



American Orthotic & Prosthetic Association

www.AOPAnet.org

AOPA In Advance SmartBrief
Breaking News
February 12, 2019

AOPA Headlines:

[New Legislative Focus in 2019](#)

[UHC Community Plan: Diabetic and Other Orthopedic Shoes, Professional - Payment Policy \(Medicaid\)](#)

[Cap Blue Cross: Therapeutic Shoes for Persons with Diabetes - Med Policy](#)

[BCBS Western NY, Blue Shield NE New York, HealthNow New York: Microprocessor-Controlled Prostheses for the Lower Limb - Med Policy](#)

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

[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](#)

[HCPCS Code Changes for 2019](#)

[Upcoming Events](#)

New Legislative Focus in 2019

AOPA met with its lobbying team on January 31, to discuss its legislative strategy for the 116th Congress. The strategy session included members of AOPA's staff leadership and consultants from firms, McGuire Woods, Lincoln Policy Group, Linchpin Strategies, and Powers Law Firm. AOPA is working to shift the focus of its legislative initiatives from one that has historically been systems-focused, to one that brings the patient to the center of the conversation. Several of the same priorities found in the Medicare O&P Improvements Act will be included in new legislation, which will be focused on protection for patients and patients' access to quality orthotic and prosthetic care.

UHC Community Plan: Diabetic and Other Orthopedic Shoes, Professional - Payment Policy (Medicaid)

Revised with the following changes to supporting information.

Updated the application section to remove the link and instructions to access payment policies for Medicare & Retirement, UnitedHealthcare Community Plan Medicare, and Employer & Individual plans.

Revised language throughout the document, adding "qualified" to other health care professionals.

Revised policy title to include the term "Professional."

No changes to reimbursement guidelines.

Revised: 01/01/2019.

Next review estimated: 07/2019.

[View Full Policy - Payer Website](#)

Cap Blue Cross: Therapeutic Shoes for Persons with Diabetes - Med Policy

Reviewed with the following changes to coding.

Added the following HCPCS code:

A5514 - For diabetics only, multiple density insert, 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

Removed the following HCPCS code:

K0903 - For Diabetics Only, Multiple Density Insert, 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

No changes to criteria.

Effective: 01/01/2019.

Next review date projected: 07/2019.

[View Full Policy - PDF](#)

[View Full Policy - Payer Website](#)

**BCBS Western NY, Blue Shield NE New York, HealthNow New York: Microprocessor-
Controlled Prostheses for the Lower Limb - Med Policy**

Reviewed with the following changes to prior authorization and supporting information.

Changed prior authorization status from required to not required.

Updated description, summary of evidence, policy guidelines, background, regulatory status, and references sections.

No changes to criteria.

Reviewed: 05/2018.

Next review scheduled: 05/2019.

[View Full Policy - PDF](#)

[View Full Policy - Payer Website](#)

**BCBS Minnesota: Commercial Pre-Authorization/Pre-Certification/Notification - PA List
(Commercial)**

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](#)

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.

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
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.

Upcoming AOPA Events

- February 13, 2019 *Patient Outcomes: Best Practices & How to Use Them*
AOPA Webinar
[Learn more and register here](#)
- March 13, 2019 *Advanced Beneficiary Notice: Get to Know the ABN Form*
AOPA Webinar
[Learn more and register here](#)
- March 25, 2019 *Call for Papers Deadline*
AOPA National Assembly
[Learn more submit here](#)