AOPA In Advance SmartBrief

April 6, 2023

AOPA Headlines:

[Parental Leave in O&P Survey]

[Socket Guidance Workgroup Publishes White Paper]

[ISPO World Congress]

[CMS Expands its List of Codes Subject to Face to Face Encounters and Written Orders Prior to Delivery]

[Medicare DMEPOS Fee Schedule Will See its Largest Annual Increase in 2023]

[New National Provider Enrollment Contractors]

[Final Phase of Prior Authorization for Select Orthoses Begins October 10]

[CO-261 Claim Rejections Resolved]

[AOPA to Respond to Request from CMS Input on Improving the Medicare Advantage Program]

[Microprocessor Knee Class Action Settlement with Anthem set for August 29, 2022 Final Approval Hearing]

[Reminder: Sequestration Amount to be Increased to 2%]

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

[Written Order Prior to Delivery & Face-to-Face Encounter Reminder]

Parental Leave in O&P Survey

Are you interested in learning about current parental leave policies in the field of O&P? Please consider taking a few minutes of your day to complete this short survey. The intent of this survey is to gather information regarding existing parental leave policies. The intended audience is for CP/CO/CPOs, pedorthists, fitters, and board eligible clinicians in the United States who currently work in a clinical facing role. Thank you for your participation!

Socket Guidance Workgroup Publishes White Paper

Currently, no guidelines exist to test the mechanical strength of prosthetic sockets. To address this, AOPA established the Socket Guidance Workgroup which consists of multidisciplinary experts from various countries and backgrounds.

To address the knowledge gaps, the Workgroup undertook a critical analysis regarding the requirements for mechanical testing of lower limb prosthetic sockets and developed recommended potential solutions for each gap. The identified gaps were: i) the shape and composition of a mock residual limb, to support and generate realistic stresses within the socket; ii) alignment of the socket; iii) selection and requirements of accessory components; and iv) test conditions and acceptance criteria.

The intent is for the recommendations to support established researchers, PhD students, and Master's students in addressing these knowledge gaps and reporting back to the Workgroup. With AOPA's support, the Workgroup is building and maintaining a database to house the findings.

A full-length white paper and introductory editorial detailing the gaps and recommendations were recently published in Prosthetics and Orthotics International.

Full-length white paper

Editorial

Project authors: Francesca Gariboldi, Andrea Cutti, Jeff Erenstone, Stefania Fatone, Eric Nickel, Saeed Zahedi, Joshua Steer, Alex Dickinson.

ISPO World Congress

International Society for Prosthetics and Orthotics will host its prestigious World Congress with international exhibition for the first time in Latin America, April 24-27. Browse the Final Programme and get an overview of the extensive scientific programme delivered by a variety of professionals from a broad range of disciplines and regions. ISPO, the American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABC) as well as Orthotics Prosthetics Canada (OPC) will be awarding CPD credits.
Browse the Final Programme.

CMS Expands its List of Codes Subject to Face to Face Encounters and Written Orders Prior to Delivery

On January 17, 2023, the Centers for Medicare and Medicaid Services (CMS) added the following ten O&P HCPCS codes to the list of codes which require a written order prior to delivery (WOPD) and a face-to-face encounter (F2F) as a condition of payment for claims with a date of service on or after April 17, 2023:

- L0631- 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 Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise

- L0637-Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps,

Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise

- L1843-Knee Orthosis, 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 Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise

- L1932-Ankle Foot Orthosis, Rigid Anterior Tibial Section, Total Carbon Fiber Or Equal Material, Prefabricated, Includes Fitting And Adjustment

- L1940-Ankle Foot Orthosis, Plastic Or Other Material, Custom-Fabricated.L1951Ankle Foot Orthosis, Spiral, (Institute Of Rehabilitative Medicine Type), Plastic Or Other Material, Prefabricated, Includes Fitting And Adjustment

- L1960-Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom-Fabricated.L1970Ankle Foot Orthosis, Plastic With Ankle Joint, Custom-Fabricated

- L2005-Knee Ankle Foot Orthosis, Any Material, Single Or Double Upright, Stance Control, Automatic Lock And Swing Phase Release, Any Type Activation, Includes Ankle Joint, Any Type, Custom Fabricated

- L2036-Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With Or Without Free Motion Knee, With Or Without Free Motion Ankle, Custom Fabricated.

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

Medicare DMEPOS Fee Schedule Will See its Largest Annual Increase in 2023

The Centers for Medicare and Medicaid Services (CMS) has officially released the 2023 DMEPOS Medicare fee schedule and it has increased by 8.7%, this is larger than any annual Medicare increase in the last several decades.

The annual increase to the Medicare O&P fee schedule is based on the annual change to the Consumer Pricing Index for all urban areas (CPI-U) from June to June of the previous year adjusted by an annual productivity adjustment (MFPA) or Total Factor Productivity (TFP). The CPI-U from June 2021 to June 2022 was 9.1%. The MFPA or TFP for the 2023 DMEPOS Medicare fee schedule was 0.4%. So, when the 9.1% increase in the CPI-U is reduced by the 0.4% increase in the MFPA or TFP the results are a total net increase of 8.7% in the DMEPOS fee schedule for 2023.

