

AOPA 4th Quarter 2019 Staff Report



To: AOPA Membership
From: Eve Lee, Executive Director
Date: January 15, 2020

I have officially been Executive Director of AOPA for a year now and what a great year it has been!

As you know, one of my biggest priorities is ensuring members have what they need to run their business and serve their patients. In 2020, we are going to be launching new initiatives as well as refining others.

We will be improving our member communications, for example in 2020 we will begin sending these quarterly reports electronically.

As you've hopefully heard, the Medicare O&P Patient Centered Care Act was introduced in the House in late November. Building off this, we will continue to push for common sense regulatory and legislative changes that are focused on the patient as well as continue to build relationships with members of congress and high-level administrators at HHS, to represent and promote the interests of O&P at every level.

We have developed new educational initiatives to help you and your staff stay on top of the ever-changing regulations that are constant in healthcare. In March, we will be offering a one-day seminar, Medicare 101: Get to Know the Basics. Attendees will learn all the basics of Medicare billing and coding including how Medicare pays for O&P, the basic documentation needed to bill for O&P, guidelines on proper coding, and how codes are created.

Finally, we will improve how we promote the value of research and the role AOPA plays in it.

As we move forward with current initiatives and implement new ones, AOPA staff remains committed to you. We know everything you do is for the patients and we are dedicated to proving you the tools to run your O&P businesses.

2020 National Assembly

Make plans to join 2,200+ colleagues at the 2020 National Assembly, to be held September 9-12, 2020 at the Mandalay Bay Resort in Las Vegas, NV.

The planning committee is hard at work to bring you the best in education with five program tracks to give you the opportunity to customize your Assembly experience with topics on prosthetics, orthotics, Pedorthics, technical, and business. This year's program will feature

- Patient Demonstrations in the exhibit hall
- New schedule
- Top speakers from around the world
- Hands-on Workshops
- The latest in 3D Printing

- Tips and techniques, you will take back and use immediately
- New business programming for administrators
- Opportunities to earn extra-credit by taking event quizzes.

Build Your Customer Base, Increase Sales, Participate as an Exhibitor

Learn more at <https://www.aopanet.org/education/2020-aopa-national-assembly/> or contact Kelly O'Neill at Kelly.oneill@AOPAnet.org or 571/431-0852.

Call for Papers

Submit Your Abstract for the 2020 National Assembly. Do you want to contribute to high-value clinical and scientific offerings? Looking to share your expertise with over 2,000 orthotic, prosthetic, and pedorthic professionals? 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

Be a part of the largest meeting for the O&P profession. [Submit your abstract by March 20, 2020.](#) Questions about the submission process or the National Assembly? Contact AOPA at 571/431-0876.

Legislative and Regulatory

Legislative Updates

Medicare O&P Patient-Centered Care Act

On November 22, 2019, the House of Representatives introduced the Medicare O&P Patient-Centered Care Act. Reps. Mike Thompson (D-CA), GT Thompson (R-PA), GK Butterfield (D-NC), and Brett Guthrie (R-KY) were the bills original sponsors, and since then Reps. Jeff Van Drew (R-NJ) and David Roe (R-TN) have also joined the bill.

In the Senate, Senator Mark Warner (D-VA) will once again serve as our Democrat lead but will not introduce the bill without a Republican cosponsor. Sen. Chuck Grassley (R-IA), who cosponsored the bill in the last Congress, but will not do so again due to his being named chairman of the committee of jurisdiction) suggested working with Sen. Mike Crapo (R-ID); however, Sen. Crapo declined, citing an unfamiliarity with the issue and concerns about potential cost. We then turned to Sen. John Cornyn (R-TX), who agree to be an original sponsor of the bill (thereby fulfilling Warner's request for the bill to be introduced as bipartisan), however, Cornyn's staff indicated the Senator would not have the bandwidth to push the bill aggressively. We have therefore begun outreach to other Senate Republicans including Sen. Bill Cassidy (R-LA). Should we secure more than one Republican sponsor, Sen. Tammy Duckworth (D-IL)

will also likely join the bill as an original sponsor (we need an even number of Republicans and Democrats).

