



American Orthotic & Prosthetic Association

www.AOPAnet.org

**AOPA In Advance SmartBrief**  
***Breaking News***  
**July 2, 2019**

**AOPA Headlines:**

**[Medicare DME QIC Contract to Transition from C2C to Maximus](#)**

**[Don't Sleep on the Latest AOPA Member Resource](#)**

**[OPC Survey Deadline Extended to Friday, July 19 – ACT FAST](#)**

**[Ohio Policymakers Introduce Legislative Initiative that Could Impact O&P in the State](#)**

**[Round 2021 Competitive Bidding Registration Open](#)**

**[Preliminary Program now Available for the AOPA National Assembly](#)**

**[CMS Adds L0650 to the Master List of Items Subject to Medicare Prior Authorization](#)**

**[Statement from Eve Lee, Executive Director of AOPA on DOJ Operation Brace Yourself](#)**

**[AOPA Releases Statement Regarding Delivery of Orthoses through Lead Generation Marketing](#)**

**Upcoming Events**

**Medicare DME QIC Contract to Transition from C2C to Maximus**

The contract to serve as the Medicare Qualified Independent Contractor (QIC), which processes Medicare reconsideration requests, will transition from C2C Innovative Solutions, Inc. to Maximus Federal by the end of 2019. C2C will hold its last re-opening discussion on September 15<sup>th</sup> and all pending reconsideration requests will be completed by December 31, 2019. Information regarding when MAXIMUS will begin accepting Medicare reconsideration requests has not yet been released.

C2C spearheaded a popular telephone re-opening process during its tenure as the QIC which drastically reduced the number of reconsideration denials. It is not yet known whether MAXIMUS will continue this process as part of its QIC contract.

AOPA will continue to follow this story and provide updates on the transition as they are available. Questions regarding this issue may be directed to Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org) or Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org).

## Don't Sleep on the Latest AOPA Member Resource

Are you utilizing your AOPA membership? Attend one of the two upcoming live tutorials to learn about one of the best resources available for O&P practices, the [AOPA Co-OP](#).

A Wikipedia for all things O&P, the Co-OP is a one-stop resource for information about reimbursement, coding, and policy. It is searchable database that provides up-to-date information on developments in Medicare policy, state-specific legislation, private-payer updates, and more. Members can access detailed information on everything from modifiers to product-specific L Codes and associated policies. Additionally, members can share information and insights on developments impacting the entire O&P profession.

If you haven't signed up for the Co-OP yet, this is your opportunity to learn about O&P's most comprehensive resource for coding, billing, and reimbursement. AOPA's Director of Strategic Initiatives, Ashlie White will demonstrate how to use the Co-OP and answer all your questions.

Register now for either:

- [Friday, July 12 at noon ET](#)
- [Friday, August 9 at noon ET](#)

## OPC Survey Deadline Extended to Friday, July 19 – ACT FAST

**NEW DEADLINE: Friday, July 19<sup>th</sup>  
FREE for AOPA members!**

In the daily grind of running your O&P business, you need feedback on how you are doing financially. You've heard that AOPA provides a free benchmarking survey for its members, but you haven't found the time to participate.

***Running short on time? We'll do the hard part for you.*** Submit your financial statements and Industry Insights will confidentially enter the data for you. We can't make it any easier than that! No more procrastinating!

Each survey participant receives a customized company report - a scorecard on how your O&P facility's operating performance and compensation compares with industry leaders and other facilities of similar size and geographic location.

To receive your company's Operating Performance & Compensation Survey company report, you'll need to complete the survey, which has a new deadline – Friday, July 19<sup>th</sup>. It's FREE for AOPA members. Go to [www.aopa-survey.com](http://www.aopa-survey.com) to fill out the survey online or call 571-431-0810 for more information.

## Ohio Policymakers Introduce Legislative Initiative that Could Impact O&P in the State

Last week, Ohio State Senator Rob McColley (R-Napoleon) and Ohio Lt. Governor Jon Husted [announced](#) a legislative initiative called [The Common Sense Initiative \(CSI\)](#). The CSI includes language that will give flexibility to the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers (OTPTAT) Board to give permission to those who research and develop prosthetics using 3-D printing technology.

AOPA is working on obtaining the full proposal language so that we can do an analysis of the impact it will have on Ohio licensure and O&P practitioners. Without it, it is hard to know what the exact impacts are, but we know at the very least it is an opportunity to educate elected officials on the O&P profession as we continue to work with them in the future.

We will continue to keep you updated as appropriate. Should you have any comments or additional information about this proposal please email, Ashlie White at [awhite@AOPAnet.org](mailto:awhite@AOPAnet.org), Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org), and Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org).

### **Round 2021 Competitive Bidding Registration Open**

Registration for the DMEPOS Bidding System (DBidS) and Connexion is now open. In order to take part in Round 2021 and submit a bid you must first register and gain access to DBidS and Connexion. You may use your active and current CMS Enterprise Portal user ID and password to register, however if you don't have a user ID and password you will need to create one before you may access DBidS and Connexion. To register for DBidS and Connexion and/or create a user ID and password you may access the CMS Enterprise Portal [here](#). When you register, don't forget to identify and register your authorized officials as well.

Registration for the competitive bidding program may now open, but the bidding window will not open until July 16, 2019. Questions? Contact Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org) or Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org).

### **Preliminary Program now Available for the AOPA National Assembly**

Catch the Wave, Register Now for the 2019 National Assembly

The 2019 National Assembly has it all...

- The best in business education and advanced clinical programming
- The largest O&P exhibit hall in the U.S.
- Networking with the most influential people in the profession
- Must attend events
- The opportunity to earn more than 40 CE credits
- And the legendary weather, beautiful beaches and friendly, laid-back vibe of our host city, San Diego

[Learn more and register. Together we will drive the waves of change.](#)

*AOPA is proud to partner with the California Orthotics and Prosthetics Association (COPA) to bring you the 2019 National Assembly.*

### **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.

**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 9<sup>th</sup>, 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.

## **AOPA Releases Statement Regarding Delivery of Orthoses through Lead Generation Marketing**

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 may not be medically necessary without any clinical care, patient follow up, or patient education.

## Upcoming AOPA Events

- July 10, 2019      *T.P.E – Get to Know the Program & What the Results are Telling You*  
AOPA Webinar  
[Learn more and register here](#)
- August 14, 2019      *Are You Ready for the Worst: Contingency Planning*  
AOPA Webinar  
[Learn more and register here](#)
- September 11, 2019      *Veteran Affairs Updates: Contracting, Special Reports and Other News*  
AOPA Webinar  
[Learn more and register here](#)