



American Orthotic & Prosthetic Association

www.AOPAnet.org

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Breaking News
June 16, 2020

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Thank you to our 2020 Supplier Plus Members



COVID-19 Update: Paycheck Protection Program Changes

Last week Congress finalized legislation to ensure that businesses that received a forgivable loan through the Paycheck Protection Program (PPP) can have more leeway on how to spend those funds.

Under the newly-passed Paycheck Protection Program Flexibility Act of 2020 small businesses would have to spend just 60 percent of the loan money on payroll instead of 75 percent as outlined in the original law. In addition, current PPP borrowers can choose to extend the eight-week period of the disbursement to 24 weeks, or they can keep the original eight-week period if their business has sufficiently recovered. New PPP borrowers will have a 24-week covered period, but the covered period can't extend beyond December 31, 2020. Borrowers can use the 24-week period to restore their workforce levels and wages to the pre-pandemic levels required for full forgiveness. This must be done by December 31, 2020, a change from the previous deadline of June 30, 2020.

The bill includes two exceptions allowing borrowers to reach full PPP loan forgiveness even if they aren't able to fully restore their workforce. Previous guidance already allowed borrowers to exclude from those calculations employees who turned down good faith offers to be rehired at the same hours and wages as before the pandemic. The new bill allows borrowers to adjust because they could not find qualified employees or were unable to restore business operations to February 15, 2020, levels due to COVID-19 related operating restrictions.

Finally, the bill extends a June 30, 2020 deadline to rehire workers, pushes back the timeline for repaying loans, and allows companies that get loan forgiveness to defer payroll taxes.

The President is expected to sign the bill into law shortly. For questions, please contact Justin Beland, Director of Government Affairs at jbeland@AOPAnet.org, and keep checking our [COVID-19 resources page](#) for more updates.

AOPA Statement Concerning Systemic Racism

The death of George Floyd, the protests, and the disproportionate impact COVID-19 is having on racial and ethnic minorities and the poor and socially disadvantaged among us has once again brought to the forefront the long-standing issue of systemic racism in this country.

The American Orthotic and Prosthetic Association (AOPA) stands with our members in opposing systemic racism and believes it is time to meaningfully address the impacts it has on our society. Until we do, a large percentage of the patients AOPA members serve, those living with limb loss/difference and limb impairment in disadvantaged communities, will never be truly healthy.

Now more than ever, it is imperative to reflect on the values of the orthotics and prosthetics profession and its patients, to remember character is not only what we believe but what we do. As Martin Luther King, Jr. observed, "The ultimate tragedy is not the oppression and cruelty by the bad people but the silence over that by the good people."

Today, we reaffirm our values, beliefs, and commitments. We cannot solve these problems alone, but AOPA is committed to the principles of diversity, equality, and inclusion with each other, our allied healthcare professionals, and in all patient interactions. AOPA is committed to health equity and to improving the health outcomes of our patient populations. AOPA stands united, ready to learn, grow, and work toward a better future.

COVID-19 Proof of Delivery Signature Requirements Reminder

In response to the COVID-19 pandemic CMS previously announced that they are temporarily waiving signature requirements on proof of delivery (POD) documentation, when a signature cannot be obtained due to COVID-19, for dates of service during the public health emergency.

In this situation, suppliers should document in the medical record the appropriate date of delivery and that a signature was not able to be obtained because of COVID-19. In addition, suppliers should use the CR modifier and include a brief narrative of COVID-19 on the claim.

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

CR & KX Modifiers During the COVID-19 PHE

The Durable Medical Equipment Medicare Administrative Contractors (DME MACs) have indicated that Medicare approved, physician-based telehealth visits, including those that meet the relaxed telehealth rules in effect during the COVID-19 public health emergency (PHE), will be considered compliant for purposes of establishing and documenting the medical necessity of Medicare covered services. Telehealth based physician encounters will also meet any face-to-face visit requirements that are incorporated into existing Medicare policies.

So, with claims with a date service on or after March 1, 2020 if a Local Coverage Determination (LCD) implied or required that a face to-face encounter was needed a telehealth visit may be substituted. This would include the Knee Orthoses LCD, the Diabetic Shoe LCD and the Ankle-Foot/Knee-Ankle-Foot Orthoses LCD.

