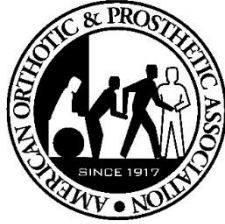


## AOPA 4th Quarter 2018 Staff Report



**To: AOPA Membership**  
**From: Eve Humphreys, Executive Director**  
**Date: January 22, 2019**

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In the short three months since I officially began my new role as AOPA's Executive Director, so much has already happened. The 115th Congress concluded with a huge win for O&P in 2018 with the passage of one of the main provisions from the Medicare O&P Improvements Act, which made prosthetists' and orthotists' notes part of patients' medical records for purposes of establishing medical necessity. AOPA continues efforts to push government agencies and contractors to acknowledge and enforce this law.

I was fortunate to have the opportunity to work closely with Tom Fise, through the end of 2018 and the legislative session, to ensure a smooth transition with our lobby team and our champions on the Hill. While no official action was taken on H.R. 4772, we have executed the necessary groundwork for legislative success during the 116th Congress with respect to patient protections, like the clarification of language defining the term 'minimal self-adjustment,' for off-the-shelf orthotic devices.

AOPA has just wrapped (less than 24 hours from writing this letter) a successful Leadership Conference in Scottsdale, Arizona and our first Board meeting of 2019. We'll be providing full reports on both meetings in the next staff report for Q1 of 2019, but I would be remiss if I did not comment on how perfectly timed the opportunity was to listen and learn more about and from the O&P profession right at the start of my new role.

As I've gotten to know more individuals in the O&P profession, I've quickly recognized a central identifying theme of AOPA members, that ultimately, everything you do, you do for your patients. It is the individual living with limb loss or limb impairment that benefits most from research supporting new prosthetic and orthotic technology, from the implementation of evidence-based practice, from more efficient business practices, and better delivery processes.

It is clear that you find yourselves in what seems to be an ever-evolving healthcare environment. You've been forced to change your behaviors, the way you practice, to accommodate a system that doesn't always seem to focus on the best interest of your patients.

On the other hand, so much of the change in this profession has created better businesses and better practitioners. While resistance to change is natural, if we don't embrace it, evolve, and start to define our future, someone else will. As a profession, we have the opportunity to identify where we want to go, to create our own path, and ultimately define our own outcome, if we can all commit to taking the necessary steps, together.

AOPA will continue to listen to members to hear what they value and what they need to serve their patients and customers. We are preparing an in-depth member needs survey that will allow us to explore new ways AOPA can serve its members and the profession. AOPA will seek opportunities to learn from others inside and outside O&P to identify where we can be innovative and drive improvements.

AOPA will continue to work closely with our traditional partners and will work to further strengthen our relationships with sister organizations, patient organizations, and government partners, as we explore opportunities for new and creative collaborations to achieve our common goals. We are committed to these principles and encourage you all to adopt them in your day-to-day practices.

Listen to your patients, learn from your colleagues both inside and outside of O&P, collaborate with your referral sources and pay attention to what's happening in the profession. AOPA will continue to focus on patients, patient access, and patient safety, never losing sight of the importance of our work to improve individuals' lives.

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### **Nondiscrimination/Anti-Harassment in the Workplace**

In response to increasing awareness of issues involving harassment in the O&P profession, and after developing its own Nondiscrimination/Anti-Harassment in the Workplace policy, AOPA has endorsed an Open Letter on Harassment drafted by members of the O&P Alliance, which include AOPA, AAOP, NAAOP, ABC, BOC and NCOPE. A copy of this important letter is enclosed in this staff report.

AOPA believes that the best defense against harassment is prevention and will increase its efforts to offer resources and education focused on providing safe environments for employees, to minimize offensive behavior and prevent future harassment in the workplace.

### **AOPA 2019 National Assembly**



Save the Date! The 2019 AOPA Assembly will be held September 25th - 28th in San Diego, California. Enjoy being in the heart of all the action of this beautiful city while you network, learn and advance your career. For those who have never had a chance to visit San Diego—don't miss out on a prime opportunity to stay just a short walk away from

award-winning dining venues, shopping and nightlife in the historic Gaslamp Quarter!

