



American Orthotic & Prosthetic Association

www.AOPAnet.org

AOPA In Advance SmartBrief
Breaking News
July 21, 2020

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CMS Announces the Resumption of Medicare Audits and New Implementation Date for Medicare Prior Authorization

The Centers for Medicare and Medicaid Services (CMS) recently updated its COVID-19 Reduction of Provider Burden Frequently Asked Questions (FAQ) document to provide updates on the resumption of Medicare audit activity and revised implementation dates for Medicare prior authorization of six lower limb prosthesis codes.

Resumption of Medicare Audits

The FAQ was updated to indicate that CMS has authorized Medicare contractors (e.g. DME MACs, RACS, SMRCs, etc.) to once again perform pre-payment and post-payment audits as part of their medical review responsibilities. CMS had suspended most audits as of March 30, 2020 due to the COVID-19 Public Health Emergency (PHE). In the updated FAQ, CMS indicates that due to the "importance of medical review activities to CMS' program integrity efforts, CMS expects to discontinue exercising enforcement discretion beginning on August 3, 2020, regardless of the status of the public health emergency." CMS indicates that if individual providers are selected for medical review believe that responding to a request for documentation will create a hardship situation, they should discuss response options with the contractor performing the review. It is important to note that CMS authorized the reinstatement of all Medicare audits, not just audits of orthotic and prosthetic claims.

The timing of the resumption of audit activity is surprising considering that the PHE remains in effect and AOPA will be communicating our concern to CMS about the burdens that renewed audit activity will place on providers that are already operating under challenging circumstances.

Update on Medicare Prior Authorization

The updated FAQ also included new implementation dates for the Medicare Prior Authorization program for the six lower limb prosthesis codes (L5856, L5857, L5858, L5973, L5980, and L5987) that had their original implementation delayed due to the COVID-19 PHE. CMS announced that Medicare prior authorization for the six codes will begin in the four states previously selected for the initial roll out (PA, MI, TX, and CA) on September 1, 2020 and will be implemented nationally on December 1, 2020.

AOPA has developed resources to assist members to understand how the prior authorization process will work and what to expect from it. These resources, including live and on demand education opportunities will be made available to AOPA members soon.

[View the updated CMS FAQ document.](#)

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

CMS Releases New HCPCS Code: K1007

CMS and the Healthcare Common Procedural Coding System (HCPCS) workgroup has published the coding decisions from their inaugural biannual Durable Medical Equipment and Accessories; Orthotics, Prosthetics, and Supplies HCPCS code application review cycle.

As part of this first biannual code application review cycle CMS has released the new code K1007 (Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors). The K1007 will be effective for claims with a date of service on or after October 01, 2020.

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

DME MACs and PDAC Release Joint Publication Announcing Coding Verification Requirement for Six Lower Limb Prosthetic Codes that Will Require Medicare Prior Authorization

On June 26, 2020, the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) and Pricing, Data Analysis, and Coding Contractor (PDAC) released a joint announcement for a new coding verification requirement for the six lower limb prostheses that were previously announced as subject to Medicare prior authorization. While implementation of Medicare prior authorization has been postponed due to the COVID-19 public health emergency, it is expected that the program will be implemented in the future.

The joint publication announced that, effective for claims with dates of service on or after January 1, 2021, the only products which may be billed using codes L5856, L5857, L5858, L5973, L5980, and L5987 are those for which a written Coding Verification Review has been made by the PDAC and is listed on the PDAC Product Classification List.

In addition to the joint DME MAC/PDAC publication announcing the coding verification requirement for the six prosthetic codes discussed above, the four DME MACs simultaneously released a revised version of the Lower Limb Prostheses Policy Article (PA) with an effective date of August 1, 2020. The revised PA includes new coding guidelines for L5856, L5857, L5858, L5980, L5981 and L5987. Coding guidelines for L5973 were published in a previous (January 2020) PA revision.

AOPA's Coding and Reimbursement Committee will undertake a comprehensive review of the Policy Article coding guideline revisions as well as the coding verification requirement and will engage in collaborative discussions with the PDAC and the DME MACs.

The joint publication announcing the coding verification requirement may be viewed [here](#). And view the revised Lower Limb Prosthesis Policy Article [here](#).