Since, the telehealth visits are acceptable be sure to append the KX modifier to your claims, if and only if all other policy criteria has been met. If you are using the telehealth visit in lieu of an actual face-to-face visit you must also use the CR modifier and indicate "COVID-19" in the narrative field.

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

Let Data Drive Your Decisions, Complete AOPA's 2020 Operating Performance Survey

Here is what you need to know:

- It provides you the financial benchmarks to use to build upon your company's success.
- It is **FREE** for AOPA patient care facility members.
- It can be completed online (it has a save and return feature), on paper, or you can submit your financials to Industry Insights to enter.
- You'll receive a published report on operating performance, valued at \$895
- You'll receive a customized company performance report, comparing your findings with other O&P companies of similar size and location, as well as industry leaders.
- Bonus, participants will be entered into a drawing to receive a paid lunch for staff from their favorite local eatery (up to \$200).

Get started www.AOPA-survey.com. The deadline to submit is **June 24, 2020**.

For more information or questions contact Betty Leppin at bleppin@aopanet.org or 571-431-0810.

COVID-19 Update: DME MACs Publish Guidance Regarding Physician Telehealth Visits During COVID-19

AOPA staff recently participated in educational webinars presented by the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) and on DME MAC provider advisory councils during which they confirmed that physicians, including MDs and DOs that are certifying the medical need for diabetic shoes may utilize telehealth to fulfill face-to-face encounter requirements during the COVID-19 Public Health Emergency (PHE).

On April 6, 2020 the Centers for Medicare and Medicaid Services (CMS) released an Interim Final Rule with Comment Period (IFC) that indicated for claims with dates of service on or after March 1, 2020, policy based "requirements for face-to-face or in-person encounter for evaluations, assessments, certifications or other implied face-to-face services would not apply during the COVID-19 PHE."

Additional guidance was provided on the IFC by the DME MACs on May 7, 2020 in a joint educational article. The DME MAC article indicated that while the IFC provided significant relief from policy-based face-to-face visit requirements, a subsequent CMS IFC that was issued on May 8, 2020 reiterated the statutory requirement to establish and document the medical necessity for Medicare covered services. The DME MAC article indicated that Medicare approved, physician-based telehealth visits, including those that meet the relaxed telehealth rules in effect during the

COVID-19 PHE, will be considered compliant for purposes of establishing and documenting the medical necessity of Medicare covered services. Telehealth based physician encounters will also meet any face-to-face visit requirements that are incorporated into existing Medicare policies.

The DME MAC joint article indicated that the IFC based waiver of face-to-face encounter requirements only applies to policy-based requirements and therefore does not apply to face-to-face encounter requirements that are memorialized elsewhere, specifically those that are part of the DMEPOS Quality Standards or Social Security Act. This led to significant questions, especially related to Medicare coverage of therapeutic shoes which require in-person visits with the certifying physician and the supplier of the shoes. While the IFC allows certifying physicians to use telehealth encounters to certify the medical necessity of diabetic shoes, suppliers of diabetic shoes, including orthotists, prosthetists, and pedorthists will still be required to perform an in-person evaluation at the time of shoe selection and an in-person fitting of the shoes at delivery as these are addressed in Appendix C of the DMEPOS Quality Standards.

Access the [DME MAC guidance article](#) on the CMS IFC.

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

AOPA's CMS Data Portal: Data at your Fingertips



Looking to develop a new product? Want to see who is currently using what product?

Using AOPA's CMS Data Portal you can access comprehensive, easy to use, easy to read Medicare Part B orthotic and prosthetic claims data from the last five years (previous years are available with special request). The data is updated annually to ensure you have the most recent data at your fingertips.

Just set your search parameters and in a matter of minutes get data to:

- Understand the current market in terms of size, geographic distribution, and provider specialty
- Predict growth and opportunities
- Compare historical and projected growth rates in Medicare
- Identify new product opportunities

You can download customized reports for use in your own reports and marketing material.

This CMS Data Portal is free to AOPA members. To access it all you need is your AOPA member username and password.

[Login and unlock the data!](#)

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

Put Your Talents to Work, Serve on a Workgroup or Committee

The American Orthotic and Prosthetic Association (AOPA) has opened its annual call for volunteers and invites all employees of AOPA members to serve on one of AOPA's Committees and/or Workgroups. From planning the Assembly to driving the research agenda to developing new initiatives for your fellow members there is something for everyone. A full list of the Committees and/or Workgroups is available on the call for [nominations webpage](#).

