AOPA In Advance SmartBrief
Breaking News
March 5, 2020

AOPA Headlines:

CMS Conference Call on Prior Authorization

On February 11, we notified you that the Centers for Medicare and Medicaid Services (CMS) had announced that six lower limb prosthetic codes will be added to the codes that require Medicare prior authorization as a condition of payment. The full notification can be found here.

AOPA has continued to monitor communications from CMS and the DME MAC contractors regarding the Medicare prior authorization process. To that end, the CMS Center for Program Integrity will hold a *Special Open Door Forum - Prior Authorization Process for Certain Durable Medical Equipment Prosthetics, Orthotics and Supplies Items: Inclusion of Lower Limb Prosthetics in Prior Authorization* on Wednesday, March 11 from 2 – 3pm ET. During this conference call, they will outline the process for submitting a prior authorization request to the designated DME MAC, the timeframes for the DME MAC to render their prior authorization decisions, and the process for subsequent claim submissions. Participants will be encouraged to submit questions or provide feedback.

AOPA will attend and provide updates to membership. If you want to attend, information on how to participate is available here.

AOPA remains encouraged by CMS' transparency regarding prior authorization and will continue closely monitor developments and provide updates to the membership. Additionally, look for information on education AOPA will be providing to members regarding the prior authorization process.

Questions regarding this issue may be directed to Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

UPDATE: Policy Win for O&P!

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.

Thank You to our 2020 Supplier Plus Members

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.

CMS Announces Medicare Prior Authorization for 6 Lower Limb Prosthetic Codes

On Friday, February 7, the Centers for Medicare and Medicaid Services (CMS) announced that six lower limb prosthetic codes will be added to the codes that require Medicare prior authorization as a condition of payment. The official announcement was published February 11 in the *Federal Register.*

AOPA has actively communicated concerns about Medicare prior authorization and its potential to cause unnecessary delays in timely and efficient O&P care with CMS, through the submission of formal comments and during in-person meetings with CMS officials. In response, prior to the release of this *Federal Register* publication, AOPA received an e-mail communication from a high-ranking CMS official that addressed its concerns. Specifically, the e-mail communication stated the following:

- CMS does not intend to significantly expand the number of lower limb prostheses subject to prior authorization in the future.
- CMS understands the need for timeliness in making prior authorization decisions.
- DME MACs will provide education to providers when prior authorization requests are not initially approved.
- Affirmative prior authorization decisions will guarantee payment and reduce likelihood of audits down the road.

AOPA is encouraged by CMS' efforts to address its previously stated concern regarding prior authorization and will closely monitor the prior authorization process to ensure that it does not lead to unnecessary delays in delivery of clinically appropriate prosthetic care to Medicare beneficiaries.

The initial implementation of prior authorization for the six codes, scheduled for May 2020, will occur on a very limited basis in one state in each of the four DME MAC jurisdictions (Pennsylvania, Michigan, Texas, and California). Nationwide implementation is scheduled for late 2020. The six codes that will require Medicare prior authorization are:

HCPCS	Description
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type
L5858	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source
L5980	All lower extremity prostheses, flex foot system
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon

The selected codes represent three microprocessor based prosthetic knees, a microprocessor based prosthetic foot, and two functional level 3 prosthetic feet.

AOPA will continue to monitor communications from CMS and the DME MAC contractors regarding the Medicare prior authorization process and will provide additional education to AOPA members as more details regarding the prior authorization process are released.

Questions regarding this issue may be directed to Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

2020 COPL Pilot Grant RFP Now Open

The American Orthotic and Prosthetic Association (AOPA), working in conjunction with the Center for Orthotic and Prosthetic Learning and Outcomes/Evidence-Based Practice (COPL) and its Board of Directors, is pleased to announce its 2020 Request for Pilot Grant Proposals in 10 potential areas of orthotic and prosthetic research, including an open topic.
For 2020-2021, the association and COPL are seeking proposals at two funding levels for one-time grants; $15,000 and up to two exceptional proposals for $30,000 for one year. Preference will be given to grants that address evidence-based clinical application in orthotics and prosthetics. View the RFP topics and guidelines.

The deadline for all proposals is April 30, 2020. Apply online.

If you have and questions, please contact AOPA's director of strategic alliances, Ashlie White at awhite@AOPAnet.org or call 571/431-0812.

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 it 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.

Register for the Coding & Billing Seminar in Charlotte, NC

Location: Fairfield Inn & Suites Charlotte Uptown
201 South McDowell Street
Charlotte, NC 28204

**Attendees are responsible for making their own hotel reservations. Book your hotel by April 5th for $149/ night rate.*

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

NEW Education Offering – Medicare 101: Get to Know the Basics

You asked, we answered. AOPA is pleased to announce our latest educational opportunity, **Medicare 101: Get to Know the Basics**. Join AOPA experts for this one-day course March 30 in Rosemont, IL a mere five minutes from O'Hare.

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. It will also include the popular O&P Urban Myths and Misconceptions presentation.

With this one-day program, which runs from 10am to 4pm you can fly-in and out the same day. If you need to stay, we've got you covered. You can book a room by March 9 for the special rate of $109 at The DoubleTree by Hilton Chicago-Rosemont (location of the Seminar).

The cost, including lunch and meeting materials is $300 for members and $350 for nonmembers. Additionally, attendees can earn five CE credits.

Make sure you have the Medicare basics covered, register today.

Something specific you would like our experts to cover? Submit it when you register.

Questions? Contact Devon Bernard at dbernard@AOPAnet.org.

CMS Announces Significant Changes to Requirements for Physician Orders

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 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.

AOPA believes the changes in order requirements will significantly reduce instances of unnecessary claim denials and supports the recently announced change. CMS efforts to reduce unnecessary administrative burdens on legitimate providers will allow providers to focus on providing efficient, clinically appropriate care to Medicare beneficiaries without getting caught up in unnecessary and unreasonable administrative requirements.

AOPA will continue to pursue opportunities to work collaboratively with CMS and other agencies to ensure that Medicare beneficiaries continue to have access to high quality, clinically appropriate O&P care delivered by properly qualified and credentialed O&P providers.

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 or Devon Bernard at dbernard@AOPAnet.org.

2020 National Assembly Call for Papers – Deadline March 20th

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.

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.

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

- Friday, March 13 at noon ET
- Friday, April 17 at noon ET

Upcoming Events

March 11, 2020	*New Technical Credits- Clinician's Corner: Orthotics* AOPA Webinar Learn more and register
March 30, 2020	*Medicare 101 Seminar* Rosemont, IL Learn more and register
April 8, 2020	*Policy Review: LSO/TLSO* AOPA Webinar Learn more and register
April 27-28, 2020	*Coding & Billing Seminar* Charlotte, NC Learn more and register