AOPA undertook an extensive grassroots campaign to urge members and other interested parties to send a message to their Representative urging co-sponsorship of the bill. Nearly 1,100 advocates took action.

Wounded Warrior Workforce Education Act

AOPA staff and consultants continue to work closely with the VA and Veterans Affairs Committees in the House and Senate to move the WWWEA forward. In the fourth quarter of 2019 we began conversations with staff and Members of the Senate Armed Services committee, with the goal of moving the bill under the jurisdiction of that committee where it's likely to get more attention and a likelier passage. .

Administration Meetings

AOPA continues to grow their relationships with key players within the Trump Administration. In the fourth quarter, these meetings included:

- September 5: Attending and providing comments during MEDPAC's monthly business meeting
- September 19: Eric Ueland, White House Director of Legislative Affairs
- October 1: Dr. Erik Wolf and other staff of the Congressionally Directed Medical Research Program
- November 8: Members of the President's Domestic Policy Council
- November 18: Phone call with CMS Director of DMEPOS Policy Joel Kaiser (among others)
- December 17: HHS Deputy Secretary Erik Hargan

O&P Political Action Committee

AOPA would like to thank the following individuals for their contributions to the O&P PAC in 2019:

PRESIDENT'S CIRCLE (\$1,000 - \$5,000): Jeffrey Brandt, CPO; Marco Calcagno, CPO; J. Douglas Call, CP; Traci Dralle, CFm; Mike Fenner, CP, BOCPO; Rick Fleetwood, MPA; Eve Lee; William Leimkuehler, CPO, LPO; Jeff Lutz, CPO; Lee Mantelmacher, CPO; Michael Oros, CPO, FAAOP; Rick Riley; Bradley Ruhl; Chris Snell, BOCP; Frank Snell, CPO, LPO, FAAOP; William Snell, CPO; Bernie Veldman, CO; James Weber, MBA; Linda Wise; James Young, Jr., CP, LP, FAAOP

SENATOR'S TABLE (\$500 - \$999): Natalie Stewart, CPO

CHAIRMAN'S TABLE (\$100 - \$499): Leslie Allen, Cfo; John Allen, CPO; Kate Allyn, CPO, FAAOP; John Angelico, CP,LP; Christopher Berdahl, CP; Curt Bertram, CPO; David Boone, PhD, MPH, BSPO; George Breece; Erin Cammarata; Maynard Carkhuff; Tina Carlson, CMP; Kristin Carnahan, CPO, FAAOP; Gary Cheney, CPO; Christina Cox; Joseph Cozza; Glenn Crumpton, CPO; Thomas DiBello, CO, FAAOP; Mitchell Dobson, CPO, FAAOP; John Chad Duncan, PhD., CPO; Steven Filippis, CP; Elizabeth Ginzal, CPO, LPO; Kimberly Hanson; Bob Harmon; John Hays, CP; Denise Hoffman; Michele Hogan; Steven Hoover, CP, LP; David Johnson, CO; Maurice Johnson, CO; James Kaiser, CP, LP; Jim Kingsley; Charles Kuffel, CPO, FAAOP; Teri Kuffel, JD; Robert Leimkuehler, CPO; Ron Longo, CP; Pam Lupo, CO; Stuart Marquette, CO; Clyde Massey, CPO; Brad Mattear, LO, CPA, Cfo; Brian Moyle; Steve McNamee, CP, BOCO, FAAOP; Wendy Miller, BOCO, CDME; Aaron Moles, CPO; Morris Moncure, BOCP, CPA; Ted Muilenburg, CP, LP; Jonathan Naft, CPO; Sourabh Nagale, CPO; Matthew Nelson, CPO, FAAOP; Kathleen Pelz; Dale Perkins; Joyce Perrone; Paul Prusakowski, CPO; Ricardo Ramos, CP, C.Ped.; Patrick Reichel; Eduardo Reyes, CPO; Tyler Rowley, CPO; Kurt Schlau; Michael Schlesinger; Stephen Schulte, CP, FAAOP; Lesleigh Sisson, Cfo, CFm; Mike Sotak; Jack Steele, CO; Jason Tanner, CPO; Robert Tillges, CPO, FAAOP; Robert Tuck, CPO; Jason Wening, CPO, FAAOP; Larry Word, CPO; Shane Wurdeman, PhD, MSPO, CP, FAAOP; Claudia Zacharias, MBA, CAE