Terms of service are two-years and begin December 1, 2020. Most committees meet face-to-face at least once per year with monthly conference calls lasting approximately one-hour. Additional commitments include reviewing materials and work geared towards accomplishing the goals of each committee. For details about the goals and responsibilities of each committee or information regarding the nominations process, refer to the [Nominations Policy](#).

Build your network. Advance your career. Give back to the profession. Submit [your application](#) for a Workgroup and/or Committee. Applications are due by June 30.

Questions? Contact Betty Leppin at bleppin@AOPAnet.org.

CMS Announces Suspension of Medicare Advance Payment Program during COVID-19 Public Health Emergency

On April 26, 2020, the Centers for Medicare and Medicaid Services (CMS) announced that it is re-evaluating payments made to Medicare Part A providers through the recently expanded Accelerated Payment Program and suspending the Advance Payment Program for Medicare Part B providers effective immediately.

The Medicare Accelerated and Advance Payment Program (AAP) is a longstanding program that authorizes Medicare contractors to make up to three months of expected Medicare payments to Part A providers (accelerated payments) and Part B providers (advance payments) during a public health emergency that results in the disruption of claim submission or claim processing. In early April, CMS announced it was expanding the AAP program to include Medicare Part A and Part B providers impacted by the COVID-19 Public Health Emergency, allowing them to receive accelerated and advance payments from Medicare as a means to temporarily maintain adequate cashflow to support their businesses.

The April 26 announcement indicates that due to Medicare accelerated and advance payments of approximately \$100 billion to providers through the AAP program to date, and the \$175 billion of appropriated grant funds through COVID-19 related provider relief legislation, CMS is reevaluating the AAP program and is reviewing all new and pending applications for Medicare Part A accelerated payments and suspending the Medicare Part B advance program outright, no longer accepting new applications for advance payments from Part B providers.

The CMS announcement may be reviewed [here](#). AOPA is reviewing the CMS announcement including its potential impact on AOPA members and will provide CMS with appropriate comments.

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

Other Updates:

- If you haven't yet, please complete our COVID-19 survey. It shouldn't take more than 10 minutes and will help us develop our next set of actions, guidance, and resources. If you are a Patient Care Facility take [this one](#): if you are a Supplier take [this one](#).
- Looking for guidance and resources on how to deal with COVID-19? Visit our [COVID-19 Responses and Resources webpage](#). You can also share your experiences on the [Member-to-Member page of the Co-OP](#).
- We hope to see you in Las Vegas, September 9-12 for the 2020 National Assembly. At this point, registration will open late May with an exciting offer, Patient Care Facility members can buy one registration, get one registration for FREE. Stay tuned for more.

COVID-19 Update: CMS Expands Medicare Accelerated and Advance Payment Program

As part of its ongoing efforts to provide relief during the COVID-19 Public Health Emergency (PHE), the Centers for Medicare and Medicaid Services (CMS) has expanded the Medicare Accelerated and Advanced Payment Program to temporarily increase cash flow for impacted providers. The program, which has been in existence for many years, is "intended to provide necessary funds when there is a disruption in claims submission and/or claims processing. Expedited payments can also be offered in circumstances such as national emergencies, or natural disasters in order to accelerate cash flow to the impacted health care providers and suppliers." As part of CMS' response to the COVID-19 PHE, the Accelerated and Advance Payment Program has been expanded to include a larger number of Part A and Part B Medicare providers and time frames for issuing accelerated and advance payments have been significantly reduced from several weeks to approximately seven days.

The Accelerated and Advance Payment Program allows eligible providers to request up to three months of expected Medicare payments to be made if their business operations have been impacted by the COVID-19 PHE. In order to be eligible to participate in the program, providers must have billed Medicare within the last 180 days, cannot be in bankruptcy, cannot be under active medical review, and cannot have any delinquent Medicare overpayments. Repayment of Medicare accelerated, or advance payments will begin after 120 days of the request and all repayment must be completed within 210 days of the request.

CMS has published a very [informative fact sheet](#) on the Medicare Accelerated and Advance Payment Program, including additional resources on how to apply for accelerated and advance payments.

The decision regarding whether to apply for Medicare accelerated and advance payments should be based on the individual needs of your practice but may be a viable option to temporarily increase cashflow during the COVID-19 PHE.