AOPA is known for its expertise, research and advocacy. That is why top clinicians, business owners, managers and manufacturers from around the world choose AOPA as their

first choice in must-attend meetings. Take advantage of pre-Assembly education and our hands-on workshops.

Present at the Assembly: AOPA is seeking high-quality educational and research content for the 2019 AOPA National Assembly, September 25th - 28th in San Diego. All submissions are due by March 25th, 2019.

Your submissions will set the stage for a broad curriculum of high-value clinical and scientific offerings at the National Assembly. AOPA is accepting submissions for the following program types: Clinical Free Papers, Technical education Symposia/instructional course, Business Education, and Pedorthic Education. Submit your paper at [bit.ly/AOPACallForPapers](http://bit.ly/AOPACallForPapers).

Exhibit at this important event:

- Build your customer base and increase sales by meeting with owners who make the final decisions on purchases.
- Experience face-to-face time with existing customers to answer questions and build new relationships.
- Enjoy sponsored networking opportunities, including an opening reception in the exhibit hall.
- Take advantage of fun traffic-building opportunities.
- Take advantage of education sessions to learn what's happening with regulatory agencies that affect the success of your product.
- Increase visibility for your company/organization in a targeted market.
- Host a Manufacturer's Workshop and/or Product Preview Theater presentation.
- Speak to AOPA reimbursement experts who can answer all your O&P coding, reimbursement and compliance questions.
- Hear from top researchers and clinicians to learn what products and support is needed from manufacturers.
- Participate in key education programs and plenary sessions.
- Be a part of the largest exhibit hall the North America for the orthotic, prosthetic and pedorthic profession.
- Much more!

For information about exhibiting, contact Kelly O'Neill at [kelly.oneill@AOPAnet.org](mailto:kelly.oneill@AOPAnet.org)

## **Legislative & Regulatory Updates**

### **The 115th Congress Adjourns – No Final Action on H.R. 4772**

As many of you are aware, the focus of our legislative actions towards the end of this Congressional Session was primarily on H.R. 4772, legislation that would have clarified the definition of minimal self-adjustment for off-the-shelf orthotic devices.

AOPA enlisted many members to advocate for this bill, and we are thankful for all the calls made, visits to the Hill, and letters written in support of our efforts. While “we were so close” still sounds like failure, the story of how close we came and AOPA's decision to pull the bill is an important one. On the positive side, our sponsors/cosponsors and staff understand this issue, and support our efforts. It was clear from the flurry of activity right at

the end that we have some educated individuals in Congress that will be willing to help us moving forward.

Ultimately, the decision to pull H.R. 4772 came down to the simple fact that the bill going to the floor was not the bill that our members had been advocating for, and we did not have time to do a thorough analysis of the impact that the bill would ultimately have on our profession. Late on the evening of December 19, the night before the bill was scheduled to be taken to the floor, the Congressional Budget Office (CBO) scored the bill with a price tag that surprised us all. The offset proposed by CBO would cut the fee schedule by 35% for 55 codes that are currently considered OTS by CMS.

AOPA called an emergency Executive Committee meeting to discuss the potential fallout from allowing this bill to go to the floor. With only hours till the bill would be presented for a vote, AOPA did not have time to consult its sister organizations or patient groups to assess the potential damage a reduction of this magnitude to the fee schedule could cause. Additionally, a sentence was added to the end of the code set identified in the bill that read “and as subsequently modified by the Secretary.” This addition did not sit well with AOPA’s counsel, staff or Executive Committee.

A report from CBO previously said the provision would be budget neutral. AOPA is investigating the nature of the reversal and its causes. The fact that CBO ultimately scored this provision with such a hefty price tag is a fact that AOPA will undoubtedly have to address in our legislative strategy moving forward.

Another factor that led to AOPA’s decision to pull the bill was the unfortunate potential of burning bridges with the Democrats who have championed this cause for AOPA. Because the action was being driven by our Republican sponsors, and due to the late addition of the offset, there was not enough time to circle back around with the Democrats to inform them of the change or secure their support. We received indications from our lobby team that Democrats were not happy with the changes to the bill, or the fact they had been kept out of the loop during the process.

AOPA is proud to push a legislative agenda that is supported by both sides of the aisle. Our political capital in both house and with both parties is important and knowing that we could lose favor also factored into our final decision.

