



American Orthotic & Prosthetic Association

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**December 17, 2019**

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**Happy Holidays and Happy New Year from AOPA!**



On behalf of the AOPA Board of Directors and staff, we wish you and yours a very safe and Happy Holiday Season. We are extremely grateful for our current and new members and the O&P Community. 2019 has brought its various challenges and we will continue to strive for positive change in the new decade. AOPA will be closed on December 25<sup>th</sup> through December 31<sup>st</sup>. The office will resume normal business hours of

8:30AM to 5:00PM (EST) on Thursday, January 2nd, 2020. We can't wait to see you and all our new members in the New Year!

Has the holiday season made you forget to renew your AOPA membership? It is not too late; login with your username and password at [www.AOPAnet.org](http://www.AOPAnet.org), send a fax via (571) 431-0899, or give us a quick call at (571) 431-0876. You can also mail us a check to our address found on our website.

If you need assistance or have questions about your 2020 membership invoice, please contact us at [bleppin@AOPAnet.org](mailto:bleppin@AOPAnet.org) or 571-431-0810.

## CMS Releases the 2020 Medicare DMEPOS Fee Schedule

The Centers for Medicare and Medicaid Services (CMS) has released the 2020 Medicare DMEPOS fee schedule which will be effective for Medicare claims with a date of service on or after January 1, 2020. As anticipated, the 2020 Medicare fee schedule for orthotic and prosthetic services will be increased by 0.9% over 2019 rates. The 0.9%% increase is a net reflection of the 1.6% increase in the Consumer Pricing Index for Urban Areas (CPI-U) from June 2018 through June 2019, combined with the annual Multi-Factor Productivity Adjustment (MFP) of -0.7%.

[View the official CMS announcement for the 2020 DMEPOS fee schedule update.](#)

[Review and download the complete 2020 Medicare DMEPOS fee schedule.](#)

Questions regarding the 2020 Medicare fee schedule 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).

## Action Needed: Support the Medicare O&P Patient-Centered Care Act

On Friday, November 22, the House of Representatives introduced the Medicare O&P Patient-Centered Care Act (H.R. 5262). This bipartisan legislation would improve access to, and quality of orthotic and prosthetic care received by Medicare beneficiaries while simultaneously combatting fraud and abuse. Specifically, this bill would:

- Restore congressional intent by revising the overly expansive regulatory interpretation of the meaning of "off-the-shelf" orthotics to clarify that competitive bidding may only apply to orthoses that require minimal self-adjustment by patients themselves, not the patient's caregiver or a supplier.
- Distinguish the clinical, service-oriented nature in which O&P is provided from the commodity-based nature of the durable medical equipment benefit.
- Reduce the likelihood of waste, fraud, and abuse in the Medicare program by prohibiting the practice of "drop shipping" of orthotic braces that are not truly "off-the-shelf" (i.e., subject to minimal self-adjustment by the patient him- or herself).

**We need your help, if we don't advocate for our needs and the needs of patients, no one will. [Visit AOPAvotes](#) and take a few minutes to write your legislator and urge them to support this important legislation.**

If you have any questions, contact Justin Beland, AOPA Director of Government Affairs at [jbeland@AOPAnet.org](mailto:jbeland@AOPAnet.org).

Thank you for your support, together we can continue to improve the lives of those living with limb loss and limb impairment.

## 2019 AOPA Coding & Billing Seminar Manuals Available

Do you have any extra seminar manuals? May we purchase an extra manual? These are common requests we receive during Coding & Billing Seminars.

In order to keep the manuals as up-to-date as possible, we keep print runs low and specific to each seminar. However, we do have a limited number of manuals from our last seminar of 2019 available for purchase.

If you were not able to attend a seminar, or you wanted an extra manual for a satellite office, now is your chance. Manuals are \$185 plus a \$7 shipping fee.

[Purchase your seminar manual today!](#)

Don't forget that it is not too late to [register](#) for the February 10-11, 2020 Coding & Billing Seminar in Las Vegas. Early bird registration ends on January 9, 2020.

## 2020 National Assembly Call for Papers



Contribute to high-value clinical and scientific offerings and share your expertise with over 2,000 orthotic, prosthetic, and pedorthic professionals. Submit your proposal for the American Orthotic and Prosthetic Association's 2020 National Assembly, September 9-12, 2020 in Las Vegas, NV.

We are looking for:

- [Clinical Free Papers](#) - The top scoring papers will compete for the prestigious Thranhardt Award.
- [Technician Program](#)
- [Symposia](#)
- [Business Education Program](#) - The top papers will be considered for the prestigious Sam E. Hamontree, CP (E) Business Education Award.

Abstracts will be considered for both podium and poster presentations and must be submitted electronically; e-mail or fax submissions will not be accepted. Each submission will be graded by the review committee via a blind review process, based on the following criteria.

- Relevance, level of interest in categories
- Quality of scientific content
- Quality of clinical content

- Quality of technical content

**What are you waiting for? Advance your career. Gain recognition. See your name in lights. [Submit your abstract by March 20, 2020.](#)**

Questions about the submission process or the National Assembly? Contact AOPA at 571/431-0876.

