AOPA In Advance SmartBrief
Breaking News
September 8, 2020

AOPA Headlines:

DME MACs Clarify AFO/KAFO Policy Article Language Regarding Custom Fabricated Orthoses

The DME MACs have recently clarified language in the AFO/KAFO Policy Article that currently states the following:

MISCELLANEOUS

In addition, if the item is custom fabricated, a complete and clear description of the item, including what makes this item unique, and a breakdown of charges (material and labor used in fabrication). This information should be entered in the narrative field of an electronic claim.

Previous versions of the Policy Article contained the same language but also included contextual language that clearly indicated that the additional requirements only applied to services described by unlisted procedure codes for lower limb orthoses (L2999).

AOPA asked the DME MACs to clarify that the current language is **NOT** intended to apply to all custom fabricated AFO/KAFO codes and that the contextual reference to unlisted codes that was present in previous versions of the Policy Article was an inadvertent omission.

The DME MACs have confirmed that there has been no change to the documentation requirements for custom fabricated AFOs/KAFOs and that the additional information referenced in the Policy Article is only required when submitting unlisted codes. They indicated that they will clarify this further in a future revision to the AFO/KAFO Policy Article.

It's all Happening at the AOPA Virtual National Assembly – Join Us

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

CGS Post Payment Review for L0650 Announcement

In July, we informed you that the Centers for Medicare and Medicaid Services (CMS) announced the resumption of certain audit activity beginning on August 3, 2020. CMS clarified that they will

not be restarting all audits on August 3, but instead due to the continued Public Health Emergency (PHE) will be implementing a phased approach to allow suppliers time to prepare and adjust.

The audits will begin with limited Durable Medical Equipment Medicare Administrative Contractor (DME MAC) based post-payment reviews and will only involve claims with dates of service prior to the beginning of the declared PHE on March 1, 2020.

CGS, the DME MAC for Jurisdictions B & C, has just announced that they will be conducting a complex post-payment review for L0650, an off-the-shelf LSO. The review will be for claims with dates of service prior to March 1, 2020. If you receive additional documentation requests as part of this review be sure to respond to them, however be advised that CMS has implied that the DME MACs may allow for flexibility with extensions and the cancelling of audits based on individual supplier's ability to complete the audit.

As of now, there is not a timeframe for when the Target, Probe, and Educate (TPE) program, and other audits will resume. AOPA will continue to monitor the resumption of CMS audit activity and provide you with timely updates.

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

Take Action: Support O&P and its Patients

On August 6, the Senate introduced the Medicare O&P Patient-Centered Care Act (S. 4503). This bipartisan legislation would improve access to, and quality of, orthotic and prosthetic care while simultaneously combatting fraud and abuse. The Senate bill is identical to the one introduced in the House late last year (H.R. 5262). The American Orthotic and Prosthetic Association (AOPA) thanks YOU for all your efforts to get this vital legislation introduced in both the House and Senate!

To move this legislation forward, we need to garner as much support as possible for it. **Please take a few minutes to write to your Representative and Senators and urge them to support this important legislation - simply enter your information in on the platform, personalize the letter as you see fit - it's important to tell YOUR story - and click send.**

These bills would:

- Distinguish the clinical, service-oriented nature in which O&P is provided from the commodity-based nature of the durable medical equipment (DME) benefit. Orthotics and prosthetics care includes a patient care component that is decidedly more in-depth and personal than simply supplying DME. Most orthotic and prosthetic devices are custom fabricated or custom fit and require the expertise of an orthotist or prosthetist who receive Master of Science degrees and residence training before becoming certified practitioners. Distinguishing O&P from DME would also create a path to billing for telehealth, which is increasingly important during the COVID pandemic.
- Restore congressional intent by revising the overly expansive regulatory interpretation of the meaning of "off-the-shelf" (OTS) orthotics to clarify that competitive bidding may only apply to orthoses that require minimal self-adjustment by patients themselves, not the patient's caregiver or a supplier. Congress created a definition of OTS orthotics as devices "requiring minimal self-adjustment for appropriate use" that "do not require expertise in trimming, bending, molding assembling, or customizing to fit to the individual." However,

the Centers for Medicare and Medicaid Services (CMS) has changed and expanded the definition beyond Congress' intent. CMS defines minimal self-adjustment as an adjustment the "beneficiary, caretaker for the beneficiary or supplier can perform" - which is clearly not "self-adjusted." This expansion of Congress' definition places beneficiaries at risk for harm if they receive orthotic devices without the services that are necessary to ensure that these devices provide proper bracing.