AOPA’s leadership and lobby team have followed up with our champions and explained the nature of our situation and ultimate position. We have received supportive feedback from the staffers that we have been working with and a clear willingness to work with us again in 2019. Our lobby team has also advised that we saved many relationships with the Democrats by not forcing this bill through during this Congress.

We certainly have our work cut out for us, but our goals remain the same. We will be working with our lobby team and leadership in January 2019 to carefully craft a viable strategy for the 116th Congress.

### **Revised Dear Physician Letter for O&P Documentation**

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 because 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 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. The revised Dear Physician letter acknowledges the role of the O&P professional but also reiterates the need for strong physician documentation to support the medical need of items they prescribe.

### **AOPA Submits Comments on Draft Lower Limb Prosthesis Policy Released by Blue Cross Blue Shield of IL, TX, MT, NM, and OK**

On October 1, 2018, AOPA submitted comments on a draft policy governing coverage of lower limb prostheses, including microprocessor-controlled prostheses issued by Health Care Services Corporation (HCSC), which operates Blue Cross Blue Shield of Illinois, Texas, Montana, New Mexico, and Oklahoma. The draft policy, as written will significantly reduce access to advanced prosthetic technology for BCBS subscribers in these five states. AOPA expressed its concern regarding the draft policy in its comments which are summarized below and linked at the end of this article.

AOPA's first concern is that HCSC published the draft policy on September 15, 2018 with comments due no later than October 1, 2018. AOPA commented that 15 days was not sufficient time to perform a complete review of the draft policy and provide informed comments. AOPA suggested a minimum 60-day comment period to allow stakeholders adequate time to comment on the draft policy. Despite the unrealistic deadline, AOPA submitted comprehensive comments regarding the draft policy and negative impact it will have on BCBS subscribers.

AOPA commented that the draft policy is unnecessarily restrictive and will limit access to advanced technology, especially to BCBS subscribers who may be classified as limited community ambulators (K2) but may benefit more from receiving microprocessor-controlled prosthetic knees. AOPA referenced studies published by the RAND Corporation, the health economics firm Dobson-DaVanzo, and the Mayo Clinic that showed that the use of microprocessor-controlled knees by limited community ambulators reduced the rate of falls and fall related injuries. The draft policy would effectively eliminate BCBS coverage except for patients who were assessed as high functioning community ambulators (top percentage of K3 patients).

AOPA's comments also referenced the recent report of the inter-agency workgroup that was convened to provide a consensus statement on Medicare coverage of lower limb prostheses after the Medicare draft LCD was released several years ago. The inter-agency workgroup recommended the potential creation of a National Coverage Determination that would address Medicare coverage of microprocessor knee in K2 patients. AOPA's comments expressed concern that restricting access to advanced prosthetic technology was not in BCBS' best interest nor the best interest of their subscribers as it was contradictory to the consensus statement of the inter-agency workgroup and the overall health of their subscribers.

### **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.

### **AOPA Submits Comments on VA Supplemental Proposed Rule Regarding a Veteran's Choice of Provider**

On November 28, 2018, the Department of Veterans Affairs (VA) released a Supplemental Notice of Proposed Rulemaking (SNPRM) regarding the provisions of the October 2017 proposed rule that addressed the Veterans right to choose their provider for provision of artificial limbs. The SNPRM was issued in response to the significant comments that the VA received on these provisions in the original, yet to be finalized proposed rule.

The heart of this issue is whether the VA has the right to determine whether a veteran must receive prosthetic care within the confines of the VA medical center system or whether they have the right to choose to work with contracted providers within the community. For many years, this has not been an issue as veterans, in most cases, were free to receive prosthetic care directly from the VA or from contracted providers. The October 2017 proposed rule clearly indicated that the VA, and solely the VA had the authority to determine where veterans received prosthetic services.

In its comment on the proposed rule, AOPA strongly objected to the proposed change, as did other groups, including several veterans service organizations. The SNPRM addresses the comments it received on this issue and “seeks to clarify the intent of the proposed regulation, explain the VA’s current practices and processes relating to the provision, and request additional details on it.”