Calling all AOPA Members, You Now Have FREE Access to AOPAversity

AOPA knows you and your employees are being tremendously impacted by COVID-19. To help, we are offering you, our AOPA members, the ability to access our online learning management system, AOPAversity, for **FREE** for the rest of 2020. It is our hope that this will make it easier to navigate the current unprecedented situation.

What does this mean? You and your employees can now access all 72 online offerings which are pre-recorded videos available on demand. That's 33 business offerings worth 34.5 Business Credits and 39 clinical offerings worth 60.5 Scientific Credits. **FREE.**

If you do not currently have an AOPAversity account, click [here](#) to create a profile. You will need your AOPA member ID and zip code affiliated with your membership when you create your profile to access the free offering. If you already have an AOPAversity account, log in [here](#). Your username is the e-mail used to create your profile.

This offer is valid through December 31, 2020. It does exclude any refunds to purchases made prior to the start of this offer. We truly hope this offers you additional support during this uncertain time.

Questions? Contact Ryan Gleeson at rgleeson@AOPAnet.org.

COVID-19 Update: CMS Suspends Most Audit Activities

This is an update to the [April 2, 2020 announcement](#), where AOPA informed you that the Centers for Medicare and Medicaid Services (CMS) have suspended most Medicare fee-for-service medical review activity for the duration of the COVID-19 Public Health Emergency (PHE).

AOPA has confirmed that CMS, effective immediately, will also not be sending out any additional documentation requests (ADRs), either by mail or over the phone, as part of the Comprehensive Error Rate Testing (CERT) program. This suspension of documentation requests and reviews will be in place until further notice from CMS.

AOPA has also confirmed that any claims under the Targeted Probe and Educate (TPE) program which were denied due to no response on or after March 1, 2020 will be reversed.

Review CMS's Novel Coronavirus (COVID-19) Provider Burden Relief Frequently Asked Questions [here](#).

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

For other COVID-19 updates visit the [COVID-19 Responses and Resources webpage](#). To see how other AOPA members are responding and to share your responses visit the [Member to Member resources on the AOPA Co-OP](#).

CMS Pauses Medicare DMEPOS Prior Authorization Program and Provides Other Regulatory Relief in Response to COVID-19

On March 30, 2020, the Centers for Medicare and Medicaid Services (CMS) announced several temporary regulatory waivers intended “to equip the American health care system with maximum flexibility to respond to the 2019 Novel Coronavirus (COVID-19) pandemic.”

Included in the announcement was a notice that CMS will pause the national DMEPOS prior authorization program for certain DMEPOS. Prior authorization was scheduled for implementation for six lower limb prosthesis codes L5856, L5857, L5858, L5973, L5980, and L5987) in four states (PA, MI, TX, and CA) on May 11, 2020 and nationwide on October 8, 2020.

AOPA has been in communication with CMS and the DME MACS to express our concerns regarding the impact prior authorization would have on patients’ access to O&P care during the COVID-19 crisis. We believe that this pause will allow Medicare providers to continue to focus on providing medically necessary, clinically appropriate O&P care to Medicare beneficiaries without having to dedicate valuable resources to unfamiliar processes and documentation requirements.

In addition, CMS also announced that they are temporarily waiving signature and proof of delivery requirements for Part B drugs and DMEPOS when a signature cannot be obtained due to COVID-19. In this situation, providers should document in the medical record the appropriate date of delivery and that a signature was not able to be obtained because of COVID-19.

The CMS announcement also discussed a previously announced relaxation of DMEPOS accreditation requirements to facilitate provider enrollment. ABC and BOC have expressed their strong concern that suspending DMEPOS accreditation requirements may expose the Medicare program to increased fraud and abuse. To address this, AOPA and its partners in the O&P Alliance are preparing a letter to CMS asking them to reconsider the suspension of DMEPOS accreditation.

The announcement also indicated increased flexibility in the processing of appeals by both fee for service and Medicare Managed Care contractors. AOPA will look into this provision in more detail and provide additional information regarding these flexibilities in the near future.

Finally, the announcement discussed the potential for advanced Medicare payments that may be available to providers to address immediate cash flow issues. This is a very complex issue and AOPA, in conjunction with our consultants at McGuireWoods, is developing member resources regarding how this program will be implemented.

The CMS announcement may be viewed [here](#).

AOPA will continue to maintain open lines of communication with CMS and the DME MACs and will relay COVID-19 developments to AOPA members as soon as AOPA is aware of them.

