



AOPA In Advance SmartBrief August 5, 2021

AOPA Headlines:

[We Need Your Help, Medicare O&P Patient-Centered Care Act Introduced in Senate](#)

[PDAC Coding Verification: Prosthetic Hands & Articulating Digits](#)

[DME MACs Expand Medical Review on a Post-payment Basis](#)

[CMS Updates System Edits for Custom Fabricated and Custom Fitted Orthoses](#)

[PDAC Product Classification List Process Change](#)

[Baseline Survey: Glass ceilings in prosthetics & orthotics: Perceptions, opportunities and strategies for moving forward](#)

[Medicare Sequestration Suspension Extended Through the Remainder of 2021](#)

[Corrections to the 2021 DMEPOS Fee Schedule](#)

[Post Pay Review for Replacement Sockets](#)

[Lower Limb Policy Updates](#)

[Joint DME/PDAC Coding Bulletin Provides Clarification on Proper Billing of Prefabricated Orthoses](#)

[Thank you 2021 Supplier Plus Partners](#)

[After Feedback from AOPA, DME MACs No Longer Require Brand Name Product Selection for Medicare Prior Authorization](#)

[New Post Payment Review for L0457, L0631 and L0650](#)

[Welcome to AOPA Connection, Watch Demo](#)

[Upcoming Events](#)

We Need Your Help, Ask Your Members of Congress to Support the Medicare O&P Patient-Centered Care Act

The Medicare O&P Patient-Centered Care Act (S. 2556) [was introduced](#) in the Senate. This bipartisan legislation would improve access to, and quality of, orthotic and prosthetic care while simultaneously combating fraud and abuse. The bill is identical to legislation introduced in the House in March.

To move this legislation forward, we need to garner as much support as possible for it. Please write to your Senators and urge them to support this important legislation – simply enter your information on the AOPAvotes platform, personalize the letter as you see fit – it’s important to tell YOUR story – and click send.

In addition to asking your Senators to sponsor the Medicare O&P Patient-Centered Care Act, please also take a few minutes to reach out to your Representative following the same steps and ask them to support H.R. 1990 if they aren’t already.

Finally, as you are using the AOPAvotes platform to send letters to your Senators and Representatives, be sure to utilize the automated Twitter campaign. Every Member of Congress has a Twitter account making it a great way to ask for their support.

Doing these three things will take just a few minutes and will go a long way in securing passage of this legislation. If Members of Congress do not hear from you, they will not know how important this legislation is to your businesses and more importantly, your patients

If you have any questions, contact Ashlie White AOPA’s Director of Health Policy and Strategic Alliances, at awhite@AOPAnet.org.

Thank you for your efforts, they really do make a difference!

[TAKE ACTION](#)

PDAC Coding Verification: Prosthetic Hands & Articulating Digits

The DME MACs and PDAC have just released guidance requiring coding verification for products/items described by HCPCS codes L6715 (Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement) and L6880 (Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)). Effective for claims with a date of service on or after January 1, 2022 only products/items which have been verified and listed on the PDAC Product Classification List (PCL) may be billed to Medicare.

Manufacturers with items/products described by codes L6715 and/or L6880 should submit their products/items for verification review to the PDAC by August 31, 2021.

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

DME MACs Expand Medical Review on a Post-payment Basis

As a result of the COVID-19 public health emergency (PHE) the DME MACs had limited their post-payment reviews to focus on claims with dates of service prior to the beginning of the

PHE on March 1, 2020. CMS has announced that Medicare Administrative Contractors, including the DME MACs, will now conduct post-payment reviews for later dates of service, including those after the declaration of the PHE. There is still no announced timeframe for the renewal of pre-payment audit activity through the Target, Probe, and Educate (TPE) program.

AOPA has contacted the DME MACs and has confirmed that post-payment reviews for dates of service during the PHE will take into account any policy waivers and regulatory flexibilities that were put in place by CMS to reduce provider burden but all applicable statutory, regulatory and coding and billing requirements will be subject to review.

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

CMS Updates System Edits for Custom Fabricated and Custom Fitted Orthoses

On May 20, 2021, the Centers for Medicare and Medicaid Services (CMS) issued updated program instructions to the DME MAC contractors that will result in the creation of additional Medicare claim edits in the 17 states that currently require licensure and/or certification of orthotists and prosthetists.