1917 CLUB (Up To \$99): Jacqueline Adolph, CO; Maggie Baumer, JD; Jenna Baxter; Kevin Bidwell, CP; Chellie Blondes; Deborah Boone; Mark Brady; Robin Burton; Joy Burwell; Sarah Chang; Kathleen

DeLawrence; Frank Erdeljac, CO; Daryl Farler, CPA; Kirk Ferris, CPO; Jim Fitzpatrick; Colton Graham; Paul Gudonis; David Henry; Dan Ignaszewski; Dennis Janisse, Cped.; Karyn Kessler; Lindsey Kline ; Kyle Leister, CPO, LPO; Thomas Metheney, CTO; Joseph Pongratz, CPO, FAAOP; Mark Porth, CPO; Dara Ross, CPO; Ryan Schuetzle, CPO; Robin Seabrook; Wanda Stephans; Suzi Vicino; Ashlie White; Dennis Williams, CO, BOC(O); Scott Williamson, CAE, MBA; Mark Woodsen, RTP; Jessica Zistatsis, MSME

A rundown of our PAC activities in Q4 of 2019 are as follows:

- Rep. Steny Hoyer (D-MD), House Majority Leader (\$1,000)
- Rep. Steven Horsford (D-NV), Member, House Ways & Means Health Subcommittee (\$1,000)
- Rep. John Lewis (D-GA), Member, House Ways & Means Committee (\$2,500)
- Rep. Debbie Dingell (D-MI), Member, House Ways & Means Health Subcommittee (\$1,500)
- Rep. Gil Cisneros (D-CA), Member, House Veteran's Affairs Committee (\$1,000)
- Rep. Anna Eshoo (D-CA), Chair, Energy and Commerce Health Subcommittee (\$1,000)
- Rep. Mike Thompson (D-CA), Member, House Ways and Means Health Subcommittee, O&P bill sponsor (\$1,000)
- Rep. Lori Trahan (D-MA), Member, House Armed Services Committee (\$1,000)
- Rep. Matt Cartwright (R-PA), Sponsor, Wounded Warrior Workforce Enhancement Act (\$1,000)
- Rep. GK Butterfield (D-NC), Member, House Energy and Commerce Health Subcommittee, O&P bill sponsor (\$1,000)
- Rep. Robin Kelly (D-IL), Member, House Energy and Commerce Health Subcommittee (\$3,000)

2020 Policy Forum

Save the Date for the 2020 Policy Forum and plan to join us May 5-6, 2020 in Washington, DC. Our voices are louder together.

Regulatory Updates

Recovery Audit Contractor Introduces Two New Audits

Performant, the Recovery Audit Contractor (RAC) for DMEPOS, Home Health, and Hospice claims nationwide posted two new approved issues to their website.

On May 01, 2019 Performant began a review for L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136, L4350, L4360, L4361, L4370, L4386, L4387, L4396, L4397, and L4631 . The review will be an automated review to determine if the reasonable useful lifetime (RUL) has been met. Since this is an automated review you will not receive the traditional additional documentation request (ADR) letter informing you of the review.

On January 1, 2019 Performant began a review for cervical orthoses described by codes L0112, L0113, L0120, L0130, L0140, L0150, L0160, L0170, L0172, L0174, L0180, L0190, L0200, L0220, L0700, L0710, L0810, L0820, L0830, L1000, L1001, L1005, L1200, L1300, L1310, and L1499. The review will be an automated review to determine if the reasonable useful lifetime (RUL) has been met. Since this is an automated review you will not receive the traditional additional documentation request (ADR) letter informing you of the review.

These new reviews bring the total number approved O&P issues under review by Performant to ten.

New Codes and Code Changes for 2020

The following is a summary of the changes to the Level II Healthcare Common Procedure Coding System (HCPCS) codes for 2020. All HCPCS code changes are effective for claims with dates of service on or after January 1, 2020.

New Codes:

- 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

Deleted Codes: There were no code deletions for 2020.