COVID-19 Update: Clarification on Emergency-Based Waivers Guidance

AOPA has received questions and concerns from members about CMS guidance regarding replacement of DMEPOS during COVID-19. To address these questions and concerns, AOPA has been in contact with the DME MACs to discuss actions that they will take to implement the provisions of these emergency-based waivers.

During a recent presentation the DME MACs addressed some of our questions. Specifically, they stated that the 1135 waivers only apply to replacements that are necessary as a direct result of the emergency. For example, a patient is being transported to the hospital with COVID-19 symptoms and the brace is lost in the ambulance.

A beneficiary's inability to make an appointment or see the referring physician does not qualify under the waiver's current provisions. It must also be stressed that the waivers don't apply to new services such as socket replacements.

When providing a replacement item under the waiver, suppliers are reminded to include a narrative description explaining why the item needs to be replaced with their claims and must maintain documentation for the need of the replacement item. Suppliers must also use the CR modifier on their claims. Find more information on the waiver [here](#).

CMS and the DME MACs continue to make sure every effort is made to ensure that Medicare and Medicaid beneficiaries continue to have complete access to clinically appropriate medical care during this emergency. And as a result, information and guidance is continually being released and revised. AOPA will continue to provide this information and guidance as it becomes available.

In the meantime, AOPA members should continue to make every effort to obtain the appropriate documentation to support the O&P services they provide.

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

COVID-19 Update: Congress Passes CARES Act to Help Provide Financial Relief

On March 27, in response to COVID-19, Congress finalized the CARES Act, a massive financial relief package designed to tide the U.S. economy and its strained healthcare sector over for the next few months. In terms of tax relief and benefits for O&P, the bill:

- Carves out \$350 billion in aid for small businesses, much of which would be in loans through the Small Business Administration (SBA) and banks, guaranteed by the federal government.
 - The loans would be forgiven provided the businesses meet certain requirements, including limiting reductions in pay and layoffs, though with some flexibility for employers. (Applicants must make good faith certifications that coronavirus has impacted their business and that the loan is necessary for continuation of their business.)
 - These loans can be used to cover payroll expenses, including salaries and compensation; various forms of paid sick, medical or family leave; group health insurance premiums; state and local taxes assessed on employee compensation; rent; utilities; and interest paid on debt.
 - Applicants that previously received a loan from another source for the same purpose are not eligible.
 - Companies that secured an SBA loan since January 15, 2020 can refinance those recent loans under the terms and conditions of the special SBA coronavirus relief loans.

- Language added late in the process ensures that an inspector general and congressional oversight committee (with members yet-to-be-determined) oversee how the money is spent.
- This funding is in addition to the significant assistance provided in legislation previously passed by Congress, which authorizes approximately \$2 billion worth of 100 percent guaranteed SBA loans, a portion of which SBA will forgive based on allowable expenses for the borrower. SBA is [already accepting applications](#) for these funds.
- Provides a refundable payroll tax credit for 50 percent of wages paid by employers to employees during the COVID-19 crisis. The credit is available to employers whose gross receipts declined by more than 50 percent when compared to the same quarter in the prior year. The credit is based on qualified wages paid to the employee. For employers with greater than 100 full-time employees, qualified wages are wages paid to employees when they are not providing services due to the COVID-19-related circumstances described above. For eligible employers with 100 or fewer full-time employees, all employee wages qualify for the credit, whether the employer is open for business or subject to a shut-down order. The credit is provided for the first \$10,000 of compensation, including health benefits, paid to an eligible employee. The credit is provided for wages paid or incurred from March 13, 2020 through December 31, 2020 and is NOT available to employers receiving Small Business Interruption Loans.
- Relaxes the limitations on a company's use of losses. Net operating losses (NOL) are currently subject to a taxable-income limitation, and they cannot be carried back to reduce income in a prior tax year. The legislation provides that an NOL arising in a tax year beginning in 2018, 2019, or 2020 can be carried back five years. The provision also temporarily removes the taxable income limitation to allow an NOL to fully offset income. Congress hopes that these changes will allow companies to utilize losses and amend prior year returns, which will provide critical cash flow and liquidity during the pandemic.
- Allocates funding to support "short-time compensation" programs, where employers reduce employee hours instead of laying off workers and the employees with reduced hours receive a pro-rated unemployment benefit. This provision would pay 100 percent of the costs they incur in providing this short-time compensation through December 31, 2020.
- Creates a temporary Pandemic Unemployment Assistance program to provide payment to those not traditionally eligible for unemployment benefits (self-employed, independent contractors, those with limited work history, and others) who are unable to work as a direct result of COVID-19. It also creates an additional 13 weeks of unemployment benefits to help those who remain unemployed after weeks of state unemployment benefits are no longer available.
- Authorizes the Treasury Department to provide advance payment of tax credits that are available to private sector employers that are required to provide up to 12 weeks of coronavirus-related paid leave to their employees.
- Clarifies the limitation on compensation during paid sick days, stating an employer shall not be required to pay more than \$511 per day and \$5,110 in the aggregate for sick leave or more than \$200 per day and \$2,000 in the aggregate.

