



American  
Orthotic &  
Prosthetic  
Association

## AOPA In Advance SmartBrief May 31, 2022

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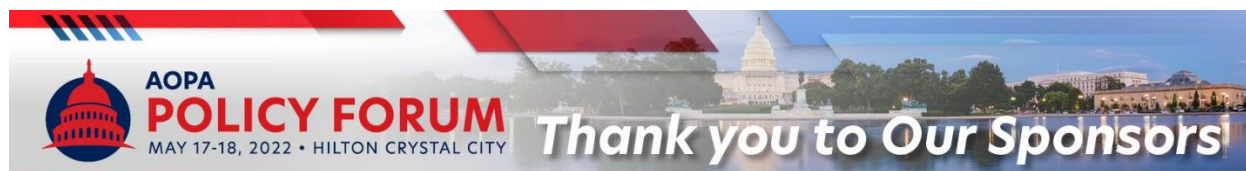
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### OIG Releases Report on Medicare Advantage Plan Denials of Prior Authorization Requests

On April 28, 2022, the Department of Health and Human Services Office of Inspector General (OIG) released a report entitled *Some Medicare Advantage Organization Denials of Prior Authorization Requests Raise Concerns About Beneficiary Access to Medically Necessary Care*. The report indicated that in many instances, the OIG determined that Medicare Advantage Organizations (MAOs) inappropriately denied prior authorization requests that impacted Medicare beneficiaries' access to medically necessary care. The OIG highlighted the following key takeaways in its report.

"MAOs denied prior authorization and payment requests that met Medicare coverage rules by:

- using MAO clinical criteria that are not contained in Medicare coverage rules;
- requesting unnecessary documentation; and
- making manual review errors and system errors."

The OIG report included a sample of five hundred prior authorization requests denied by various sized MAOs across the full spectrum of Medicare covered services. The report included a representative sample of some of the prior authorization denials that were identified including several examples of claims involving DMEPOS services. While no O&P prior authorization denials were specifically identified in the report, the findings and recommendations of the report remain significant. The OIG reported that of the prior authorization denials that were reviewed, 13 percent met Medicare coverage requirements and 18 percent met both Medicare and MAO coverage requirements. In both scenarios, the

OIG reported that the prior authorization requests should not have been denied by the MAO.

As a result of its investigation the OIG made the following three recommendations to the Centers for Medicare and Medicaid Services (CMS).

- issue new guidance on the appropriate use of MAO clinical criteria in medical necessity reviews;
- update its audit protocols to address the issues identified in this report, such as MAO use of clinical criteria and/or examining particular service types; and
- direct MAOs to take steps to identify and address vulnerabilities that can lead to manual review errors and system errors.

CMS concurred with all three OIG recommendations.

AOPA is encouraged that the OIG and CMS remain committed to ensuring Medicare beneficiaries have access to medically necessary, clinically appropriate care, including O&P services and supports the recommendations in the OIG report. Medicare beneficiaries will benefit from increased oversight of MAOs and additional guidance from CMS regarding MAO adherence to Medicare coverage policies.

Access the [OIG report](#).

Questions regarding the OIG report may be directed to Joe McTernan at [jmcternan@aopanet.org](mailto:jmcternan@aopanet.org) or Devon Bernard at [dbernard@aopanet.org](mailto:dbernard@aopanet.org).

#### **Written Order Prior to Delivery & Face-to-Face Encounter Reminder**

As a reminder, effective for dates of service on or after April 13, 2022 CMS requires a Written Order Prior to Delivery (WOPD) and documentation of a Face-to-Face encounter with a qualified practitioner within 6 months prior to delivery to be on file for the following HCPCS codes: L0648, L0650, L1832, L1833, L1851 and L3960.

This requirement is independent of the Medicare prior authorization requirement that also began in New York, Illinois, Florida and California on April 13, 2022. As a condition of payment, claims for L0648, L0650, L1832, L1833, L1851 and L3960 that are submitted without the WOPD and Face-to-Face encounter will be denied.

Questions? Contact Joe McTernan ([jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org)) or Devon Bernard ([dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org))

#### **AOPA Impacts CMS Guidance Regarding Medicare Prior Authorization for Emergent Need Orthoses**

In January 2022, the Centers for Medicare and Medicaid Services (CMS) announced the expansion of the Medicare prior authorization program to include the following five spinal and knee orthosis codes, L0648, L0650, L1832, L1833, and L1851.