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

Action Needed: Ask your Senators to Support Funding for O&P Education

This week the Senate will start debate on the National Defense Authorization Act (NDAA), which lays out the 2021 budget and expenditures of the U.S. Department of Defense (DoD) and creates new programs within the DoD. Senators Richard Durbin (D-IL), Tammy Duckworth (D-IL), and David Purdum (R-GA) have introduced an amendment to the bill which would provide competitive

grants to universities to create or expand graduate degree programs in orthotics and prosthetics. Please take a few minutes [to write](#) your Senators and urge them to support this amendment.

An increased orthotic and prosthetic workforce is essential to support military readiness and ensure that servicemembers who experience limb loss or limb impairment are able to receive the expert orthotic and prosthetic care they need and deserve. Over the past decade, new technologies and devices have been developed to address the increasingly complex medical conditions facing the growing population of men and women who have served our country in the Armed Forces. To take advantage of these innovations, clinicians require more sophisticated and advanced training, with entry level positions in orthotics and prosthetics requiring a master's degree from an accredited institution and completion of a residency program. These programs are costly to establish and sustain, requiring extensive hands-on lab work and equipment.

Despite the growing demand for orthotic and prosthetic care, there are only twelve schools offering a master's degree program in this field, collectively graduating fewer than 250 students per year. A 2015 study from the National Commission on Orthotics and Prosthetics Education (NCOPE) concluded that the workforce of credentialed orthotic and prosthetic providers needs to increase by about 60 percent by 2025 to meet the growing demand for care.

All it takes is two minutes to [send a letter](#) to your Senators asking them to include orthotic and prosthetic workforce pilot program language in the NDAA legislation. Doing this can make a tremendous difference. We appreciate your commitment to ensuring that future Wounded Warriors with limb loss and limb impairment will be able to receive the quality orthotic and prosthetic care they need and deserve.

Questions may be directed to Justin Beland, AOPA's Director of Government Affairs at jbeland@AOPAnet.org.

Revised ABN Form Released

The Advance Beneficiary Notice of Noncoverage (ABN) form is subject to re-approval every three years, and the current version of the ABN was approved in 2017 and expired in March 2020. The approval of a new ABN, form CMS-R-131, by the Office of Management and Budget (OMB) was postponed due to COVID-19 and suppliers were directed to continue using the expired form.

The new ABN, form CMS-R-131, has recently been approved and released by the OMB and CMS. There were no substantial changes made to the content or directions for use of the ABN.

The use of the revised ABN will be mandatory on August 31, 2020 and may be downloaded [here](#). To verify if you are using the most recent version of the ABN, on/after August 31, check the expiration date on bottom left corner of the form and it should be 06/30/2023.

For questions, contact Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

PDAC Coding Verification Reminder for L3960

Effective for all claims with a date of service on or after August 1, 2020 the only braces which may be billed using code L3960 (SEWHO, abduction positioning, airplane design, prefabricated,

includes fitting and adjustment) must have a written PDAC coding verification and listed on the PDAC Product Classification list.

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

Registration Open for the 2020 AOPA Virtual National Assembly

Even though we won't be face-to-face, the 2020 Virtual National Assembly will have it all...

- The best in business education and advanced clinical programming offered in general sessions, poster presentations, and engaging concurrent breakouts.
- A robust exhibit hall.
- Roundtable discussions with the most influential people in the profession.
- Fun events such as coffee breaks and live entertainment.
- The opportunity to earn a substantial amount of CE credits. Education will be available 30 days post Assembly, giving you the opportunity to go back and attend multiple concurrent sessions.
- An easy to use platform that is mobile, computer, and tablet responsive. Plus, access to training and a dedicated help desk.
- No travel required, saving you time and money.

You won't want to miss out, [register today!](#)

View the tentative schedule [here](#) and stay tuned for the specifics on education.

Questions? Contact info@AOPAnet.org or (571) 431-0876.

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.

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.

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.

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

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.

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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| August 12, 2020 | <i>Contracting 101: Understanding the Basics</i>
AOPA Webinar
Learn more and register |
| September 2, 2020 | <i>Outside the Norms: Outliers and Situations</i>
AOPA Webinar
Learn more and register |
| September 9-12, 2020 | <i>Virtual AOPA National Assembly</i>
Las Vegas, NV
Learn more here |