AOPA submitted comments on the SNPRM and stressed the importance of the Veteran’s ability to be able to choose whether to receive O&P services directly from the VA or through a community-based provider.

### **Recovery Audit Contractor Introduces One New Audit**

Performant, the Recovery Audit Contractor (RAC) for DMEPOS, Home Health, and Hospice claims nationwide posted a new approved issue to their website. Beginning on January 01, 2019 Performant will begin a review for spinal orthoses L0627, L0631, L0637, L0642, L0648 and L0650.

The RAC review will be an automated review for claims when more than one spinal orthosis within the reasonable useful lifetime (5 years) and within 180 days for the same anatomical site. Since this is an automated review and not complex review you will not receive the traditional additional documentation request (ADR) letter; instead you will receive a notice informing you of the review and possible overpayment request.

### **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%

#### **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%

For both Jurisdiction A and Jurisdiction D, the most common denial reasons for the TPE results included:

- 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

#### **DMEPOS Medicare Fee Schedule Increase**

The 2019 DMEPOS Medicare fee schedule was 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%

#### **2019 HCPCS Code Changes**

When the Centers for Medicare and Medicaid Services (CMS) released the new Healthcare Common Procedure Coding System (HCPCS) codes for 2019 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

<b>Code</b>	<b>Descriptor</b>
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

<b>Code</b>	<b>New Descriptor</b>	<b>Old Descriptor</b>
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

<b>Code</b>	<b>Descriptor</b>
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.

### **Billing for Bi-Lateral Items**

Current rules for billing bilaterally direct you to use the RTLTL 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 (orthoses, prostheses, shoes, inserts, etc.) 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 RTLTL on a single claim line, will be rejected as incorrect coding.

### **O&P PAC and Capitol Connection Update**

These individuals have made recent donations to the O&P PAC. AOPA would like to thank the following individuals for their contributions in 2018 to the O&P PAC:

#### **PRESIDENT'S CIRCLE**

**(\$1,000 - \$5,000)** David Boone, PhD, MPH, BSPO  
Jeffrey Brandt, CPO  
Maynard Carkhuff  
Rick Fleetwood, MPA  
Michael Oros, CPO, FAAOP  
Rick Riley

#### **SENATOR'S TABLE (\$500 - \$999)**

Ryan Arbogast  
Curt Bertram, CPO  
Michael Fillauer, CPO  
Eddy Gosschalk, CPO  
Dan Jones  
Curt Kowalczyk, CO  
Jeff Lutz, CPO  
Ann Mantelmacher  
Brian Mayle  
Paul Prusakowski, CPO  
Jack Richmond, CPOA, Cfo  
John Roberts, CPO  
Bradley Ruhl  
Scott Schneider  
Ed Sisson, CPO  
Ted Snell, CP  
Chris Snell, BOCF  
James Weber, MBA

#### **CHAIRMAN'S TABLE (\$100 - \$499)**

Lisa Arbogast  
Vinit Asar  
Gerald Bernar, Jr., COA, CP, LP  
Dale Berry, CP  
Frank Bostock, CO  
George Breece  
Luke Brewer, CPO  
Jim Campbell, PhD. CO, FAAOP  
Edward De Latorre  
Mitchell Dobson, CPO, FAAOP  
Traci Dralle, CFm  
Brian Franklin  
Elizabeth Ginzal, CPO, LPO  
Paul Gudonis  
Sheri Hassler  
Denise Hoffman  
Michele Hogan  
Jim Kingsley, COO  
Charles Kuffel, CPO, FAAOP  
Teri Kuffel, Esq.  
Eileen Levis  
Sam Liang  
F. Daniel Luitjohan, CP, LP

Pam Lupo, CO  
Stuart Marquette, CO  
Dave McGill  
Jonathan Naft, CPO  
Scott Ranson  
Cathy Rubel  
Scott Sabolich, CP  
William Snell, CPO  
Wanda Stephans  
Sarah Stilley  
Terry Supan, CPO, FAAOP  
Jason Wening, CPO, FAAOP  
Chris Wilson  
Jon Wilson, CP  
Illy Woodard  
Shane Wurdeman, CP, FAAOP, PhD, MSPO