Changes in Code Descriptors: L8032, had the word “prefabricated” added to its official code descriptor. The new descriptor is: Nipple prosthesis, *prefabricated*, reusable, any type, each.

2020 DMEPOS Fee Schedule 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, 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%.

The two new HCPCS codes for 2020 (L2006 and L8033), currently don’t have fees connected to them and the fees may be included in the next quarterly updated of the fee schedule.

Recent Local Coverage Determination (LCD) and Policy Article (PA) Updates

The AFO/KAFO policy was updated to include the newly established code L2006. According to the policy the L2006 “describes a custom fabricated, single or double upright Knee-Ankle Foot Orthosis (KAFO) with an adjustable microprocessor control feature which provides resistance to stance and/or swing phase knee joint motion. The custom fabricated KAFO can be constructed from thermosetting materials, thermoplastics, or composite type materials. There are no additional add-on codes for this KAFO.” In addition, the only items which may be billed to Medicare using code L2006 must be listed on the PDAC Product Classification List.

Introduction of the Standard Written Order (SWO)

As part of their overall effort to reduce provider burden, the Centers for Medicare and Medicaid Services (CMS) recently announced a significant change to the requirements for physician orders for Durable Medical Equipment, Orthotics, Prosthetics, and Supplies (DMEPOS). The change is effective for claims with a date of service on or after January 1, 2020 and eliminates the need for an initial/dispensing order and a detailed written order (DWO) for Medicare DMEPOS services.

Going forward, Medicare claims will only require a “standard written order” (SWO) which must be received prior to claim submission and contain essentially the same elements as the traditional “detailed written order” that has been part of the longstanding Medicare requirements for compliant DMEPOS claims.

Required elements of the new SWO include the following:

- Beneficiary name or Medicare Beneficiary Identifier (MBI)
- Order date
- General description of the item
 - Can be either a general description, a HCPCS code, a HCPCS code narrative, or a brand name/model number
 - All separately billable features, additions, options, or accessories must be listed separately on the SWO
 - All separately billable supplies must be listed separately on the SWO
- Quantity to be dispensed, if applicable
- Treating/Ordering practitioner’s name or NPI
- Treating/Ordering practitioner’s signature

While initial/dispensing orders are no longer required for services to be reimbursed, medical records must continue to support the medical need for O&P services that are provided. It is important to remember that

medical need must clearly be established prior to the provision of O&P care. O&P providers should confirm that adequate documentation of medical need is well documented before providing care to Medicare beneficiaries. It is also important to remember that for any claims with a date of service prior to January 1, 2020, the former rules remain in effect and, in most cases, an initial/dispensing order and a detailed written order must be received in order to maintain compliance with Medicare regulations.

The Standard Documentation Requirements (SDR) Policy Article has been updated to include information on the SWO, and other documents and manuals will be updated in the near future.

CMS Issues Final Rule on DMEPOS Payment Rules

On October 31, 2019, the Centers for Medicare and Medicaid Services (CMS) released its annual final rule regarding changes to the 2020 Medicare payment rules for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). CMS issued a proposed rule in late July of this year and allowed any interested member of the public to provide written comments on the proposed rule until September 27, 2019.

AOPA reviewed the proposed rule and submitted comments on several proposed changes to Medicare DMEPOS payment policy for 2020. AOPA's concerns focused on proposed changes to the gap filling methodology that Medicare is statutorily required to use to establish Medicare fee schedules for new HCPCS codes, the proposed combination and expansion of the CMS "master list" of HCPCS codes subject to prior authorization, face to face visit requirements, and written orders prior to delivery (WOPD), and the authority of CMS to reduce Medicare fee schedules for products that have had price reductions through market competition within five years of creation of a new HCPCS code.

While CMS acknowledged all of the comments it received in response to the proposed rule, the only section of the proposed rule that it elected not to finalize was a provision that would use technology assessments, which would compare new DMEPOS technology to existing DMEPOS technology in order to help CMS establish Medicare fee schedules for new HCPCS codes. CMS decided to consider this provision of the proposed rule in the future. All other provisions of the proposed rule related to DMEPOS were finalized in the final rule despite significant concerns from the public expressed in response to the proposed rule.

