AOPA In Advance SmartBrief
Breaking News
May 14, 2019

AOPA Headlines:

Round 2021 Competitive Bidding Update: Bidding Window Changed

The bidding process for Round 2021 of the competitive bidding program, which includes 23 off-the-shelf orthoses, is now slated to open on July 16, 2019 instead of June 2019. This extra month is to allow extra time for suppliers to get ready. If you are in a competitive bidding area (CBA) and you intend to enter the program, there are a few things you may do to get ready for July 16, 2019:

1) Make sure you are licensed and accredited
2) Obtain your competitive bidding surety bond(s)
3) Create a user ID and password, with the CMS Enterprise Portal
4) Make sure your Medicare enrollment is up-to-date and correct
5) Compile your finical information

The registration window for the DMEPOS Bidding System (DBidS) and Connexion, will open in June. Registration with DBidS is the first step in submitting a bid in Round 2021.

This is not an all-inclusive list, but it is a starting point. For more information about Round 2021 of the competitive bidding program, and some helpful tools be sure to visit the AOPA website and the Round 2021 Competitive Bidding page.

AOPA Announces Call for Volunteers

The American Orthotic and Prosthetic Association (AOPA) has opened its annual call for volunteers and we need your talent. Employees of all AOPA member companies are invited to serve on one of AOPA's Committees and/or Workgroups. From planning the National Assembly to driving the O&P research agenda to developing our legislative strategy, there is something for everyone. To find what interests you, review the full list of the Committees and/or Workgroups on the Call for Volunteers webpage.

Terms of service are two-years and will begin December 1, 2019. Most committees or workgroups meet face-to-face at least once per year with monthly conference calls lasting approximately one-hour. Additional time commitments include reviewing materials and work to accomplish the goals of each committee or workgroup. For details about the goals and responsibilities of each committee or workgroup and information on the nomination process, refer to the Nominations Policy.

To apply, please complete the **online application**. Applications are due by **Sunday, June 30**.

Don't miss this opportunity to become involved in the O&P profession by supporting AOPA and your fellow colleagues!

Questions? Contact Betty Leppin at bleppin@AOPAnet.org or 571-431-0810.

O&P Stakeholders Take Next Steps to Preserve Access – HME News

O&P stakeholders plan to use a recent massive fraud takedown involving medically unnecessary knee and back braces to advance upcoming legislation.

The American Orthotic & Prosthetic Association has been trying to get legislation passed for several years that would curb fraud and abuse and improve access to clinically appropriate care for beneficiaries.

“It’s great to see this first wave of charges,” said Todd Eagen, president of the Orthotic Prosthetic Group of America. “I believe there will be some positive changes as a result of this.”

Earlier this month, the federal government announced it had charged 24 defendants, including telemedicine company executives, DME company owners and licensed medical professionals, in the $1.2 billion scheme, dubbed “Operation Brace Yourself.”

AOPA plans to have legislation introduced in time for the 2019 AOPA Policy Forum, May 7-8 in Washington, D.C. One provision would restrict the use of drop shipping for Medicare-reimbursed braces.

“They deliver braces without ever actually interacting with the patient,” said Joe McTernan, director of coding and reimbursement services, education and programming for AOPA. “The

patients didn't need or want the braces, but were pulled in by some slick advertising, where they dial a number and the next thing, five braces are on their doorstep, all billed to Medicare."

Stakeholders believe the timing of the fraud takedown and CMS's decision to include off-the-shelf orthotics in Round 2021 of the competitive bidding program will make for a compelling argument on the Hill for preserving access to clinically appropriate care.

"From what we are hearing nationwide, the majority of traditional O&P providers will not participate or submit bids," said Eagen. "We are in the process of educating them right now. It's a huge learning curve."