The updated claim edits will be implemented on October 4, 2021. In the 17 states that currently require licensure/certification, Medicare will only pay claims for custom fabricated orthoses (OR01) or custom fitted orthoses (OR02) when they are furnished by a provider that is enrolled under one of the following provider specialties:

- Medical Supply Company with Orthotics Personnel – Specialty Code 51;
- Medical Supply Company with Prosthetics Personnel – Specialty Code 52;
- Medical Supply Company with Orthotics and Prosthetics Personnel – Specialty Code 53;
- Orthotics Personnel – Specialty Code 55; • Prosthetics Personnel – Specialty Code 56;
- Orthotics Personnel, Prosthetics Personnel, and Pedorthists – Specialty Code 57;
- Physical Therapist – Specialty Code 65;
- Occupational Therapist – Specialty Code 67;
- Pedorthic Personnel - Specialty Code B2;
- Medical Supply Company with Pedorthic Personnel - Specialty Code B3;
- Ocularist – Specialty Code B5

The updated program instructions are consistent with the legislative requirements of the Benefits Improvement and Protection Act (BIPA) of 2000, the implementation of which AOPA has supported since passage.

While most AOPA members are enrolled in Medicare under one of the qualifying specialty codes above, it may be in your best interest to confirm your enrollment classification with the National Supplier Clearinghouse.

The CMS program instruction may be accessed [here](#).

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

PDAC Product Classification List Process Change

Manufacturers/distributors are reminded that they must submit a [Code Verification Review Application](#) to the PDAC if they are looking to update any product information already listed on the PDAC Product Classification List.

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

Survey: Glass ceilings in prosthetics & orthotics: Perceptions, opportunities and strategies for moving forward

We invite you to participate in an [exploratory survey](#) looking at glass ceilings in prosthetics and orthotics. A glass ceiling is commonly defined as *'invisible artificial barriers that limited <their> career advancement for any range of reasons that include but are not limited to: gender, age, country of origin or education.* Factors such as age, place of education and gender will be considered. Both clinical and technical respondents are welcomed from anywhere on the globe.

The purpose of the survey is to take a snapshot of current career perceptions and expectations of all persons working in prosthetics and orthotics. This will support further research and the development of strategies and tools to enhance career advancement that can be used by individuals, professional associations and employers.

If you are interested in contributing your thoughts on this topic, you can click on [this link](#) for further information. Please feel free to forward this invitation to your colleagues and others in your network as well.

Medicare Sequestration Suspension Extended Through the Remainder of 2021

The 2% sequestration-based reduction in Medicare reimbursement has been suspended for the remainder of the year. The sequestration suspension technically expired on March 31, 2021 but there was bi-partisan support to continue suspension of sequestration to reduce the burden on providers so they can focus on delivering necessary healthcare services.

As part of the anticipated extension CMS has instructed its contractors, including the DME MACs to hold claims with a date of service on or after April 1, 2021. With the extension now in place the DME MACs will release any previously held claims with dates of service on or after April 1, and will reprocess any claims paid with the reduction applied.

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

Corrections to the 2021 DMEPOS Fee Schedule

CMS recently announced that they have identified, and corrected errors found in the 2021 DMEPOS fee schedule. Claims which were submitted prior to January 26, 2021 with dates of service on or after January 1, 2021 may have been affected. The list of HCPCS codes which included errors and were correct didn't contain any orthotic and prosthetic codes. The complete list of codes affected and corrected maybe downloaded [here](#).

Most of the corrections to the fee schedule amounts were minor and resulted in an increase of less than 1%. However, there may be a small percentage of claims were corrections resulted in changes that range from a 2021 fee schedule amount decrease of 30% to a 2021 fee schedule amount increase of 57%. The majority of these large increases/decreases were for claims submitted with the KE modifier, which does not apply to O&P claims.

If you provided any items included on the complete list of codes impacted by the corrections, you may contact your DME MAC and request them to reprocess and adjust all your claims accordingly.

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

Post Pay Review for Replacement Sockets

CGS, the DME MAC for jurisdictions B and C, has recently announced that they will be conducting post payment reviews for select replacement sockets. The two socket replacement codes selected for review are:

- L5700- Replacement, socket, below knee, molded to patient model
- L5701- Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model

Read the [full announcement](#) from CGS.