In terms of healthcare provisions, the bill:

- Temporarily lifts the Medicare sequester, which reduces payments to providers by two percent, from May 1, 2020 through December 31, 2020.
- Directs the Secretary of Health & Human Services to develop a comprehensive and coordinated plan to identify workforce projection needs.
- Prevents scheduled reductions in Medicare payments for durable medical equipment subject to competitive bidding. (This does not impact the January 1, 2021 scheduled implementation of Medicare competitive bidding for off-the-shelf orthoses.)
- Finally, AOPA was able to include language in the bill to ensure Veterans can receive care from their choice of practitioner throughout the crisis. Specifically, the bill says "The Secretary of Veterans Affairs shall ensure that, to the extent practicable, veterans who are receiving or are eligible to receive a prosthetic appliance...are able to receive such an appliance that the Secretary determines is needed from a non-Department of Veterans Affairs provider under a contract with the Department during a public health emergency." This is especially timely for our industry as the VA recently announced it would discontinue offering nonurgent community care referrals to veterans during the coronavirus pandemic.

AOPA stands ready to assist members with taking advantage of the applicable provisions of this \$2.2 trillion-dollar bill as they are implemented. We will also update the [COVID-19 Response and Resources webpage](#) as information is made available by the SBA, the Department of Treasury, and other entities. In the meantime, if you have any questions about the legislation, please contact Justin Beland, Director of Government Affairs, at jbeland@AOPAnet.org.

<p>COVID-19 Update: Guidance on O&P Businesses Operations During State & Local Restrictions</p>
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As state and local governments begin to implement restrictions to population interaction in response to COVID-19, AOPA members have requested guidance regarding the continued operation of orthotic and prosthetic (O&P) businesses. AOPA has been monitoring developments on this issue closely and offers the following guidance based on the current available information.

As of March 23, 2020, at least 11 states (Delaware, Kentucky, Louisiana, Ohio, California, New Jersey, New York, Illinois, Connecticut, Oregon, and Pennsylvania) and multiple local municipalities have issued orders that restrict or close "non-essential" businesses until further notice. AOPA has reviewed each of these orders and found very consistent language that clearly considers the continued operation of healthcare facilities as "essential" services that are exempt. This exemption applies to both patients who may continue to receive care from healthcare facilities and employees who may continue to work at these facilities.

AOPA fully expects additional state and local authorities to follow suit and implement these restrictions but expects that O&P facilities will continue to be exempt from these restrictions. If additional restrictions are implemented that affect the continued operation of O&P businesses, AOPA will alert its members as soon as we receive the information.

AOPA urges O&P patient care facilities to carefully consider all factors when making decisions regarding the continuation of operations during COVID-19. While there is a clear exemption that permits O&P facilities to continue to operate during state and locally implemented restrictions, the decision on how to operate and how to interact with the public must be made with the best

interest of your communities, your employees and, most of all, your patients. Additionally, AOPA highly recommends continued compliance with the [latest guidelines published by the Centers for Disease Control](#).

AOPA's COVID-19 Responses, Guidance, and Resources

To say we are in unprecedented times would be an understatement. Since my last message, the American Orthotic and Prosthetic Association (AOPA) leadership has continued to closely follow the coronavirus disease (COVID-19) and its widespread impacts. We have also been taking your calls and emails and hearing firsthand how extremely difficult and uncertain things are for you, your businesses, and your patients.

To that end, we are responding with support. We are responding with outreach to legislators about how they can best support the O&P profession. We are responding by providing guidance on regulations like documentation, telehealth, and stay at home orders. We are responding by pulling together resources. We are responding by creating a space on the Co-OP to share your experiences and strategies with one another.