While the existing Medicare prior authorization program for select lower limb prosthesis codes has been very successful to date, AOPA heard significant concerns from members regarding challenges that will occur obtaining Medicare prior authorization in situations where there is an immediate need to provide an orthosis to stabilize an injured or unstable spine or knee.

To address these concerns, AOPA immediately engaged the DME MACs and high-level CMS officials regarding the negative impact Medicare prior authorization for emergent need orthoses would have when there was an immediate need for an orthosis and suggested potential solutions to allow Medicare beneficiaries access while ensuring adequate protection of Medicare funds.

On April 12, 2022, CMS released guidance consistent with AOPA's recommendations. The CMS guidance stated that if the two-day expedited review process would delay care and risk the health or life of the beneficiary, the Medicare prior authorization requirement will be suspended. Claims for emergent need orthoses that would otherwise require Medicare prior authorization must be submitted with a "ST" modifier. While the ST modifier will allow claims to be processed and paid, all claims submitted with the ST modifier will then be subject to pre-payment review.

View the [full guidance](#) released by CMS.

As a reminder, Phase I of the expanded Medicare prior authorization program is in effect in New York, Illinois, Florida, and California for dates of service on or after April 13, 2022.

If you have any questions, contact Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org) or Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org)

<b>DME MAC/PDAC Correct Coding Bulletin on Upper Extremity Prostheses</b>
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On Thursday, March 31 the DME MACs and the PDAC released a comprehensive correct coding bulletin for all Upper Extremity Prostheses (UEP). In the bulletin they stated that the correct coding of an UEP base code, and addition codes, are dependent on two main factors: the level of amputation and the prostheses' power source.

The bulletin incorporates information from previous DME MAC/PDAC correct coding reminders, such as the one for [Articulating Digits and Prosthetic Hands](#), but also includes additional information on the proper coding of all aspects of the UEP including: cable systems, suspension systems, and test sockets.

You may review the full UEP coding reminder [here](#).

AOPA with the help of its Coding & Reimbursement Committee and prosthetic manufacturers is currently reviewing this bulletin to determine how it will impact our

membership and will provide all appropriate comments and feedback to the DME MACs and the PDAC.

We would also appreciate you sharing your feedback and concerns with us via My O&P Community or [info@AOPAnet.org](mailto:info@AOPAnet.org).

Questions? Contact Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org) or Devon Bernard [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org).

## **OTWorld 2022: Welcome Back**

### **Inspiration and Motivation for Global Orthopaedic Treatment and Care**

**"Welcome back" will be the motto at OTWorld, as prosthetists and orthotists, orthopaedic footwear professionals, engineers, doctors and therapists from around the world come together from 10 to 13 May in Leipzig. The most important global meeting of experts in orthopaedic treatment and care combines a world congress and a leading international trade show.**

At this leading international trade show, more than 400 exhibitors from 32 countries will demonstrate their new products as well as innovative treatment concepts and services for people with limited mobility and disabilities. Among them will also be 15 start-ups from 13 countries.

For the first time, products and services will be presented in nine treatment areas: mobility limitations, diabetes and vascular diseases, osteoarthritis and degenerative diseases, stroke, sport prophylaxis and injuries due to accidents, care of the back, movement disorders and paralysis, cancer and prevention.

Exhibitors at OTWorld 2022 will offer around 50 practical workshops and 27 digital Innovation Talks.

### **Highlights of the Congress Programme**

The bilingual world congress with 280 speakers from over 30 countries will focus on the quality-assured supply of medical aids. Special congress highlights will be provided by the groundbreaking keynotes on the latest industry trends. Speakers include for example Prof Kenton Kaufman of the W. Hall Wendel Jr. Musculoskeletal Center at the Mayo Clinic in Minnesota, USA on "Generating stronger evidence in limb loss and preservation – the establishment of a US registry" as well as Prof Dr-Ing. Sami Haddadin, Chair of Robotics and Systems Intelligence and Director of the Munich Institute of Robotics and Machine Intelligence (MIRMI) at the Technical University of Munich on "Intelligent Control and Learning in Prosthetics".

### **Not able to travel to Leipzig?**

Become a digital visitor and visit the OTWorld website at [www.ot-world.com/en](http://www.ot-world.com/en) during the live event from 10 to 13 May to discover the free live-streamed programme, including highlights of the World Congress as well as digital Innovation Talks and browse through the digital Product and Exhibitor World. After free registration, you will also be able to connect with the exhibitors through Matchmaking. As digital visitor you can still take advantage of the OTWorld Media Library until **31 July 2022**.