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

Lower Limb Policy Updates

On March 18, 2021 the DME MACs released a revised version of the Lower Limb Prostheses Policy Article. In the Policy Article they provided new coding guidelines for two HCPCS codes, the L5968 (Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature) and L5986 (All lower extremity prostheses, multi-axial rotation unit ('mcp' or equal). Here are the new coding guidelines:

- L5968 describes a product that is used as an addition to L-code foot systems for lower limb prosthesis construction. The product provides multiaxial motion in the coronal and sagittal plane from articulating components. At transition of stance

phase to swing phase, the product will increase the ankle's dorsiflexion angle and maintain it throughout swing phase. The product provides an accommodation of changing heel heights without the user's input. The predicate product is the Rincoe R-Hab Ankle.

- L5986 describes a product that is used as an addition to L-code foot systems for lower limb prosthesis construction. The product provides multiaxial motion in all three planes of motion, sagittal, coronal, and transverse. This code does not describe the multiaxial motion achieved from the inherent flexibility of the prosthetic keel or a split keel/heel prosthetic foot design. The predicate product is a device that was manufactured by Medical Center Prosthetic, which is represented in the coding narrative by "MCP."

There have also been recent minor clerical updates to the Knee Orthosis Policy, the Diabetic Shoe Policy, the Spinal Policy, and the Orthopedic Shoe Policy.

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

<p style="text-align: center;">Joint DME/PDAC Coding Bulletin Provides Clarification on Proper Billing of Prefabricated Orthoses</p>

On March 11, 2021, the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) and the Pricing, Data Analysis, and Coding Contractor (PDAC) published a joint correct coding bulletin regarding code descriptors that include the term "prefabricated, includes fitting and adjustment".

In 2014, the Centers for Medicare and Medicaid Services (CMS) introduced a series of procedure code pairs that included both an off-the-shelf (OTS) version and a version that requires custom fitting by an individual with appropriate expertise and or training. A total of 51 orthotic HCPCS codes did not have their descriptors changed and continued to simply state, "prefabricated, includes fitting and adjustment." The March 11, 2021 coding bulletin indicates that HCPCS codes that include the term, "prefabricated, includes fitting and adjustment" are appropriately classified as custom fitted orthoses and therefore may only be used to describe orthoses that require customization and/or modification by a certified orthotist or other properly trained individual. Orthoses described by these codes that are delivered as OTS, without customization and/or modification must be billed using the appropriate not otherwise specified code (L1499, L2999, L3999). The bulletin also emphasizes that, like all custom fitted codes, orthoses that are billed using one of the 51 HCPCS codes that include the term, "prefabricated includes fitting and adjustment" may not be shipped or mailed to Medicare beneficiaries without clear documentation of the customization and/or modification that was performed to ensure a proper fit.

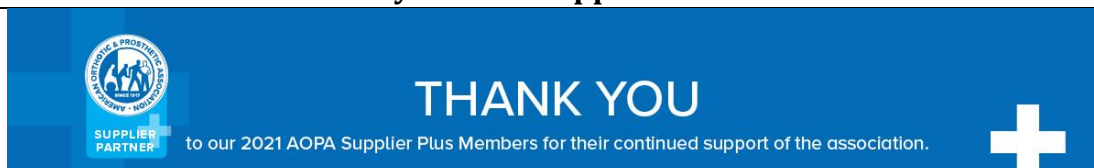
AOPA continues to support the provision of orthoses by individuals with the appropriate clinical expertise, training, and relevant certification/licensure to ensure patients receive

high quality, clinically appropriate care. AOPA is reviewing the correct coding bulletin and will provide constructive feedback to the DME MACs/PDAC.

[View the correct coding bulletin.](#)

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

Thank you 2021 Supplier Plus Partners



AOPA 2021 SUPPLIER PLUS MEMBERS



For more information, contact Kelly O'Neill at 571-431-0852 or kelly.oneill@AOPAnet.org.

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After Feedback from AOPA, DME MACs No Longer Require Brand Name Product Selection for Medicare Prior Authorization

In December of 2020, the Durable Medical Equipment Medicare Administrative Contractors (DME MACs) implemented Medicare prior authorization as a condition of claim payment for six lower limb prosthesis HCPCS codes (L5856, L5857, L5858, L5973, L5980, and L5987.) In addition to requiring prior authorization, effective for claims with dates of service on or after January 1, 2021, products described by the six codes above must be verified for correct coding by the Pricing, Data Analysis, and Coding Contractor (PDAC). So far, the Medicare prior authorization program has proven to be effective, efficient, and reasonable, with an average processing time of four business days for initial submissions, and a preliminary affirmation rate of higher than 50 percent for initial submissions and higher than 90 percent for resubmissions.