#### **1917 Club (Up To \$99)**

Devon Bernard  
Tina Carlson, CMP  
Don DeBolt  
Thomas Fise, JD  
Ryan Gleeson, CMP  
Betty Leppin  
Yelena Mazur  
Joe McTernan  
Kelly O'Neill, CEM  
Ashlie White

### **AOPA Co-OP, the Compendium of O&P**

The AOPA Co-OP, a reimbursement, coding and policy resource, now has 392 active users. Perhaps the best kept secret in O&P, the AOPA Co-OP has a vast amount of information on topics like Local Coverage Determinations, L Code descriptors and the appropriate use of modifiers for claims submissions. AOPA continues to populate this member-only resource with information from our internal experts, as well as vetted information from you, our AOPA members. Updates on state-specific private payer and Medicaid policies were the most requested updates in 2018, and AOPA has invested in additional resources to provide these updates more regularly.

Members can find more information and sign up at [www.AOPAnet.org/co-op](http://www.AOPAnet.org/co-op)

## **Research Initiatives**

### **Prosthetics 2020**

The AOPA Medical Advisory Board met on November 11, 2018 at the AOPA Headquarters in Alexandria, Virginia. In attendance were AOPA Medical Advisory Board members Kenton Kaufman, PhD, Douglas Smith, MD, and Paul Pasquina, MD, as well as members of the Prosthetics 2020 Steering Committee. Agenda items included: AOPA's proposal for a project with the Center for Medicare and Medicaid Innovation (CMMI); the VA OIG report; discussion of the implementation of the prosthetists' orthotists' notes provision; the Expert Consensus Conference held at AOPA Headquarters in September of 2018; RAND Corporation's ongoing work to complete a preliminary report on advanced transtibial prosthetic technology; Limb Loss and Limb Preservation Registry developments; an update on Osseointegration; an update on Elevated Vacuum coverage; and a discussion about the increasingly limiting private payer policy changes, like the recent BCBS proposed medical policy for microprocessor-controlled prostheses.

### **Limb Loss and Preservation Registry**

The National Institutes of Health (NIH) have awarded the Mayo Clinic and chief investigator, Kenton Kaufman, PhD, a five-year contract for five million dollars to develop a limb loss and preservation registry. The registry will include electronic health records of U.S. adults and children. Kaufman and his team will begin pulling pilot data from hospitals in 2019, and an operational registry is expected by 2020. It will be the first complete registry of people living with limb loss and will greatly expand the knowledge base for research to improve prevention, treatment and rehabilitation for this patient population.

### **Orthotics 2020**

AOPA is honored to announce Alan Davis, MD, of the Cleveland Clinic Foundation, John R. Fisk, MD, of Southern Illinois University School of Medicine, and Alberto Esquenazi, MD, of Moss Rehab at Elkins Park as members of the new Medical Advisory Board for the Orthotics 2020 program. Much like the MAB for Prosthetics 2020, the Orthotics 2020 MAB serves to ensure clinical efficacy and to provide the necessary clinical knowledge to oversee research development and communicate the findings to patients, providers and payers, including CMS.

The first Orthotics 2020 Medical Advisory Board meeting was held on December 11, 2018 at the AOPA Headquarters in Alexandria, Virginia. Progress reports were provided for ongoing Orthotics 2020 research projects in the areas of Osteoarthritis; Stroke; Traumatic Spinal Injuries and Plagiocephaly.

Stakeholder subgroups for each of the categories above continue to meet on a regular basis to review the progress of ongoing projects and advise accordingly. AOPA is excited to transition Orthotics 2020 into a vital enterprise to protect the orthotic services upon which patients depend, and to begin populating a stronger research base around issues on the value of orthotic services.

## **Outcome Assessment Reporting System (OARS)**

AOPA is in the process of launching a second beta test for the OARS online APP, which walks a clinician through an outcome measure, with written and video instructions, to create a report, including what the result means for the patient and references to the science supporting the measure. This report can then be printed or downloaded as a PDF for the patient's record as a validated, third-party report.

As part of this second beta testing phase, AOPA is offering free access to interested practitioners that work for AOPA member organizations. If you are interested in participating in the OARS beta test (2), please email [awhite@aopanet.org](mailto:awhite@aopanet.org) for additional information.

