



American Orthotic & Prosthetic Association

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AOPA In Advance SmartBrief
Breaking News
March 26, 2019

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AOPA & COPL Announce 2019 Request for Proposals

The American Orthotic & Prosthetic Association, working in conjunction with the Center for Orthotic and Prosthetic Learning and Outcomes/Evidence-Based Practice (COPL) and its Board of Directors, is proud to announce a Request for Pilot Grant Proposals in 10 potential areas of Orthotic and Prosthetic (O&P) research including an open topic. For 2019-2020, the association is seeking proposals at two funding levels for one-time grants; \$15,000 and up to two exceptional proposals for \$30,000 for one year.

AOPA and the Center will give preference to grants that address evidence-based clinical application in orthotics and prosthetics. Please post this RFP and share it with your colleagues.

[View the complete RFP topics and guidelines.](#)

The deadline for all proposals is May 31, 2019.

If you have any questions, please contact Ashlie White at awhite@AOPAnet.org or 571/431-0812.

Medicare Announces New Proposed RAC Audit for Reasonable Useful Lifetime for KO's

The Center for Medicare and Medicaid Services (CMS) monthly posts a list of topics that have been proposed, *but not yet approved*, for RACs to review. The RAC contractors may not audit any items/services unless they have been reviewed and approved by CMS; and they place the audit on their website under approved issues. The listing of a proposed topic by CMS is one of the first steps in identifying an approved issue for the RAC contractors.

For March, CMS announced the proposed topic of an automated review for knee orthosis (KO) described by codes L1810, L1812, L1820, L1830, L1831, L1832, L1833, L1834, L1836, L1840, L1843, L1844, L1845, L1846, L1850, L1851, L1852 and L1860. The purpose of the proposed topic is to identify claims for KOs with dates of service within 90 days of the date of service of a previously paid KO for the same knee; because the reasonable useful lifetime requirements have not been met.

At this time the proposed automated review for KO reasonable useful lifetime has not been approved by CMS and Performant, the RAC contractor for Region 5 (which includes all O&P claims), has not listed the topic as an approved issue for review on their website.

View the proposed Knee Orthosis topic [here](#).

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

Performant Announces New RAC Audit

Performant, the recovery audit contractor for all O&P claims, recently announced a new approved RAC audit issue for review. Performant has begun complex medical reviews for off-the-shelf knee orthoses described by codes: L1812, L1820, L1830, L1831, L1833, L1836, L1848, L1850, L1851 and L1852. The reviews will determine if the OTS knee orthoses is reasonable and necessary for the beneficiary's condition based on the documentation in the medical record. The review will have a three year look back window and will begin with claims with a date of service on or after October 1, 2015.

This review represents the fifth approved issue under review by Performant. To view this new issue, issue number 0144, or any of the previous issues [click here](#).

Incoming AOPA Member Survey!

Watch your e-mail inbox for an important AOPA member needs survey. You may be part of a select group of members being asked to participate. The survey will take less than 10 minutes to complete.

As part of our continued thanks, every member who submits a completed survey will be entered into a random drawing to win a free registration to the 2019 National Assembly in San Diego, September 25-28th.

We value your confidentiality and privacy; all responses are completely confidential, will never be shared with outside entities, and only used in aggregate form for internal planning purposes. Your

participation in this survey is completely voluntary. You may decline altogether, leave blank any questions you don't wish to answer, or elect to stop answering at any point. There are no known risks to participation.

Your feedback directly informs how AOPA will allocate resources towards programs, products, and services in the coming years. Contact info@AOPAnet.org with any questions.

CMS Announces Product Categories and Timeline for Competitive Bidding 2021

On March 7, 2019, The Centers for Medicare and Medicaid Services (CMS) announced the final product categories and timeline for the Medicare DMEPOS Competitive Bidding Program that will begin for dates of service on or after January 1, 2021.

As expected, certain off-the-shelf (OTS) knee orthoses and spinal orthoses will be included in the 2021 competitive bidding program. A total of 16 OTS spinal orthosis codes and 7 OTS knee orthosis codes will be included in the program. The specific codes that have been identified by CMS are listed below.

OTS Spinal Orthosis Codes Included in Competitive Bidding 2021

L0450, L0455, L0457, L0467, L0469, L0621, L0623, L0625, L0628, L0641, L0642, L0643, L0648, L0649, L0650, L0651

OTS Knee Orthosis Codes Included in Competitive Bidding 2021

L1812, L1830, L1833, L1836, L1850, L1851, L1852

One knee orthosis code (L1848) has been removed from the list as it represents an orthosis that policy states is never medically necessary.

While DMEPOS competitive bidding is in a temporary "gap" period until 2021, the process of soliciting, analyzing, and awarding bids, as well as implementing the program takes approximately 18 months. The CMS announcement on March 7, 2019 sets the following timeline to assure that Competitive Bidding 2021 will begin on time.

March 7, 2019

- CMS begins pre-bidding supplier awareness program

May 2019

- CMS announces dates for registration and bidding
- CMS begins bidder education program

June 2019

- Bidder registration period begins
- Bid windows open

AOPA will be developing several resources to educate its members about the competitive bidding program. In the meantime, general information regarding Competitive Bidding 2021 may be found by clicking [here](#) or [here](#).