An issue that created concern among AOPA members was the inclusion of PDAC product verification as part of the Medicare prior authorization review process. The DME MACs were not issuing preliminary affirmation decisions without providers indicating the specific brand of prosthetic foot or knee they would deliver to the Medicare beneficiary.

AOPA engaged the DME MAC Medical Directors in very constructive and positive dialogue regarding the need for flexibility in product selection to best meet patients' clinical needs. AOPA explained that while classification of a patient's appropriate functional level often occurs during the early stages of clinical evaluation, the decision regarding the specific prosthetic components that best meet the patient's clinical needs within their assigned functional level is often made toward the end of the treatment process. While AOPA did not challenge the concept of Medicare prior authorization, we respectfully requested the DME MACs reconsider the decision to require product selection as part of the process.

AOPA recently received a letter from the DME MAC Medical Directors in response to our concerns that, in part, stated the following:

"The DMDs understand that many variables can impact the selection of a specific brand-name product prior to delivery of the final prosthesis to a beneficiary. We do not prohibit substitution of another more suitable product, within the same HCPCS code that received provisional approval, at the time of delivery."

As a result of AOPA's outreach, the DME MACs have indicated that, after consultation with the Centers for Medicare and Medicaid Services, they will be removing the requirement for inclusion of product selection information in prior authorization submissions.

AOPA is pleased by this development that will ensure continued flexibility for product selection within the Medicare prior authorization program and is encouraged by the willingness of the DME MACs to engage in constructive and effective communication with AOPA on important issues.

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

[You can also watch this video update from Joe McTernan.](#)

New Post Payment Review for L0457, L0631, and L0650

Noridian, the DME MAC for jurisdictions A & D, recently announced that they will be conducting post-payment medical record reviews of claims for the following three HCPCS codes: L0457, L0631, and L0650.

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

Introducing AOPA Connection

Welcome to AOPA Connection, your one-stop-shop for all things AOPA.

Logging into AOPA Connection you will instantly have access to all your AOPA benefits, including:

- AOPAversity
- Your Membership Record
- Your Individual Profile



- Event Calendar
- Bookstore (including past purchases)
- Co-OP

But, it doesn't stop there! We are pleased to introduce a new benefit accessible through AOPA Connection, My O&P Community. In this online community of your O&P colleagues you can get guidance, share advice, have one-on-one and group conversations, and access resources.

For Primary/Principal Member Contacts:

- For security reasons, we couldn't bring over passwords during conversion from our old database, so you get to start fresh. To access AOPA Connection click [here](#) and enter your unique email address to reset your password. Then, just follow the instructions for logging in. Note: accounts are tied to email addresses.
- If for some reason you are told your email is not found, create an account [here](#).
- If, you had multiple emails addresses in the old database and receive this email to all accounts please contact us at info@AOPAnet.org and we will help you reconcile your accounts.
- Once logged in be sure to complete your profile, this will help us better meet your needs as well as allow others to connect with you. Once you do this, play around with all the features, re-familiarize yourself with all the AOPA benefits, check out the discussions happening in My O&P Community.
- You can set all your employees up with their own credentials so they too can access all the AOPA member benefits. Spread the word, send them [here](#) and tell them to setup an account using their unique email and follow the instructions to link to your organization's name.

For Employees of Members:

- Accessing AOPA Connection is simple, all you need to do is set up your account [here](#) using your unique email and follow the instructions to link to your organization's name.
- Once logged in be sure to complete your profile, this will help us better meet your needs as well as allow others to connect with you. Once you do this, play around with all the features, re-familiarize yourself with all the AOPA benefits, check out the discussions happening in My O&P Community.

To learn how to access and use AOPA Connection, watch Betty Leppin, Senior Manager of Membership demo AOPA Connection [in this recording](#).

Questions? Check out these [Tips for Logging In](#). Still have questions? Contact Betty Leppin at bleppin@AOPAnet.org or 571-431-0876.

Upcoming Events

August 11: [Prosthetics Clinicians Corner](#)

August 19: [AOPA Advocacy in Action Webinar](#)

September 1: [Missed Revenue Opportunities](#)

September 9-11: [2021 National Assembly](#)