Visitors interested in accessing the recordings of the World Congress in German and English including keynote lectures as well as further selected congress highlights from the Open Forum in the media library can purchase a Congress-on-Demand ticket. Details will be available on the website after the event.



#### **Prior Authorizariion for Select Orthoses Reminder**

If you have patients who reside in California, Michigan, Pennsylvania, or Texas and you will be delivering an L0648, L0650, L1832, L1833 or L1851 on or after April 13, 2022 you must submit a Prior Authorization request as a condition of payment to your DME MAC. Suppliers in those states may begin to submit prior authorization requests on March 30, 2022 in anticipation of a April 13, 2022 delivery.

Questions? Contact Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org) or Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org).

#### **Sequestration Reminder**

Be advised that the current moratorium on the suspension of the 2% sequestration officially ends on March 31, 2022. Beginning on April 1, 2022 you will begin to see a sequestration amount of 1% applied to your final Medicare payment amounts.

Questions? Contact Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org) or Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org)



## AOPA Re-Imagined

The American Orthotic and Prosthetic Association today announced its re-imagined brand, vision, mission, and strategic priorities that better align with its work and goals.

To appropriately represent the desired future for the organization, AOPA established the vision that truly embodies what AOPA members do each and every day, *A world where orthotic and prosthetic care transforms lives.*

When it came to the mission, the pillars of advocacy, research, and education were still important, but needed to be better articulated. That led the new mission, A trusted partner, advocating for and serving the orthotic and prosthetic community by:

- Fostering relationships with decision makers to ensure equitable access.
- Providing education that promotes professional excellence.
- Supporting research that informs innovative care.
- Advancing equality to strengthen the orthotic and prosthetic profession and improve the lives of patients.

Although created by the Board and staff the strategic priorities came out of feedback from members and the profession, they set the course for AOPA's future and lay out six areas that AOPA will work to accomplish in the next three to five years:

- Communicating the importance of orthotic and prosthetic care
- Increasing patient access to clinically appropriate, evidence-based care
- Helping members succeed in the changing healthcare environment
- Identifying and influence trends and learning that may impact orthotics and prosthetics
- Enhancing AOPA value, engagement, and community
- Driving collaboration by creating strategic relationships

The Board and staff will be regularly communicating the progress to its membership.

With all of this there became a need to design a visual identity that reaffirms and elevates AOPA's position as the leading voice of a progressive, solutions-oriented industry that is an integral part of enhancing lives and maximizing human potential. Additionally, orthotics and prosthetics are customized to meet the individual's unique needs. AOPA is as committed to meeting the needs of our members as you are to meeting the individual needs of your patients. That's the mark of an O&P professional. And AOPA's new logo\* embodies this and signals a new era.



\*To use AOPA's logo new logo contact [info@AOPAnet.org](mailto:info@AOPAnet.org).

### **Noridian Correcting Sequestration Error**

AOPA was notified by members that Noridian was incorrectly applying the 2% sequestration reduction to claims with a date of service on and after January 1, 2022. AOPA reached out to Noridian to inquire about the reductions, and they agreed that the reductions were done in error and that they will automatically adjust any affected claims.

As a reminder the moratorium on the 2% sequestration reductions runs through March 31, 2022, and then a 1% sequestration will be applied to claims through June 30, 2022.

Questions? Contact Joe McTernan at [jmcternan@AOPAnet.org](mailto:jmcternan@AOPAnet.org) or Devon Bernard at [dbernard@AOPAnet.org](mailto:dbernard@AOPAnet.org).

### **Supreme Court Issues Rulings on OSHA and CMS Vaccine Requirements**

On January 13, 2022, the U.S. Supreme Court issued separate rulings on a case involving regulations that implemented COVID-19 vaccination requirements for employees of the Centers for Medicare and Medicaid Services (CMS) direct surveyed facilities and a second case that required all employees of large employers (100 or more employees) to either be vaccinated or undergo regular COVID-19 testing (OSHA requirement).

The Supreme Court ruled that CMS may move forward with implementation of its COVID-19 vaccine requirements in the 24 states where lower courts had issued injunctions that would have prevented enforcement of the regulation. The states subject to the Supreme Court ruling include Alabama, Alaska, Arizona, Arkansas, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Utah, West Virginia and Wyoming. All other states, with the exception of Texas were not part of the lower court injunctions and are therefore also subject to the CMS vaccine requirements. Texas remains the only state where the injunction against enforcement remains in place.