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

NCOPE Accepting Board Applications



The National Commission of Orthotic and Prosthetic Education, NCOPE, is accepting applications for new board members. The term started January 1, 2019 and will expire December 31, 2021. Preferences are for certified individuals who serve as either director or mentor in an accredited residency program. Self-nominations are accepted. Applications should be submitted no later than the

deadline of April 19, 2019. If you know of anyone that fits the criteria and would like to pass this along, please do so. [Access the application here](#). Contact NCOPE at info@ncope.org with any questions.

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 reviewed during October 2018-December 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, based on dollars, 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, based on dollars, of 61%. This is the same overall claim potential improper payment rate as the last quarter's results.
- Spinal Orthoses (L0625, L0626, L0627, L0630, L0631, L0637, L0641, L0642, L0643, L0648 and L0650) had an overall claim potential improper payment rate, based on dollars, of 47%. This is a decrease in overall claim potential improper payment rate from the last quarter's results of 51%.
- Diabetic Shoes (A5500) had an overall claim potential improper payment rate, based on dollars, of 28%. This is a decrease in overall claim potential improper payment rate from the last quarter's results 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](#).

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

Medicare Announces Two New Proposed RAC Audits for O&P

The Center for Medicare and Medicaid Services (CMS) recently announced two new possible RAC audit topics for O&P suppliers. The first is a complex medical review for off-the-shelf knee orthosis

described by codes L1812, L1820, L1830, L1831, L1833, L1836, L1848, L1850, L1851 and L1852. The second is a complex medical review for diabetic shoes and inserts and the codes affected are A5500 or A5501 billed with A5512 or A5513.

At this time Performant, the RAC contractor for Region 5 (which includes all O&P claims), has not listed these new topics as approved issues for review on their website.

View the Knee Orthosis proposal [here](#) and the Diabetic Shoe proposal [here](#).

Policy Forum Registration is Now Open for May 7-8!

Join us May 7-8 in Washington, DC for the 2019 Policy Forum. Now is the time to make your voice heard! [Registration is now OPEN!](#)

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. Not familiar or intimidated by Washington D.C.? Take our new Lobbying 101 course that will provide you with simple and effective measures to familiarize you with laws, procedures, and how-to get your point of view across.



**May 7-8, 2019
Washington, DC**

Host Hotel: Ritz Carlton, Pentagon City
Arlington, VA

[Book your room online.](#) [Visit our website for more information on the Policy Forum and Sponsorship Opportunities.](#)

Take Advantage of AOPA's Career Center

Did you know that AOPA has a Career Center? The Career Center allows you to post any job and vocation openings for a one-time fee. You can access resumes, browse by features categories, listings, etc. Create an account with the Career Center and you now control every aspect of your job posting. The Career Center is a great tool for job seekers as well. Get constant alerts based on your created account preferences. Head to the [AOPA Career Center](#) to simplify your hiring processes.

Revision to the LSO/TLSO Policy Article

The Durable Medical Equipment Medicare Administrative Contractors (DME MAC) Noridian and CGS recently announced a revision to the LSO/TLSO Policy Article with an effective date of January 1, 2019. The revision provides guidance on the proper coding of prefabricated items which don't require substantial modification or minimal self-adjustment.

The revision indicates that when a HCPCS code descriptor does not define a brace as either off-the-shelf (OTS) or custom fitted, it only states prefabricated, the code should be used whether the device requires custom fitting or is delivered OTS. Here is the full passage from the Policy Article:

“In most cases for prefabricated orthoses, the correct coding of the orthosis is dictated by actions that take place at the time of fitting to the beneficiary, either custom-fit (requiring expertise) or off-the-shelf (OTS) (requiring minimal beneficiary self-adjustment). However, for certain types of orthoses, the HCPCS code narrative that best describes the product does not make a distinction between prefabricated orthoses that are provided as custom-fit or OTS. These code narratives are correct and must be used for Medicare billing, without regard to how the product is provided to the beneficiary at the final delivery.”

Previous interpretations by CMS indicated that if the LSO/TLSO HCPCS code only stated prefabricated, it was to be considered custom fitted by default. This interpretation was later reversed and is now clearly stated in the Policy Article.

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

Join the Coding & Billing Experts in Indianapolis

When: June 3-4, 2019

***Location: The Indianapolis Marriott Downtown
350 West Maryland Street
Indianapolis, Indiana 46225***

AOPA experts provide the most up-to-date information to help O&P Practitioners and office billing staff learn how to code complex devices, including repairs and adjustments, through interactive discussions with AOPA experts, your colleagues, and much more. Meant for both practitioners and office staff, this advanced two-day event will feature breakout sessions for these two groups, to ensure concentration on material appropriate to each group.

At this seminar you will:

- Receive up-to-date information on Prior Authorization and other Hot Topics
- Ensure your Proof of Delivery meets Medicare Requirements
- Learn how to assess risk areas in your practice
- Learn successful appeal strategies and hints to avoid claim denials
- Practice coding complex devices, including repairs and adjustment
- Attend break-out sessions for practitioners and office staff
- Earn 14 CEs



Register Now

Questions regarding the seminar may be directed to Joe McTernan at (571) 431-0811 or Devon Bernard at (571) 431-0854.

Upcoming AOPA Events

- April 10, 2019 *Shoes, External Breast Protheses, Surgical Dressings and Other Policies*
AOPA Webinar
[Learn more and register here](#)
- May 7-8, 2019 *AOPA Policy Forum*
Ritz Carlton, Arlington, VA
[Learn more and register here](#)
- May 8, 2019 *Are You Compliant? Know the Supplier Standards*
AOPA Webinar
[Learn more and register here](#)