**Register for the 1st Coding & Billing Seminar of 2020 in Las Vegas**

***The AOPA Coding & Billing Experts are Heading to Las Vegas, Nevada, February 10-11***

***Location: The Tropicana Las Vegas  
3801 S Las Vegas Blvd, Las Vegas, NV 89109***

*\*Attendees are responsible for making their own hotel reservations. Book by January 20 for the \$105/night rate. A daily resort fee of \$18 plus tax will be charged.*

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**

**HCPSC Code Changes for 2020**

The Centers for Medicare and Medicaid Services (CMS) has released the new Healthcare Common Procedure Coding System (HCPCS) codes for 2020, and there were a few minor changes. Below is a complete breakdown of the code changes which will be effective for claims with a date of service on or after January 1, 2020.

**New Codes**

HCPCS	Descriptor
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L2006	Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each

### Change to Code Descriptor

HCPCS	New Descriptor	Previous Descriptor
L8032	Nipple prosthesis, <b>prefabricated</b> , reusable, any type, each	Nipple prosthesis, reusable, any type, each

AOPA's Coding and Reimbursement Committee will review the list of changes and provide appropriate comments to CMS.

As a reminder registration is still open for the December 11, 2020 AOPAiversity webinar ([New Codes for 2020, Other Updates & Yearly Round-up](#)) which will focus on the changes to the HCPCS code set and any other upcoming Medicare changes which may impact your business in 2020.

Questions regarding the code changes may be directed to Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org) and/ or Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org).

### HHS Office of Inspector General Releases a Report Comparing Medicare Payment for Orthoses with Payments by Other Insurers

On October 30, 2019, the Department of Health and Human Services (HHS) Office of Inspector General (OIG) released a report that compared Medicare payments for orthoses to payments made by non-Medicare payers from 2012-2015. The OIG cited an increase in Medicare payments for certain spinal, knee, elbow, and wrist orthoses from \$631.8 million in 2012 to \$815.5 million in 2015 as the reason for conducting its investigation. The OIG reported that for 142 orthosis codes, Medicare paid \$337.5 million more than non-Medicare payers during the three-year review period. The OIG reported that for 19 orthotic codes, Medicare actually paid \$4.7 million more than non-Medicare payers during the same three-year period.

AOPA was aware that the OIG was considering reviewing Medicare payments for orthoses compared with non-Medicare payments, as the issue has been included in the OIG's annual workplan since 2016. Upon first mention in the 2016 workplan, AOPA notified members of the potential report and commissioned a legal memo from McGuire Woods, LLP that discussed the potential risks associated with charging Medicare more than a provider's usual and customary charges. The 2016 communication to AOPA members and McGuire Woods memo can be viewed [here](#).

In its recent report, the OIG recommended that, where applicable, the Centers for Medicare and Medicaid Services (CMS) consider using its inherent reasonableness or other authority to reduce (or to a much lesser extent, increase) the Medicare fee schedule for the 161 codes identified in the OIG report. The OIG pointed out that existing CMS regulatory authority could be used to adjust fee

schedules for 95 of the 161 codes. The other 66 codes would require statutory changes to properly adjust the fees. In its response to the OIG report, CMS stated that certain off-the-shelf (OTS) spinal and knee codes have already been included in the competitive bidding program scheduled for implementation in 2021 and fees should be adequately reduced as a result of provider competition. CMS also indicated that it would consider including additional OTS orthoses in future rounds of DMEPOS competitive bidding. CMS also indicated that it has recently issued a final rule regarding calculating Medicare fee schedules for new HCPCS codes that may be useful in determining appropriate fees for new orthotic codes.

The potential impact of the OIG report will most likely take several years for CMS to implement through regulatory and legislative channels. AOPA understands the significant ramifications that this report may have on its members, the O&P industry in general, and especially Medicare beneficiaries who may be forced to receive substandard orthotic care from unqualified, non-certified, or non-licensed practitioners as a result of arbitrary and unreasonable reimbursement reductions.

Over the next several weeks, AOPA will be performing a comprehensive analysis of the potential impact, including individual analysis of each HCPCS code discussed in the report, the current and historic O&P provider market share of each code, and the potential impact a reimbursement reduction may have on each code. Based on this analysis, AOPA will aggressively pursue all strategies that will reduce the impact of the OIG report and ensure that AOPA members can continue to provide high quality orthotic care to Medicare beneficiaries and receive equitable Medicare reimbursement. AOPA will continue to provide on this issue.

The complete OIG report can be found [here](#).

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 the upcoming live tutorial 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 FREE:

- [Friday, January 17 at noon ET](#)
- [Friday, February 14 at noon ET](#)

## Upcoming Events

- January 8, 2020      *Modifiers: Enhance Your Claims Two Letters at a Time*  
AOPA Webinar  
[Learn more and register](#)
- January 17, 2020      *FREE Co-OP Tutorial*  
AOPA Web Tutorial  
[Learn more and register](#)
- February 12, 2020      *O&P Coding & Billing Myths: The Truth is Out There*  
AOPA Webinar  
[Learn more and register](#)