## **Education**

### **Mastering Medicare Webinars**

Webinars are scheduled for 1:00 PM eastern time on the second Wednesday of each month. The webinars are \$99 each for members and \$199 for non-members. Members can sign up for the 2019 webinars for only \$995 and get one free. Sign up at [bit.ly/2019webinars](http://bit.ly/2019webinars). The webinars are a great way to boost employee morale (by providing monthly staff education event) and provide needed education and earn CE Credits. The 2019 AOPA Mastering Medicare Webinar series titles and dates are below:

February 13: Patient Outcomes: Best Practices & How to Use Them

March 13: Advanced Beneficiary Notice: Get to Know the ABN Form

April 10: Shoes, External Breast Prostheses, Surgical Dressings and Other Policies

May 8: Are You Complaint-Know the Supplier Standards

June 12: Documentation-Understanding Your Role

July 10: T.P.E – Get to Know the Program & What the Results are Telling You

August 14: Are You Ready for the Worst: Contingency Planning

September 11: Veteran Affairs Updates: Contracting, Special Reports and Other News

October 9: Performance Reviews: How is Your Staff Doing?

November 13: The Holiday Season-How to Provide Compliant Gifts

December 11: New Codes for 2020, Other Updates and Yearly Round-Up

All previous webinars are available for purchase as a recording.

### **AOPA Coding & Billing Seminars**

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 two-day event will feature breakout sessions for these two groups, to ensure concentration on material appropriate to each group. The registration rate is \$525 per attendee for members and \$725 for non-members. For additional attendees from the same office, a discount is offered: \$475 for members and \$675 for non-members. The next seminar is scheduled to take place June 3-4 in Indianapolis, IN. Learn more at [AOPAnet.org](http://AOPAnet.org) or contact Ryan Gleeson at [rgleeson@AOPAnet.org](mailto:rgleeson@AOPAnet.org).

### **Online AOPAversity Learning Center**

Need CE Credits? Want to learn some of the state-of-the-art clinical practices advancing the profession?

**\*20% Off AOPAversity Online Learning Education\***

Did you want to attend the National Assembly but had to miss out? Visit [bit.ly/aopaversity](http://bit.ly/aopaversity) to create an account today and begin your access to distance learning modules to both educate and help you meet your CEU needs! Please use the promo code “twenty” to access the discounted savings! This promotion will last through January 31, 2019.

### **Healthcare Compliance and Ethics Week – November 4-10, 2018**

2018 marked the second annual Healthcare Compliance and Ethics Week, sponsored by AOPA and celebrated by AOPA members. Free daily quizzes, webinars, and compliance videos were available every day of the week on key compliance related topics.

Mark your calendars to participate in the 2019 Healthcare Compliance & Ethics Week, November 3 -9, 2019. Don't miss out on this important opportunity to keep compliance front and center at your organization. The celebration includes fun competitions, giveaways, cartoons, and of course, the important tips and reminders about why compliance is so important to your O&P business.

## **Communications**

### **Subscribe to AOPA in Advance – AOPA's bi-weekly newsletter**

Subscribe to AOPA in Advance, a bi-weekly snapshot of the most important news for orthotic and prosthetic professionals, featuring news from Reuters, Medscape, the O&P Almanac and other leading sources. The brief also lets you know the latest events and happenings at AOPA headquarters, with constant updates from our coding and billing experts. Summaries are written by expert editors to save you time whilst keeping you informed and prepared. Now you can stay informed without having to sift through the news every day. You do not need to be a member of AOPA to receive this free newsletter. Subscribe at [bit.ly/AOPASmartBrief](http://bit.ly/AOPASmartBrief).

### **O&P News: Gone Digital**

AOPA purchased O&P News and publishes a bi-monthly digital publication. To subscribe for the free digital publication, go to [bit.ly/OPNSubscribe](http://bit.ly/OPNSubscribe).

We would like to share all things O&P with our referral community, including therapists, orthopedic and vascular surgeons, rehabilitation physicians, physical medicine, and all avenues that surround and affect the education, science, and business of orthotics and prosthetics. The new magazine also taps into a high ongoing demand for O&P research. With each monthly issue of the magazine, O&P News endeavors to present the public with a hot, controversial, or other topic of bottom-line value, and a perspective from an experienced O&P practitioner. We hope you find it a thought provoking and informative new resource that complements AOPA's flagship publication, the O&P Almanac.

