



American Orthotic & Prosthetic Association

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AOPA In Advance SmartBrief
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March 17, 2020

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AOPA Message on COVID-19

Like all of you, the American Orthotic and Prosthetic Association (AOPA) leadership is closely following the coronavirus disease (COVID-19). As you have likely heard, we have made the tough decision to cancel several of our upcoming events in light of it.

We know that these are difficult and uncertain times for you and your patients. Please know, the Board and staff are here to support you so that you can continue to provide quality care to your patients.

As the situation evolves daily, we encourage you to follow the guidance being issued from the Centers for Disease Control and Prevention (CDC), the World Health Organization, and your local, state, and the federal governments. Specifically, the [CDC has this webpage](#) with resources and guidance for healthcare facilities. AOPA will continue to monitor the situation and provide guidance as appropriate.

Thank you for all you do for your patients and the O&P profession. As always do not hesitate to contact any of the AOPA staff with questions, concerns, or needs.

Stay safe and well.

Policy Forum Update

The American Orthotic and Prosthetic Association (AOPA) leadership has been monitoring the COVID-19 developments and after careful consideration has decided to cancel the 2020 Policy Forum scheduled for May 5-6 in Washington DC. This was an extremely difficult decision given the importance of our advocacy agenda, but ultimately the health and safety of our members and their patients were the top priority.

However, this doesn't mean we won't be taking our issues to policymakers. Instead of the in-person event, we are in the process of developing a virtual version of the Policy Forum to be held on the same days. To advance our agenda we need your voices so, please continue to hold those dates on your calendar. We will be in touch soon with additional information.

Thank you for your understanding as well as your continued support and advocacy of the O&P profession and the patients it serves.

If you have any questions contact Justin Beland, AOPA's Director of Government Affairs at jbeland@AOPAnet.org or 571/431-0814.

DME MAC & PDAC Announce New Coding Verification Requirement

The DME MACs and PDAC recently released a joint announcement for a new coding verification requirement for L3960 (SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustment). For all claims with a date of service on or after August 1, 2020 the only braces which may be billed using L3960 must have a written PDAC coding verification and listed on the PDAC Product Classification list.

The joint announcement also included new coding guidelines for the L3960. According to the announcement the L3960 is used for abducting the arm away from the body and capable of immobilizing the shoulder, elbow, wrist, and hand. It contains adjustable rigid cuffs and joints/components to optimize the shoulder, elbow, wrist and hand angles; the shoulder position is capable of 90 degrees abduction from torso. It also contains adjustable rigid chest and pelvic frames, or panels supports shoulder and arm components; and the L3960 is considered all-inclusive of soft interface and closures/straps.

Questions? Contact Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

Revisions to the Lower Limb Prostheses Policy

On March 12, 2020 the DME MACs released a revised Lower Limb Prostheses Policy. The majority of the revisions were clerical and organizational in nature, such as listing out all codes instead of printing them in ranges, changing "ordering physician" to "treating practitioner", and updating the policy with the new standard written order (SWO) instructions. The Policy Article was reorganized to have direct headings and sections for knees, sockets, ankles and feet.

AOPA's Coding & Reimbursement Committee is reviewing the revisions and will provide the DME MACs with appropriate recommendations and concerns if necessary.

Questions? Contact Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

AOPA Participates in CMS Open Door Forum Call Regarding Medicare Prior Authorization for 6 Lower Limb Prosthesis HCPCS Codes

On March 11, AOPA participated in a Medicare Open Door Forum call that provided sub-regulatory guidance on the upcoming implementation of Medicare prior authorization for six lower limb prosthesis HCPCS codes. The call was hosted by the Centers for Medicare and Medicaid Services (CMS) and was led by Amy Cinquegrani and Dr. Scott Lawrence of the Medicare Division of Payment Methods and Strategies. The four DME MAC Medical Directors also participated in the call and the question and answer period that followed it. The presentation that was used as an outline was published in advance by CMS and may be accessed [here](#). For additional information on Medicare prior authorization read [AOPA's initial announcement](#) from February 11.

During the call, AOPA had the opportunity to request clarification regarding several issues that CMS had previously indicated would be addressed through sub-regulatory guidance. New information received during the call included the following:

- DME MACs will issue decisions on initial prior authorization requests within 10 business days of receipt of the request.
- DME MACs will issue decisions on prior authorization resubmissions within 10 business days of receipt of the request (previous Medicare prior authorization programs allowed 20 business days for prior authorization resubmissions).
- DME MACs will issue decisions on expedited prior authorization requests within two business days of receipt. In order to be approved, an expedited request must show that the beneficiary's life or health is in immediate danger.
- Prior authorization requests may be submitted through multiple channels including electronic submission, submission through the DME MAC claim portal, by fax, and by mail.
- For the four states (PA, MI, TX, CA) scheduled for implementation of prior authorization for dates of service on or after May 11, 2020, the DME MACs will begin accepting prior authorization requests on April 27, 2020. For national implementation for dates of service on or after October 8, 2020, the DME MACs will begin accepting prior authorization requests on September 24, 2020.
- HCPCS codes that receive provisional affirmation will not be subject to additional medical review except for random CERT review and UPIC (fraud and abuse) review. This only applies to the six HCPCS codes subject to Medicare prior authorization.
- DME MACs will provide education when prior authorization requests are denied, allowing providers to correct errors and facilitate re-submission.
- CMS and DME MACs will closely monitor efforts to adhere to established timeframes for initial decisions and re-submissions.
- Prior authorization requests will be subject to existing Medicare policy governing coverage of lower limb prostheses. No changes are being made to the LCD or Policy Article as a result of prior authorization.

AOPA continues to be encouraged by the communication efforts of CMS and the DME MACs regarding the implementation of Medicare prior authorization. While some uncertainty remains,

AOPA is confident that Medicare prior authorization can be beneficial to Medicare beneficiaries, providers, and the Medicare program.

AOPA will continue to communicate information regarding Medicare prior authorization to our members and will be developing educational resources that will help AOPA members to better understand the program and contribute to its success.

Questions regarding Medicare prior authorization or the CMS Open Door Forum call may be directed to Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

2020 National Assembly Call for Papers – Deadline Now April 3rd
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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 April 3, 2020 EOB.](#)

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

UPDATE: Policy Win for O&P!
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BlueCross BlueShield has issued a revised policy, [DME 103.007, Adjustable Cranial Orthoses for Positional Plagiocephaly and Craniosynostoses](#), effective **March 1, 2020**, in five states including **Illinois, Montana, New Mexico, Oklahoma, and Texas**. The updated policy addresses many of the concerns AOPA expressed in its policy review request submitted following the 11-01-19 published policy. Visit the [AOPA Co-OP](#) for additional information.

AFO/KAFO Policy Revisions

The four DME MACs recently released a revised version of the AFO/KAFO Local Coverage Determination (LCD) and Policy Article (PA). Many of the revisions were clerical in nature, such as changing “ordering physician” to “treating practitioner” and updating the policy with the standard written order (SWO) instructions.

However, the PA did contain some significant revisions. The PA updated its coding guidelines for the L1906 and introduced new coding guidelines for 16 AFOs: L1900, L1902, L1904, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1970, L1971, L1980, and L1990. You may review the revised PA and coding guidelines [here](#).

The LCD and PA also updated the code descriptor of L2006 based on a recent quarterly HCPCS update. The new code descriptor for L2006 now reads: Knee, ankle, foot device, any material, single or double upright, swing and stance phase microprocessor control with adjustability, included all components (e.g. sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated. The previous code descriptor read “swing and/or stance phase microprocessor control.”

AOPA’s Coding & Reimbursement Committee is reviewing the new and revised AFO coding guidelines and will provide the DME MACs with appropriate recommendations if necessary.

AOPA Participates in CMS Listening Session on Contractor Operational Performance

On January 29, 2020, AOPA staff participated in a CMS listening session that was designed to receive provider feedback on the operational performance of Medicare Administrative Contractors (MACs). The session was introduced by CMS Administrator Seema Verma and was moderated by Larry Young, the Director of the CMS Medicare Contractor Management Group. The 60-minute session provided a brief background on the roles and responsibilities of the MACs, a discussion of general MAC performance based on CMS metrics, and then was opened to allow participants to provide feedback on opportunities for the MACs to improve their performance and enhance their interaction with providers.

AOPA submitted written comments in advance of the listening session that encouraged CMS to fully implement the qualified provider provisions outlined in section 427 of the Benefits Improvement Act of 2000 and allow the DME MACs to incorporate those provisions into its claims processing activities. AOPA’s comments also encouraged CMS to provide clear instructions to the DME MACs regarding the inclusion of orthotist’s and prosthetist’s clinical notes as part of the patient’s medical record for medical review purposes.

AOPA continues to support open dialogue with CMS and the DME MACs with the goal of achieving fair and equitable treatment of O&P providers and ensuring that Medicare beneficiaries continue to have access to high quality, clinically appropriate orthotic and prosthetic care.

Learn how the Co-OP will Elevate your Business with a FREE Tutorial

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.

Pick the date using the drop-down menu. Register now for FREE:

- [Friday, April 17 at noon ET](#)
- [Friday, May 15 at noon ET](#)

Upcoming Events

April 3, 2020	<i>Call for Papers Deadline - EOB</i> Submit your papers
April 8, 2020	<i>Policy Review: LSO/TLSO</i> AOPA Webinar Learn more and register
April 17, 2020	<i>FREE Co-OP Tutorial</i> Register online
May 13, 2020	<i>Social Media Mayday: Increase Your Footprint</i> AOPA Webinar Learn more and register