jurisdiction A Releases Quarterly TPE Results

Noridian, the Durable Medical Equipment Administrative Contractor (DME MAC) for Jurisdiction A, recently published the quarterly results of their Target, Probe & Educate (TPE) audits. The audits are based on claims audited/reviewed during July 2018-September 2018 and the results are as follows:

- Ankle Foot Orthoses/Knee Ankle Foot Orthoses (L1970, L4360, and L4361) had an overall claim potential improper payment rate of **39%**.
- Knee Orthoses (L1832, L1833, L1843 and L1851) had an overall claim potential improper payment rate of **79%**.
- Spinal Orthoses (L0648 and L0650) had an overall claim potential improper payment rate of **25%**.
- Diabetic Shoes (A5500) had an overall claim potential improper payment rate of **4%**

A list (not all inclusive) of the common denial reasons for the TPE results are as follows:

- Documentation does not support basic coverage criteria.
- Documentation was not received in response to the Additional Documentation Request (ADR) letter.
- Claim is the same or similar to another claim on file.
- Documentation does not include verification that the equipment was lost, stolen or irreparably damaged in a specific incident.
- Documentation does not support the need of a custom fitted item
- Improper ABN was issued

View the complete results and a full list of denial reasons [here](#).

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

Jurisdiction D Releases Quarterly TPE Results

Noridian, the Durable Medical Equipment Administrative Contractor (DME MAC) for Jurisdiction D, recently published the quarterly results of their Target, Probe & Educate (TPE) audits. The audits are based on claims audited/reviewed during July 2018-September 2018 and the results are as follows:

- Ankle Foot Orthoses/Knee Ankle Foot Orthoses (L4360, L4361, L4386 and L4387) had an overall claim potential improper payment rate of **34%**. **This is the same** overall claim potential improper payment rate as the last quarter's results.

- Knee Orthoses (L1810, L1812, L1830, L1832, L1833, L1843, L1845 and L1852) had an overall claim potential improper payment rate of **61%**. **This is an increase from last quarter's overall** claim potential improper payment rate of 57%.
- Spinal Orthoses (L0625, L0626, L0627, L0630, L0631, L0637, L0641, L0642, L0643, L0648 and L0650) had an overall claim potential improper payment rate of **51%**. **This is the same** overall claim potential improper payment rate as the last quarter's results.
- Diabetic Shoes (A5500) had an overall claim potential improper payment rate of **36%**

The top and common denial reasons for all TPE results (in no order) are as follows:

- Documentation does not support basic coverage criteria.
- Documentation was not received in response to the Additional Documentation Request (ADR) letter.
- Claim is the same or similar to another claim on file.
- Documentation does not include verification that the equipment was lost, stolen or irreparably damaged in a specific incident.

View the complete results and a full list of denial reasons [here](#).

Performant Announces New RAC Audit

Performant Recovery, the national Home Health, Hospice, and DMEPOS RAC contractor (Region 5), has announced that it will be initiating a post-payment automated review based on reasonable useful lifetimes (RUL) for select spinal orthoses. The spinal orthoses included in the audit are described by HCPCS codes L0627, L0631, L0637, L0642, L0648 and L0650. Performant Recovery added the review to its list of approved issues on January 1, 2019.

The RAC audit for RUL and spinal orthoses (L0627, L0631, L0637, L0642, L0648 and L0650) is the fourth O&P specific approved issue since the award of the new RAC contract to Performant Recovery. The RAC announcement on the automated review of select spinal orthoses may be found by [clicking here](#) and searching for issue 0128.

CMS Releases the 2019 Medicare DMEPOS Fee Schedule

The Centers for Medicare and Medicaid Services (CMS) has released the 2019 Medicare DMEPOS fee schedule which will be effective for Medicare claims with a date of service on or after January 1, 2019. The 2018 Medicare fee schedule for orthotic and prosthetic services will be increased by 2.3% over 2018 rates. The 2.3% increase is a net reflection of the 2.9% increase in the Consumer Pricing Index for Urban Areas (CPI-U) from June 2017 through June 2018, combined with the annual Multi-Factor Productivity Adjustment (MFP) of -0.6%.

The 2.3% increase in the O&P Medicare fee schedule for 2019 represents a 1.2% larger amount than the 2018 increase of 1.1%. Unfortunately, the 2% sequestration-based reduction to all Medicare payments remains in effect 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 2.3% more for a service you provide in 2019 than you did in 2018 since the 2% sequestration reduction would be applied to both claims.

[Click here to view and download the complete 2019 Medicare DMEPOS fee schedule.](#)

Updated Requirements for the RT and LT Modifiers

The Durable Medical Equipment Medicare Administrative Contractors (DME MACs) recently released a correct coding notification for the proper usage of the RT and LT modifiers; when billing for bi-lateral items/services on the same date of service.

Current rules for billing bilaterally direct you to use the RTLTLT modifier on the same claim line with two units of service.

However, **for claims with dates of service on or after March 1, 2019** you must bill each item on two separate claim lines using the RT and LT modifiers, and one unit of service on each claim line. Bi-lateral claims with a date of service on or after March 1, 2019 billed with the RTLTLT on a single claim line, will be rejected as incorrect coding.

NAAOP Announces 2019 Fellowship on Public Policy and Advocacy

ATTENTION ALL O&P CONSUMERS: The National Association for the Advancement of Orthotics and Prosthetics (NAAOP) is [soliciting applications for its annual health policy/advocacy fellowship](#). NAAOP is a national nonprofit association advocating for consumers/patients requiring orthotic and prosthetic care, as well as the providers who serve them. The NAAOP Fellowship is a paid, 10-week summer program based in Washington, D.C. The fellow will learn about orthotic and prosthetic (O&P) policy, advocacy, and how NAAOP and other O&P organizations function on behalf of the O&P community and within the broader rehabilitation and disability policy and advocacy environment at the federal and state level. The fellowship also includes exposure to O&P clinical and business settings, and state-based public policy and advocacy, at no cost to the fellow.

Two fellows will be selected for the summer of 2019 through a competitive process using the application on the www.naaop.org website. The deadline to electronically submit this application is January 31, 2019 by 12:00 Midnight, Eastern Time. Finalists will be interviewed via videoconference and two will be selected, assuming high quality candidates are identified. If the finalists selected cannot accept the fellowship for any reason, the next highest ranked fellow will be offered the position.

Application Deadline: 12:00 Midnight, Eastern Time, Thursday, January 31, 2019

- Applications must be submitted electronically to Fellowship@naaop.org.

Fellowship Selection Announcement: March 6, 2019

Fellowship Term: 10-weeks (May 27th to August 2, 2019).

[Download 2019 NAAOP Fellowship Application](#)

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

Upcoming AOPA Events

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| February 13, 2019 | <i>Patient Outcomes: Best Practices & How to Use Them</i>
AOPA Webinar
Learn more and register here |
| March 13, 2019 | <i>Advanced Beneficiary Notice: Get to Know the ABN Form</i>
AOPA Webinar
Learn more and register here |
| March 25, 2019 | <i>Call for Papers Deadline</i>
AOPA National Assembly
Learn more submit here |