The significant changes to DMEPOS payment policy for 2020, and beyond, that were created by the final rule include:

1. Changes to the CMS gap filling process that will allow CMS to use retail prices found online and in catalogs and comparative analysis of existing technology to new technology to establish baseline pricing that will then be deflated back to 1986 prices and re-inflated to current day prices
2. Expansion of the CMS "master list" of HCPCS codes subject to prior authorization, face to face visit requirements, and/or written orders prior to delivery. Currently 82 O&P HCPCS codes are potentially subject to Medicare prior authorization. The final rule reduced the financial threshold for inclusion on the master list from an average reimbursement of \$1,000 to an average reimbursement of \$500. This reduction in the reimbursement threshold expands the list of eligible O&P codes to 226 codes. In addition, the final rule also exposes the 226 O&P codes to potential inclusion in Medicare requirements for face to face visits with prescribing practitioners and written orders prior to delivery, two requirements that were previously not applicable to O&P services.
3. Expansion of CMS authority to reduce Medicare fee schedules when CMS determines that market competition has driven the price of new technologies down within 5 years of creation of a HCPCS code.

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 work plan since 2016. Upon first mention in the 2016 work plan, 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.

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.

AOPA is currently 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 Submits Comments on Proposed Changes to Stark Physician Self-Referral and Anti-Kickback Regulation

On December 31, 2019, AOPA submitted comments to the Centers for Medicare and Medicaid Services (CMS) regarding its proposed rule that would relax certain provisions of the physician self-referral and anti-kickback regulations. According to the proposed rule, CMS is seeking to modernize the regulations to allow for the development of collaborative relationships between providers that better serve the needs of Medicare beneficiaries. AOPA's comments recommended the inclusion of orthotic and prosthetic providers in any allowed relationships under the proposed changes as O&P providers are involved in direct patient care and part of the overall rehab team. AOPA cautioned CMS that any relaxation of the current regulations should not create unnecessary exposure to fraud and abuse by unscrupulous providers.

AOPA Submits Comments on Potential Survey Questions Related to Medicare DMEPOS Competitive Bidding

On December 20, 2019, AOPA submitted comments in response to a CMS request for information regarding survey questions that should be used when measuring the effectiveness of Medicare DMEPOS Competitive Bidding Programs. AOPA's comments focused on the need to ensure that competitive bidding did not result in reduced access to high quality, clinically appropriate care delivered by properly qualified prosthetic and orthotic providers.

Research

AOPA Co-OP, the Compendium of O&P

AOPA members continue to add value to the AOPA Co-OP (Compendium of O&O). With over 490 active users, member-generated content contributions have more than doubled since our last quarterly report. New topics added to the Co-OP include information about Vacuum non-coverage, the use of modifiers for Maryland Medicaid claims, the Illinois Medicaid fee schedule rate increase, changes to prescription documentation requirements, coding changes for 2020 and much more.

If you haven't signed up for the Co-OP, or if you have questions about this free member benefit, there are several opportunities to learn about O&P's most comprehensive resource for coding, billing, and reimbursement during the monthly Co-OP tutorials. Register now using the drop-down menu to select one of the following dates: January 17, February 14, March 13, April 17, May 15, June 19:
<https://attendee.gototraining.com/rt/2571231434667213313>.

Members can find more information and sign up at <https://www.aopanet.org/resources/co-op/>.

Prosthetics 2020

The AOPA Medical Advisory Board (MAB) and steering committee met on November 18 in Alexandria, VA. During the meeting, the MAB reviewed and approved an RFP for a project titled Economic and Quality of Life Impact of Managing Ongoing Chronic Wounds VS Early Amputation. The purpose of this funding opportunity is to encourage clinical research proposals that can assess the economic and quality of life impact of managing ongoing chronic wounds vs early amputation intervention.

Orthotics 2020

The Orthotics 2020 Medical Advisory Board (MAB) and steering committee met on November 19 in Alexandria, Virginia. To date, the Orthotics 2020 program has awarded over \$370,000 in research funding in four specific areas of orthotic intervention; post-stroke, osteoarthritis, plagiocephaly, and spinal injury. During the November 19 meeting, the MAB approved the addition of a new topic area, neurological disorders, for future RFP development. The O2020 workgroups will be reengaged in Q1 of 2020 to explore evidence gaps prior to the publication of a new round of RFPs later in the year.