- Reduce the likelihood of waste, fraud, and abuse in the Medicare program by prohibiting the practice of "drop shipping" (shipping an orthoses or prostheses to a beneficiary without first receiving direct patient care from a trained, certified or licensed health care practitioner) of orthotic braces that are not truly "off-the-shelf" (i.e., subject to minimal self-adjustment by the patient him- or herself).

All it takes is a few minutes, please take the time and write your legislators TODAY and urge them to support these important bills. Educating Congress on the issues surrounding the O&P profession is vital to businesses and more importantly patients - if we don't advocate for our needs and the needs of patients, no one will.

If you have any questions, contact Justin Beland, AOPA Director of Government Affairs, at jbeland@aopanet.org.

Prior Authorization Requests for Michigan, Pennsylvania, Texas and California

The DME MACs will begin to accept prior authorization requests (PAR) for codes L5856, L5857, L5858, L5973, L5980 and L5987 for all beneficiaries in California, Michigan, Pennsylvania, and Texas on August 18, 2020 for items delivered on or after September 1, 2020. This early submission date is to allow for the 10-day processing time for all PARs.

Here is quick recap of the prior authorization process:

- Complete your DME MAC's prior authorization request (PAR) coversheet for LLP
- Submit the coversheet and all supporting documentation (the SWO and any additional records to support medical necessity) for review. Submissions may be done by fax, mail, or DME MAC web portals.
- Receive either an affirmative or non-affirmative decision and a unique tracking number (UTN).
- If you received a non-affirmative PAR, you may attempt to fix any errors and resubmit your PAR.

If you received an affirmative PAR, you may submit your complete claim for payment and be sure to include your UTN on the claim.

2020-2021 COPL Grant Recipients Announced

The Board of Directors of the American Orthotic and Prosthetic Association (AOPA) and the Center for Orthotic and Prosthetic Learning and Outcomes/Evidence-Based Practice (COPL) has selected its 2020-2021 COPL grant recipients.

Congratulations to:

- Sarah R. Chang, PhD, "Develop Evidence-Based Clinical Practice Guidelines for Vacuum-Assisted Socket Suspension Systems"
- Jonathan D. Day, "Non-invasive method for quantifying progress of healing after transtibial amputation: a pilot study"
- Michael Dillon, PhD, "Describe the population receiving orthotic/prosthetic services using telehealth, and their experience and satisfaction with those services"
- Erik Hansen, MD, "The Effect of Osteoarthritis Bracing on Community Involvement, A Pilot Study"
- Natalie Harold, CPO, "Development of a Customizable Outcome Measures Electronic Toolkit (COMET)"
- Rebecca M. Miro, PhD, CP, MBA, CRA, "Prosthetic, functional, and clinical outcomes among female amputees: A scoping project o include a systematic review and 10-year retrospective record review of female Veterans with limb loss"

"There is a modest amount of original orthotics and prosthetics evidence-based or outcomes research. AOPA is thrilled to be able to address this gap and provide funding through COPL to original pilot research," said Shane Wurdeman, PhD, CP, FAAOP(D), Research Chair for the American Orthotic and Prosthetic Association. "This year we received stellar requests and anticipate important results from the selected recipients."

Since its inception in 2009, COPL has awarded funds for 51 pilot studies totaling over $700,000. COPL was founded to support research objectives which include advancement of knowledge and technologies in orthotics and prosthetics, enhancement of evidence-based medicine research capabilities, and patient-oriented outcomes designed to ensure that the needs of patients are best served. AOPA provides the funding to the grantees as well administrative support to the COPL Board.

Read more about the grantees projects.

CMS Delays Mandatory Use of Revised ABN Form

The Center for Medicare and Medicaid Services (CMS) has announced that mandatory use of the revised ABN (CMS-R-131 exp. 6/30/2023) form will now be January 1, 2021.

In late June CMS released the new and revised CMS-R-131, the ABN form with an expiration date of 6/30/2023, for immediate use. Mandatory use of the new form was to begin on August 31, 2020, but now will be January 1, 2021.

Suppliers can continue using the ABN form with the expiration date of 03/2020, or they may use the revised form.

The new ABN form with instructions may be found here.