Thank You to AOPA's Policy Forum Sponsors

CMS Adds L0650 to the Master List of Items Subject to Medicare Prior Authorization

On April 22, 2019, The Centers for Medicare and Medicaid Services (CMS) published an announcement in the *Federal Register* that added four HCPCS codes to the master list of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) items that are subject to inclusion in the Medicare Prior Authorization program. One of the four HCPCS codes that were added to the master list is L0650 which describes an off the shelf (OTS) lumbar-sacral orthosis (LSO). L0650 was added because it meets the criteria necessary for inclusion on the prior authorization master list. Specifically, the average Medicare allowable for L0650 exceeds $1,041 and L0650 was listed in the *2018 Medicare Fee for Service Supplemental Improper Payment Report.*

The inclusion of L0650 on the Medicare prior authorization master list does not mean that claims for L0650 are subject to prior authorization currently, it just means that Medicare can choose to require prior authorization for L0650 in the future. The inclusion of L0650 is a significant development as it represents the first orthotic code to be identified and included in the Medicare prior authorization master list. Previously, all the codes on the master list described prosthetic devices.
AOPA will continue to follow developments related to the Medicare DMEPOS Prior Authorization program and will communicate any changes regarding the master list or proposed implementation of prior authorization for O&P services.

Get Ahead of the Competition with Our Experts: Competitive Bidding Webinar

In June, the Centers for Medicare and Medicaid Services will open competitive bidding for Medicare Durable Medical Equipment, Prosthetics, Orthotics, & Supplies (DMEPOS). We know this is a new process for many, so let our Coding and Reimbursement Experts help you. Join them **Wednesday, May 15th from 1 - 2pm ET** for our newly developed Competitive Bidding Webinar, featuring an extended live Q&A.

During this webinar attendees will not only learn about the Medicare DMEPOS Competitive Bidding program but also how to prepare to participate in the competitive bidding process as well as the potential impact it will have on the O&P market. Specific topic covered will include: obtaining bid surety bonds, limiting bids, pivotal bids, lead item pricing, and single pricing amounts. Time will be provided for Q&A, so you can get your questions answered by the pros. Do not miss this opportunity to get the strategies that will help your business decide whether to submit bids and if you do, how to secure contracts.

Registration is free for members, the cost for non-members is $99. Attendees can earn 1.5 CE credits. Register today**.**

Statement from Eve Lee, Executive Director of AOPA on DOJ Operation Brace Yourself

On March 28, 2019, the American Orthotic and Prosthetic Association (AOPA) released a statement strongly criticizing the use of lead generation marketing to deliver orthotic devices to patients covered by Medicare or other insurances. This practice puts patients at risk as it does not provide clinical care by a qualified orthotic professional and could lead to providing medically unnecessary orthoses with no instruction on the proper fitting, care, or use.

On April 9th, less than two weeks after this, the United States Department of Justice (DOJ) announced multiple indictments against 24 individuals responsible for more than $1.2 billion in losses to the Medicare program through fraudulent schemes involving the use of lead generation marketing to deliver orthoses that were not medically necessary or not wanted by the beneficiary. Simultaneously, the Centers for Medicare and Medicaid Services (CMS) announced the immediate suspension of Medicare payments to 130 Medicare enrolled Durable Medical Equipment suppliers suspected of participating in the scheme and responsible for more than $1.7 billion in Medicare claims and more than $900 million in Medicare reimbursement.
AOPA is highly encouraged by both the DOJ indictments and the administrative action taken by CMS. We are hopeful that this sweeping action will drive this criminally negligent activity out of the orthotic and prosthetic marketplace. AOPA first expressed concern about potential fraud and

abuse involving off-the-shelf (OTS) orthoses when CMS identified a complete set of OTS codes that, according to its own policy, required little to no fitting by properly certified or licensed orthotic professionals to deliver and bill to Medicare. We have continued to voice our concern at every opportunity.

Most recently, AOPA has pursued legislation that will ensure that Medicare patients continue to have access to clinically appropriate orthotic care delivered by properly educated, certified and/or licensed professionals. AOPA, with the support of its O&P Alliance partners, is preparing legislation which contains several provisions that would further guarantee that criminal elements such as those uncovered by DOJ will no longer be able to use OTS orthoses to generate illegal profits through exploitation of the Medicare program and its beneficiaries. AOPA is currently meeting with key members of Congress to discuss potential sponsorship. The hope is for the bill to be introduced prior to the 2019 AOPA Policy Forum taking place May 7-8, 2019 in Washington, DC. During the Forum, AOPA members will meet with members of Congress to encourage them to take action that protects patients.

Questions? Please contact Joe McTernan, at 571/431-0811 or jmcternan@AOPAnet.org.