## **Membership Update**

**New Members:** The new Supplier Level 1 member this quarter was Integrum, of California.

**Amplifying Patient Voices Membership Calendars for 2019**

AOPA members received a 2019 calendar which was produced in collaboration with the Amputee Coalition. The calendar features stories of patients dealing with the hurdles of getting proper treatment and insurance coverage for limb loss and limb differences.

Patients in these stories are featured in the Coalition’s *Amplify Yourself* program, which encourages patients to personally document their stories, so that insurance companies and others more fully understand their barriers to restoring mobility. Amplify yourself resources are available at [www.amplifyyourself.org](http://www.amplifyyourself.org) for patients who are faced with insurance challenges. AOPA encourages its members to share the Amplify Yourself resources with patients.

**And Finally, ... It’s Membership Renewal Season for 2019**

Your renewal assures that AOPA will continue to be your #1 go-to resource for coding, billing, audit and other regulatory issues impacting your O&P business. We are here to answer your tough questions, and to provide tools that will help improve the timeliness and fairness of your reimbursements and audit resolutions. Whether your biggest challenge is receiving fair reimbursement, or running a profitable O&P business, AOPA is dedicated to helping you meet and overcome these challenges so that you can continue focusing on quality patient care.

We hope we have, once again, earned the opportunity to prove to you that AOPA membership is one of the best investments you can make for your organization. As always, please let us know if we may be of assistance in any way.

Sincerely,



Eve Humphreys, MBA, CAE  
Executive Director

**A Look Ahead – AOPA’s National Meeting Calendar**

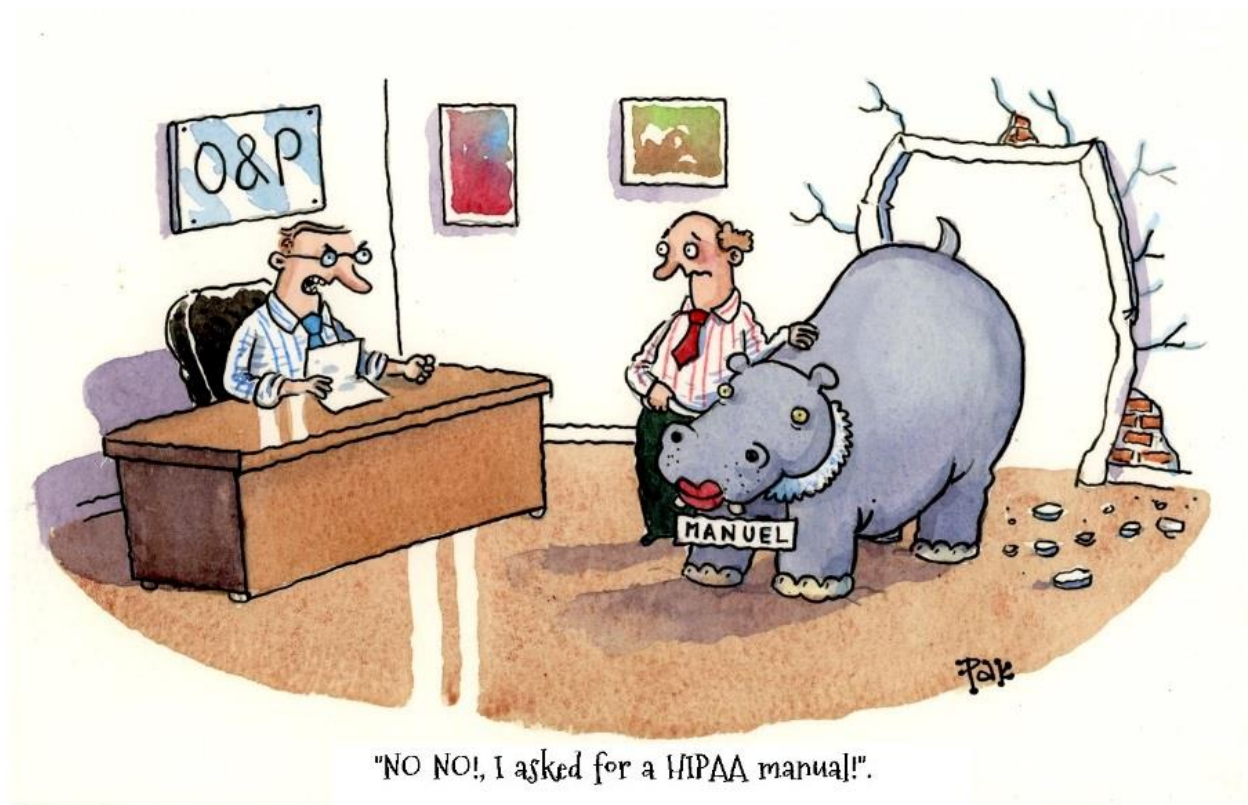
Sept 25-28, 2019	San Diego, CA Convention Center
Sept 9-12, 2020	Las Vegas, NV (Mandalay Bay)