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

Update on CMS Resumption of Medicare Audits

On July 10, we informed you that the Centers for Medicare and Medicaid Services (CMS) announced the resumption of certain audit activity beginning on August 3, 2020.

AOPA, through its involvement on the DME MAC Advisory Councils has since learned that CMS has clarified the scope of the audits that will resume on August 3. CMS will not be restarting all audits on August 3, but instead due to the continued Public Health Emergency (PHE) will be implementing a phased approach to allow suppliers time to prepare and adjust. The audits will begin with limited DME MAC based post-payment reviews and will only involve claims with dates of service prior to the beginning of the declared PHE on March 1, 2020.

As of now CMS did not provide a timeframe for the next phase or for the renewal of audit activity through the Target, Probe, and Educate (TPE) program, RAC audits or SMRC audits. CMS also reiterated that the DME MACs may allow for flexibility with extensions and the cancelling of audits based on individual supplier's ability to complete the audit.

AOPA will continue to monitor the resumption of CMS audit activity and provide you with timely updates.

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

Correct Coding Reminder for Scoliosis Braces

The Durable Medical Equipment Medicare Administrative Contractors (DME MACs) and the Pricing, Data Analysis and Coding (PDAC) contractor just released a correct coding reminder for five base codes used to describe scoliosis braces: L1000, L1005, L1200, L1300 and L1310.

The L1005 (tension-based scoliosis and accessory pads), L1300 (other scoliosis procedure, body jacket molded to patient model) and L1310 (other scoliosis procedure, post-operative body jacket) are considered to be complete devices and all inclusive. The use of any other addition codes will be considered unbundling and incorrect coding.

The L1000 (CTLSO, Milwaukee, inclusive of furnishing initial orthosis) is a custom fabricated scoliosis brace and the following addition codes may be incorporated into the brace and are eligible for separate payment: L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, and L1120. The listed addition codes will also be denied as not separately payable if billed with a base code other than the L1000.

The L1200 (TLSO, inclusive of furnishing initial orthosis only) may have the following addition codes incorporated into the brace and are eligible for separate payment: L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, and L1290. The listed addition codes will also be denied as not separately payable if billed with a base code other than the L1200.

A copy of the full correct coding reminder may be found here.

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

Facility Site Visits and Accreditation Requirements Re-Instated

The Centers for Medicare and Medicaid Services (CMS) recently updated their COVID-19 Medicare Provider Enrollment Relief frequently asked questions document. In the document they stated that CMS will resume all accreditation and reaccreditation activities, and provider enrollment site visits as of July 06, 2020. These activities were previously suspended as part of the response to the declared public health emergency (PHE) for COVID-19.

If you initially enrolled after March 3, 2020 without obtaining the appropriate accreditation you must now submit a completed application to your Accrediting Organization (AO) within 30 days of notification from the National Supplier Clearinghouse (NSC). If you have received an extension for an expiring supplier accreditation due to the PHE you will be contacted by the NSC to begin the reaccreditation process. Certain accreditation and reaccreditation activities may be conducted onsite and in-person, virtually or a combination of both depending on your state's reopening plan. All onsite survey activities will be conducted in accordance with the Center for Disease Control (CDC) and local guidelines

If CMS, the NSC or one of their agents conducts an in-person provider enrollment site visit the inspector will follow all state and local requirements regarding the use of appropriate personal protective equipment (PPE) when conducting the site visit.

CMS is still temporarily ceasing all revalidation efforts for Medicare providers or suppliers until further notice.

You may access the complete updated FAQ document here.

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

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.

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.

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.

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.

However, due to concerns regarding COVID, CMS has extended the deadline for use of the renewed ABN. The revised ABN form will now be mandatory for use starting on January 1, 2021.

However, due to concerns regarding COVID, CMS has extended the deadline for use of the renewed ABN. The revised ABN form will now be mandatory for use starting on January 1, 2021.

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.

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 us the CR modifier and indicate "COVID-19" in the narrative field.

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.

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.

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

September 9-12, 2020	*Virtual AOPA National Assembly* Las Vegas, NV Learn more here
October 14, 2020	*New Technical Credits- Clinician's Corner: Fitters and Techs* AOPA Webinar Learn more and register
November 11, 2020	*RAC Audits: What Are They Looking At?* AOPA Webinar Learn more and register

Thank You to AOPA's National Assembly Sponsors!