Medicare Announces New Proposed RAC Audit for Reasonable Useful Lifetime for Upper Extremity Orthosis

The Center for Medicare and Medicaid Services (CMS) posts a list of topics monthly 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 April CMS announced the proposed topic of an automated review for reasonable useful lifetimes and upper extremity orthosis described by codes: L3650, L3660, L3670, L3671, L3674, L3675, L3677, L3678, L3702, L3710, L3720, L3730, L3740, L3760, L3761, L3762, L3763, L3764, L3765, L3766, L3806, L3807, L3808, L3809, L3900, L3901, L3904, L3905, L3906, L3908, L3912, L3913, L3915, L3916, L3917, L3918, L3919, L3921, L3923, L3924, L3929, L3930, L3931, L3956, L3960, L3961, L3962, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3980, L3981, L3982, L3984 and L3995.

At this time the proposed automated review 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 topic here.

AOPA Releases Statement Regarding Delivery of Orthoses through Lead Generation Marketing

Earlier today AOPA issued a statement announcing that it is strongly opposed to the model for delivery of orthoses that relies on what is known as lead generation marketing to identify and recruit potential patients for treatment with orthoses.

Lead generation marketing uses broad stroke advertising such as television ads, websites, and social media to encourage potential patients to contact a call center which then provides the "leads" to a select group of physician referral sources and medical equipment suppliers who facilitate the delivery of one or more orthoses to the patient, often without the patient ever seeing the referring physician or the supplier of the device. This model of delivery is of great concern to AOPA as it does not include any fitting of the orthoses by health care professionals such as a certified and/or licensed orthotist. It also includes no patient education on the proper care and use of the orthosis, no follow up care to ensure that the orthosis is providing its intended benefit and lacks any kind of patient evaluation to determine the clinical appropriateness of the prescribed orthosis. This model of delivery is not one that is interested in the provision of clinically appropriate orthoses by properly trained, educated, and certified or licensed orthotic professionals. It is simply an opportunity for unscrupulous providers to take advantage of loopholes in the Medicare claims processing system to generate as much revenue as possible without regard to the medical need of the orthoses they are marketing. In addition, lead generation marketing of orthoses typically relies on a limited number of physician referral sources who often have no relationship with the patient prior to their brief consultation, usually over the telephone, upon referral from the lead generation company. These physicians are often fully aware of their role in this process and are often compensated by the lead marketing company on a per prescription basis. This practice is clearly not in the best interest of Medicare beneficiaries.

Recent reports published by the Department of Health and Human Services Office of Inspector General (OIG) have confirmed that there have been increased instances of fraud and abuse involving knee and spinal orthoses. AOPA believes that lead generation marketing strategies may be a significant contributor to this increase in fraud and abuse investigations. The orthoses that have been highlighted in the OIG reports have shown significant increases in utilization since the first appearance of the online and televised advertisements produced by lead generating marketing companies. It is not a coincidence that the largest increases in Medicare spending for orthoses represent the high cost orthoses that are being marketed to unsuspecting Medicare beneficiaries.

AOPA firmly believes that Medicare beneficiaries deserve to receive the highest quality, most clinically appropriate orthotic care available and that it is in the best interest of the Medicare program to ensure that the delivery of all orthoses must be coordinated through the physician or practitioner who is treating the patient's orthopedic condition and a properly trained and educated orthotic provider, such as a certified or licensed orthotist. Alternative models, such as those that use lead generation marketing, will continue to facilitate increased fraud and abuse, unnecessary costs and utilization, and the delivery of ill-fitting orthoses that m-ay not be medically necessary without any clinical care, patient follow up, or patient education.

Questions? Please contact Joe McTernan, at 571/431-0811 or jmcternan@AOPAnet.org.

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.

Both the PROPRIO FOOT and PRO-FLEX PIVOT are available with and without Unity, Össur's sleeveless vacuum suspension system. To learn more about the products, visit http://info.spsco.com/ossur-partnership.

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.

Upcoming AOPA Events

May 15, 2019	*Competitive Bidding: Burden or Opportunity?* AOPA Webinar Learn more and register here
June 3-4, 2019	*Coding & Billing Seminar* Indianapolis, IN Learn more and register here
June 12, 2019	*Documentation – Understanding Your Role* AOPA Webinar Learn more and register here