As AOPA previously reported, O&P facilities are not directly impacted by the CMS requirement as they are not surveyed by CMS. That being said, facilities that are included in the CMS vaccine requirement (e.g. hospitals, nursing facilities, rehabilitation facilities, etc.) are obligated to ensure compliance with vaccine requirements for not only their direct employees but also any vendors that have access to their facility. This may include O&P providers.

In the second case, the Supreme Court upheld the federal injunction preventing implementation of COVID-19 vaccine or regular testing requirements for employers with 100 or more employees. This requirement would have been implemented by the Occupational Safety and Health Administration (OSHA). This means employers with over 100 employees will not be required to implement vaccine or testing requirements.



A third vaccine requirement that impacts federal contractors continues to move through the court system and is currently under a federal injunction that prevents its enforcement.

AOPA will continue to monitor developments on vaccine requirements that may impact AOPA members and provide guidance as developments occur.

Questions regarding the recent Supreme Court rulings may be directed to Joe McTernan at [jmcternan@aopanet.org](mailto:jmcternan@aopanet.org) or Devon Bernard at [dbernard@aopanet.org](mailto:dbernard@aopanet.org).

<b>CMS Expands its Prior Authorization Program and Adds O&amp;P Codes to the Master List of Codes Subject to Face to Face Encounters and Written Orders Prior to Delivery</b>
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On January 12, 2022, the Centers for Medicare and Medicaid Services (CMS) announced several updates to the Master List of DMEPOS items potentially subject to face-to-face encounter, written order prior to delivery, and prior authorization requirements. The Federal Register announcement (CMS-6081-N) added the following five O&P HCPCS codes to the Master List:

<b>L0830</b> Halo Procedure, Cervical Halo Incorporated Into Milwaukee Type Orthosis
<b>L1005</b> Tension Based Scoliosis Orthosis And Accessory Pads, Includes Fitting And Adjustment
<b>L1906</b> Ankle Foot Orthosis, Multiligamentous Ankle Support, Prefabricated, Off-The-Shelf
<b>L2580</b> Addition To Lower Extremity, Pelvic Control, Pelvic Sling
<b>L2624</b> Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension, Abduction Control, Each
<b>L7368</b> Lithium Ion Battery Charger, Replacement Only

The following O&P code was removed the Master List:

**L3761** Elbow Orthosis (EO), With Adjustable Position Locking Joint(s), Prefabricated, Off-The-Shelf

It is important to note that inclusion of a HCPCS code in the Master List does not mean that it is automatically subject to face-to-face encounter, written order prior to delivery, and prior authorization requirements; inclusion in the Master List only allows CMS to select the code for one or all these requirements in the future.

CMS-6081-N also announced that the following six O&P HCPCS codes will require a Face-to-Face Encounter and Written Order Prior to Delivery as a condition of payment for claims with a date of service on or after April 13, 2022:

<b>L0648</b> Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May
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Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
<b>L0650</b> Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
<b>L1832</b> Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise
<b>L1833</b> Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf
<b>L1851</b> Knee Orthosis (KO), Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf
<b>L3960</b> Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Airplane Design, Prefabricated, Includes Fitting And Adjustment

Finally, CMS-6081-N added the following 5 O&P HCPCS codes to the list of codes that will require Medicare Prior Authorization:

<b>L0648</b> Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
<b>L0650</b> Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
<b>L1832</b> Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise
<b>L1833</b> Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf
<b>L1851</b> Knee Orthosis (KO), Single Upright, Thigh And Calf, With Adjustable Flexion And Extension Joint (Unicentric Or Polycentric), Medial-Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf

Medicare prior authorization for these five codes will be implemented in three phases. Phase 1 includes New York, Illinois, Florida, and California and begins on April 13, 2022. Phase 2 adds Maryland, Pennsylvania, New Jersey, Michigan, Ohio, Kentucky, Texas, North Carolina, Georgia, Missouri, Arizona, and Washington and begins on July 12, 2022. Phase 3 includes all remaining states and territories and begins on October 10, 2022.