Sept 9-12, 2021	Boston, MA
Sept 28-Oct 1, 2022	San Antonio, TX
Sept 6-9, 2023	Las Vegas, NV (Mandalay Bay)
Sept 25-28, 2024	San Diego, CA

**On the Lighter Side**

Since being introduced in the O&P Almanac in 2016, the Lighter Side cartoon feature has become a fan favorite. The O&P related cartoon uses humor to buffer the many stressors shared by members.

AOPA struck gold when it found Peter King, AOPA’s cartoonist/illustrator and founder of Paktoons. Peter began drawing caricatures and cartoons in 1992. His work uses traditional watercolor and ink techniques, rather than a computer. He has expertise is creating cartoons with health and safety related themes, predominantly in the UK. Peter resides in Scotland with his wife and his Old English Sheep dog Monty. You can learn more about Peter’s work at <http://www.paktoons.co.uk/> or watch the O&P Almanac for the next edition of the Lighter Side.



AN OPEN LETTER  
TO THE ORTHOTIC AND PROSTHETIC FIELD ON SEXUAL MISCONDUCT,  
HARASSMENT, AND DISCRIMINATION IN THE WORKPLACE

The undersigned organizations stand united in condemning sexual misconduct, harassment, and discrimination in all forms. Sexual misconduct includes abuse and assault. These behaviors are illegal and have no place in the orthotic and prosthetic (O&P) community.

Please consider this letter our clear message to the entire field that we support a zero tolerance policy for sexual misconduct, harassment, and discrimination based on sex (including sexual orientation and gender identity), race, color, national origin, religion, age, and disability, as well as retaliation for the reporting of such conduct.

**Sexual misconduct, harassment, and discrimination of any kind can be reported to one's employer or supervisor, law enforcement authorities, state employment discrimination authorities, state O&P licensure boards, and/or the Equal Employment Opportunity Commission (EEOC).** ABC, BOC and NCOPE all have processes in place to address ethical violations by certified individuals, accredited facilities or residents. Certified/licensed professionals witnessing such behavior also have an obligation to report it to the appropriate credentialing organization.

Those affected by sexual misconduct, harassment, and discrimination should know that all reports of such conduct will be taken seriously, investigated, and addressed in alignment with the processes of each of the undersigned organizations. All parties will be treated with dignity and respect and afforded due process. There are numerous public and private agencies that serve as confidential resources to offer support and answer questions.

Each of the undersigned organizations has resolved to review and, if necessary, refine its policies on sexual misconduct, harassment, and discrimination in the workplace. We resolve to enhance education, training, and compliance with such policies, and impose appropriate sanctions and disciplinary action **where allegations have been substantiated, within the scope of each organization's authority.**

We encourage every O&P clinic, business, or academic or research program to take similar steps to proactively address these important issues with respect to compliance plans, policy manuals, and where otherwise appropriate.

**American Board for Certification in Orthotics, Prosthetics, and Pedorthics (ABC)  
Board of Certification/Accreditation (BOC)  
National Association for the Advancement of Orthotics and Prosthetics (NAAOP)  
American Orthotic & Prosthetic Association (AOPA)  
American Academy of Orthotists and Prosthetists (AAOP)  
National Commission on Orthotic and Prosthetic Education (NCOPE)  
O&P Advocacy Workgroup**