A joint session between the Orthotics 2020 and Prosthetics 2020 Medical Advisory Boards was also held on November 19. This purpose of this meeting was to focus on advanced and emergent O&P technology and innovation and begin a conversation about current policy initiatives as well as the future needs for this sector of O&P businesses.

For additional information about participating on one of the AOPA Medical Advisory Board steering committees, please contact Ashlie White, awhite@aopanet.org.

The Center for O&P Learning (COPL)

The 2020 COPL Pilot Grant RFP will be published on February 1, 2020. The following topic list has been finalized to reflect areas where evidence generation is needed.

1. Study/develop outcomes measures, evaluation of clinical benefit, and quality of life metrics related to orthotic management (Note: submissions should be pathology and/or condition appropriate, e.g. Stroke, Cerebral Palsy, Multiple Sclerosis, Polio, OA)
2. Demonstrate methods to record primary health outcomes such as falls and lower back pain in amputees.
3. Study novel innovations around choice of socket during prosthetic intervention. Factors should include cost savings, adaptability, patient-preference, etc.

4. Study the functional impacts and proven clinical benefits of vacuum-assisted socket suspension systems, elevated vacuum. Develop guidelines and clinical decision support for elevated vacuum suspension systems.
5. Develop a validated instrument to assess prosthetic interface (socket, liner, and suspension) fit, comfort and performance.
6. Documentation of the clinical efficacy of spinal orthoses as and treatment intervention for traumatic spinal injury.
7. Study the current prosthetic prescribing patterns with respect to goal-oriented care and longitudinal clinical outcomes.
8. Study health inequity/health disparity within orthotic and prosthetic patient populations.
9. Study transitional care; changes in orthotic care as patient transitions from pediatric to adult care models (brace design, payer policies)
10. Prevalence/Incidence of chronic wound progressing to amputation.

Education

Mastering Medicare Webinars

Get the most relevant reimbursement information from AOPA's Experts and earn 1.5 CE credits each month. Webinars are scheduled for 1pm ET on the second Wednesday of each month. This year's webinar topics include appeals, modifiers, contracting, and RAC audits. NEW to the line-up, a quarterly clinician's corner...you'll learn about the newest techniques or how to best treat your patients presented by one of AOPA's National Assembly presenters. Visit

<http://bit.ly/2020AOPAwedinars> for more details and to register. The 2020 AOPA Webinars include:

- January 8 Modifiers: Enhance Your Claims Two Letters at a Time
- February 12 O&P Coding & Billing Myths: The Truth is Out There
- March 11 New Technical Credits- Clinician's Corner: Orthotics
- April 8 A Policy Review: LSO/TLSO
- May 13 Social Media Mayday: Increase Your Footprint
- June 10 New Technical Credits- Clinician's Corner: Prosthetics
- July 8 The ABCs of Appeals: Know the Players and Get the Tips
- August 12 Contracting 101: Understanding the Basics
- September 2 Outside the Norms: Outliers and Situations Where the Rules are Different
- October 14 New Technical Credits- Clinician's Corner: Fitters and Techs
- November 11 RAC Audits: What Are They Looking At?
- December 9 New Year: New Codes, Fees, and Updates

Coding & Billing Seminar

Seminars 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 led by AOPA experts. They are two-days and feature breakout sessions for practitioners and office billing staff, to ensure concentration on material appropriate to each. Registration 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 first seminar for 2020 is scheduled for February 10-11 in Las Vegas. This seminar will contain a new section on the creation of policies and procedures for your facility, and information on the new Standard Written Order (SWO) requirements. Learn more and register at <http://www.aopanet.org/education/coding-billing-seminar/> or contact Ryan Gleeson at rgleeson@AOPAnet.org.

Medicare 101 Seminar

New for 2020, AOPA will be hosting a one-day seminar on Monday, March 30 at the DoubleTree by Hilton Chicago-O'Hare/Rosemont. This one-day seminar will provide a comprehensive introduction to O&P coding and billing. This course is perfect for anyone who is new to the O&P field or someone who wants a refresher on the basic building blocks of O&P billing.