AOPA is performing an in-depth analysis of the expansion of these programs but some initial thoughts regarding the potential impact are below:

- The five orthotic codes above represent expansion of Medicare prior authorization beyond the six lower limb prosthesis codes (L5856, L5857, L5858, L5973, L5980, and L5987) that have been subject to prior authorization since 2020.
- The five codes that will require prior authorization as part of the new process (two spinal and three knee orthoses) are all codes that have high utilization patterns and have been identified as having high potential for fraud and abuse
- Four of the five orthosis codes that are included in the expanded list of codes subject to prior authorization are included in the Medicare DMEPOS competitive bidding program.
- A concern about subjecting the five orthosis codes to Medicare prior authorization is that these orthoses often are needed immediately to stabilize an injured and unstable spine or knee. Requiring prior authorization may be challenging due to the acute nature of treatment with these orthoses.

AOPA will work with CMS and the DME MACs to ensure a smooth transition of these HCPCS codes into the Medicare prior authorization program.

Questions regarding this issue may be directed to Joe McTernan at [jmcternan@aopanet.org](mailto:jmcternan@aopanet.org) or Devon Bernard at [dbernard@aopanet.org](mailto:dbernard@aopanet.org)

<b>2022 Medicare DMEPOS Fee Schedule Update Confirmed at 5.1%. Medicare Sequestration Delayed Again</b>
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On December 2, 2021, the Centers for Medicare and Medicaid Services (CMS) announced the 2022 Medicare Fee Schedule update for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The 2022 Medicare DMEPOS Fee Schedule will increase by a net total of 5.1% for claims with a date of service on or after January 1, 2022. The 5.1% increase is the result of a CPI-U increase of 5.4% from June 2020 to June 2021 and a -0.3% productivity adjustment. AOPA previously reported an assumed net increase of 5.1% but it has now been officially confirmed by CMS.

In addition to the 5.1% increase to the Medicare DMEPOS Fee Schedule, on December 10, 2022 Congress passed a bill that will extend the delay of the 2% Medicare sequestration based reimbursement reductions that were scheduled to be re-implemented as of January 1, 2022. The bill, which was signed into law by President Biden the same day, will extend the moratorium on sequestration reductions through March 31, 2022 and reduce sequestration reductions to 1% from April 1<sup>st</sup> through June 30, 2022.

The 5.1% increase to the 2022 Medicare DMEPOS Fee Schedule is the largest annual increase in over 30 years. Questions regarding the Medicare fee schedule or Medicare sequestration may be directed to Joe McTernan at [jmcternan@aopanet.org](mailto:jmcternan@aopanet.org) or Devon Bernard at [dbernard@aopanet.org](mailto:dbernard@aopanet.org).

### **AOPA is Pleased to Introduce the COMET**

The Clinical Outcome Measures Electronic Toolkit (COMET) provides a database of validated outcome measures geared towards prosthesis and orthosis users and practitioners. It was developed by Orthocare Innovations, LLC in coordination with AOPA and with the support of a Center for Orthotic and Prosthetic Learning and Outcomes/Evidence-Based Practice (COPL) Pilot Grant.

COMET simplifies and standardizes the use of outcome measures in daily clinical practice to inform evidence-based clinical care. Practitioners using COMET are able to easily select the appropriate measure, administer a test, and immediately receive the result.

Using COMET, practitioners can:

- Justify and document effectiveness of P&O treatments
- Easily record and score treatment outcome measures
- Export PDFs to include in medical records (See [example](#))

Using it is easy! Start by selecting one or multiple outcome measures for your patient to complete. After your patient completes the measures, COMET instantly calculates the scores and automatically generates a results report that can be exported as a PDF for inclusion in the electronic patient health record or where external documents are supported or needed.

It includes timed metrics such as the Timed Up and Go, patient-reported outcomes such as the Socket Comfort Score and Lower Extremity Functional Scale, and surveys such as the Patient Satisfaction Questionnaire.

**COMET is now available! To use the mobile app, visit the [Google Play store](#) or [App store for iOS](#) to download.**

Questions? Contact Dr. David Boone at [dboone@orthocareinnovations.com](mailto:dboone@orthocareinnovations.com).

### **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](mailto: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](mailto:bleppin@AOPAnet.org) or 571-431-0876.

<b>Upcoming Events</b>
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**June 8**

SWOs, PODs, ABNs, AOBs: Your Must Have Documentation

[Register](#)

**July 11 & 12**

Coding and Billing Seminar

[Register](#)

**July 13**

Clinicians Corner- Orthotics

[Register](#)

[See AOPA's Education Calendar](#)