All of this can be found on the newly developed [COVID-19 Response and Resources webpage](#). We will be updating this webpage frequently with actions, guidance, and resources as well as pushing out updates via email, Smartbrief, and our social media channels.

Thank you for all you continue to do for your patients and the O&P profession. The Board and staff are here to support you so that you can do this. If you have questions, concerns, or needs do not hesitate to reach out to any of the staff at info@AOPAnet.org.

Certain Enrollment Procedures Waived for COVID-19

In response to COVID-19, the Centers for Medicare and Medicaid Services (CMS) continues to use its authority to issue waivers to temporarily suspend or modify certain Medicare requirements to ensure Medicare beneficiaries continue to receive prompt and proper care.

As part of these efforts CMS has made the following modifications to the enrollment process for all DMEPOS suppliers:

- CMS and the National Supplier Clearing House (NSC) will expedite any pending or new applications received on or after March 1, 2020. If there are no issues with your CMS-855S form your application will be processed within 7 business days (if submitted online), and 14 business days (if submitted by paper).
- CMS and the NSC will be waiving the following screening requirements for all enrollment applications received on or after March 1, 2020: the supplier application fee, criminal background checks, and site visits.
- CMS and the NSC will be posting all revalidation actions and deadlines.
- CMS is postponing all accreditation and reaccreditation timetables and deadlines

If you have any questions about how these waivers and modifications effect your current or future enrollment applications contact the NSC at 1-866-238-9652. This toll-free line was established specifically for questions about the above-mentioned waivers.

If you have specific questions about the postponing of accreditation timetables and deadlines, you may want to contact your accrediting organization directly.

COVID-19: Impact of CMS Waivers on AOPA Members

On March 13, 2020, President Trump issued an emergency declaration under the Stafford Act and the National Emergencies Act to help address issues being caused by the spread of the coronavirus disease (COVID-19). As part of this declaration, the Centers for Medicare and Medicaid Services (CMS) put in place certain blanket waivers to help Medicare beneficiaries impacted receive prompt care.

The two issues of importance to American Orthotic and Prosthetic Association (AOPA) members are the proposed relaxation of existing requirements for telehealth visits and the relaxation of the referring practitioner documentation requirements for replacement of orthoses and prostheses.

AOPA has been in contact with the DME MACs to discuss actions that they will take to implement the provisions of these emergency-based waivers. While they are awaiting specific guidance from CMS on how to properly implement, they have indicated that CMS intends to make every effort to ensure that Medicare and Medicaid beneficiaries continue to have complete access to clinically appropriate medical care. In the meantime, AOPA members should continue to make every effort to obtain appropriate documentation to support the O&P services they provide.

CMS has issued the following guidance regarding replacement of DMEPOS during the state of emergency: "Where Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) is lost, destroyed, irreparably damaged, or otherwise rendered unusable or unavailable, contractors have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation."

When providing a replacement item under this waiver, suppliers are reminded to include a narrative description explaining why the item needs to be replaced with their claims and must maintain documentation for the need of the replacement item. Suppliers must also use the CR modifier on their claims. CMS has also declared that the documentation waiver is retroactive to dates of service on or after March 1, 2020. Find more information on the waiver [here](#).

For more information on telehealth, read [Medicare's Telemedicine Fact Sheet](#) and the companion [Medicaid piece](#).

AOPA remains committed to making sure its members can continue to provide clinically appropriate, medically necessary care with minimal interruption as a result of COVID-19. To this end, AOPA will continue to provide additional information and resources as they become available.

CMS Releases a Provider Toolkit of Resources Related to COVID-19

The Centers for Medicare & Medicaid Services (CMS) has released a [Virtual Toolkit](#) to help providers stay up-to-date on CMS materials available on COVID-19. The toolkit provides multiple links to valuable information for providers, caregivers, Medicare beneficiaries, and other CMS partners.

AOPA believes that the toolkit is a valuable resource and encourages AOPA members to review and utilize the resources as needed.

Upcoming Events

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| June 19, 2020 | <i>FREE Co-OP Tutorial</i>
Register online |
| July 8, 2020 | <i>The ABCs of Appeals: Know the Players and Get the Tips</i>
AOPA Webinar
Learn more and register |
| September 9-12, 2020 | <i>AOPA National Assembly</i>
Las Vegas, NV
Learn more here |