Questions about registration contact Ryan Gleeson at rgleeson@AOPAnet.org, questions about seminar content contact Devon Bernard at dbernard@AOPAnet.org.

Online AOPAversity Learning Center

Access the on-demand education for the CE Credits you need! Learn some of the state-of-the-art clinical practices advancing the profession. Visit <https://www.aopanetonline.org/aopaversity> to create an account and gain access to distance learning modules.

Membership and Communications

Membership Calendars for 2020

AOPA members were greeted with laughter in their mailbox after the holidays. This year's calendar theme is O&P Cartoons. *Why cartoons?* We know running an O&P business is no easy feat and at times can be stressful. Our hope is that the calendar brings a little levity to your staff during those times.

Besides levity, the calendar helps you keep track of all your activities, including the important AOPA happenings in the year ahead. It also contains an AOPA staff directory.

2020 Membership Renewal Season is Closing

AOPA's 2019 memberships expired 12/31/2019. Members received invoices in October, November and December, by mail and email. If you have not yet done so, please visit www.aopanetonline.org to pay your 2020 dues. There are no dues increase planned for 2020.

O&P Almanac

The October issue delved into what strategies work well when assisting patients in achieving balance while standing and walking on a prosthesis. Experts discussed the latest tools and outcome measures with shared tips for working with fearful or overconfident patients to achieve optimal stability. M. Jason Highsmith, PhD, PT, DPT, CP, FAAOP, shared his insights and experiences as national director of orthotic and prosthetic clinical services at the U.S. Department of Veterans Affairs in the November issue. Insights were gleaned from prioritizing optimal O&P care for veterans, updating practice guidelines, embracing new technologies, providing research in areas of greatest relevance to the veteran population, and partnering with private O&P practices to meet the needs of the entire veteran community. O&P facilities are forging closer connections with physical therapists, embracing a multidisciplinary approach to patient rehabilitation. Team building was the focus of December's cover story and how these collaborative efforts are resulting in increased patient compliance and goal achievement, a larger pool of outcome measures data, and demonstrable value for payors. To read these issues visit <https://www.aopanet.org/publications/op-almanac-magazine/>.

Corporate Compliance & Ethics Week

Over two hundred orthotic and prosthetic professionals participated in the 2019 Corporate Compliance & Ethics Week, November 4 - 8. Daily tips, questions, and quizzes were sent out daily to engage participants and serve as ready reminders on how to keep up and/ or evaluate current practices. Winners

were chosen daily from submitted quiz results. Prizes included gift cards, AOPA's Compliance Guide, and the Illustrated Guide.

AOPA is Social

Interact with AOPA and O&P professionals on social media. Get the latest AOPA and O&P news, network with others, watch videos, post photos and share your story. Follow us on Twitter, like us on Facebook and connect with us on LinkedIn. Play your part to bring more awareness to important O&P issues, use the hashtag #AOPA2020.

Education Calendar

- January 8 - Modifiers: Enhance Your Claims Two Letters at a Time
- **February 10-11 – Coding & Billing Seminar, Las Vegas, NV**
- February 12 - O&P Coding & Billing Myths: The Truth is Out There
- March 11 - New Technical Credits- Clinician's Corner: Orthotics
- **March 30 – Medicare 101 Seminar, Rosemont, IL**
- April 8 - A Policy Review: LSO/TLSO
- **April 27-28 – Coding & Billing Seminar, Charlotte, NC**
- May 13 - Social Media Mayday: Increase Your Footprint
- June 10 - New Technical Credits- Clinician's Corner: Prosthetics
- July 8 - The ABCs of Appeals: Know the Players and Get the Tips
- August 12 - Contracting 101: Understanding the Basics
- September 2 - Outside the Norms: Outliers and Situations Where the Rules are Different
- **September 9-12 – National Assembly, Las Vegas, NV**
- October 14 - New Technical Credits- Clinician's Corner: Fitters and Techs
- November 1-7 – Corporate Compliance and Ethics Week
- **November 9-10 – Coding & Billing Seminar, Philadelphia, PA**
- November 11 - RAC Audits: What Are They Looking At?
- December 9 -New Year: New Codes, Fees, and Updates

***Bold indicates live event**