Questions regarding the 2023 Medicare DMEPOS Fee Schedule may be directed to Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

New National Provider Enrollment Contractors

Prior to November 6, 2022, there was only one contractor handling all enrollments and revalidations for durable, medical equipment, prosthetic, orthotic and supplies (DMEPOS) suppliers; and that was the National Supplier Clearinghouse (NSC) . Palmetto GBA had the contract to be the NSC contractor. As of November 7, 2022 there are now two National Provider Enrollment (NPE) contractors handling enrollment and revalidation activities for DMEPOS suppliers, and each contractor is handling a different region.

Novitas Solutions will handle all suppliers in the eastern part of the United States including Alabama, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin, District of Columbia, Puerto Rico, US Virgin Islands; and will be referred to as National Provider Enrollment (NPE) East. Novitas Solutions website for NPE East is: www.novitas-solutions.com/webcenter/portal/DMEPOS.

Palmetto GBA will continue to handle all suppliers in the western part of the United States including Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, American Samoa, Guam, Northern Mariana Islands; and will be referred to as National Provider Enrollment (NPE) West. You may still use the old National Supplier Clearinghouse website for Palmetto GBA to access information about NPE West or you may use the new site www.palmettogba.com/palmetto/npewest.nsf.

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

Final Phase of Prior Authorization for Select Orthoses Begins October 10

As a reminder Phase III, the final phase, of Prior Authorization for the following five orthoses:

- L0648 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
- L0650 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

- L1832 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
- L1833 Knee Orthosis, Adjustable Knee Joints (Unicentric Or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf
- L1851 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

Will begin in all remaining states and territories for all claims with a date of service on or after October 10, 2022.

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

CO-261 Claim Rejections Resolved

Several AOPA members had reported having an issue with select lower limb prosthetic claims being rejected with the remark code CO-261 (The procedure or service is inconsistent with the patient's history). Since the claims were rejected and not denied the claim could not be appealed; it could only be fixed and resubmitted. However, there was no information or directions provided as to what was "inconsistent", and how it could be fixed. This inability to fix/appeal the claims was also causing some members to miss their timely filing window.

AOPA, over the last several months, has been working diligently with key staff members at the DME MACs, the DME MAC Medical Directors and high-ranking CMS officials to find a reasonable solution and provide a pathway for suppliers to appeal these rejections; especially for those who may have missed their timely filing windows. The DME MAC Medical Directors recently informed AOPA that the issue has been resolved, and that they will be contacting the affected suppliers and provide them with directions on how to resubmit and/or appeal their claims.

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

AOPA to Respond to Request from CMS Input on Improving the Medicare Advantage Program

On August 1, 2022, the Centers for Medicare and Medicaid Services (CMS) published a *Request for Information on Medicare* that seeks input from the public regarding actions that CMS can take to improve various aspects of the Medicare Advantage program. The notice, published in the Federal Register, seeks input from stakeholders and the public in the following five specific areas of the Medicare Advantage Program:

- Advancing Health Equity
- Expansion of Access: Coverage and Care
- Driving Innovation to Promote Person-Centered Care
- Supporting Affordability and Sustainability
- Engaging Partners

Medicare Advantage, also know as Medicare Part C, is a partnership between CMS and private insurance companies that allows private payors to offer healthcare services to Medicare beneficiaries as a replacement for their traditional fee for service Medicare benefits. Medicare Advantage plans must, at a minimum, offer the same benefits that a patient has access to under traditional fee for service based Medicare but may offer additional benefits such as vision or dental benefits. In addition, Medicare advantage plans typically offer services at a reduced cost-sharing expense to the beneficiary.

The Request for Information is an excellent opportunity to provide valuable input to CMS on how they can make definitive improvements to the Medicare Advantage program that will facilitate your organization's ability to provide the best O&P care to your patients enrolled in Medicare Advantage plans. AOPA will be submitting comments on behalf of its members, but encourage you to provide your own input based on your individual experience as well.

The August 1, 2022 Federal Register notice may be accessed here. Comments will be accepted until August 31, 2022 and may be submitted electronically, by regular mail, or by express or overnight delivery. Instructions on how to submit your comments are available in the Federal Register notice.

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

Microprocessor Knee Class Action Settlement with Anthem set for August 29, 2022 Final Approval Hearing

In October 2021, AOPA reported a preliminary settlement that had been reached in the class action suit, *Lacy Atzin v. Anthem UM Services Inc. et al.* The preliminary settlement agreement resulted in a change to the previous Anthem policy for microprocessor prosthetic knees that required prosthetic patients to demonstrate that they could use the microprocessor knee to walk at variable cadence and to walk faster than normal walking speed. The revised policy, which has now been in effect for several years focuses more on

the ability of the microprocessor knee to assist patients facilitate their activities of daily living.

The settlement has been agreed to by all involved parties, including representatives of Anthem Blue Cross & Blue Shield and attorneys representing the class of plaintiffs. The U.S. District Court for the Central District of California will formally approve the settlement in a hearing scheduled for August 29, 2022.

More information regarding the class action suit including how claims for previously denied services may be submitted may be found here.

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

Reminder: Sequestration Amount to be Increased to 2%

Be advised that the current partial 1% sequestration reduction applied to your final Medicare payment amounts officially ends on June 30, 2022. Beginning on July 1, 2022 you will begin to see the full sequestration amount of 2% applied to your final Medicare payment amounts.

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

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 or Devon Bernard at 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) or Devon Bernard (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 or Devon Bernard at dbernard@AOPAnet.org

DME MAC/PDAC Correct Coding Bulletin on Upper Extremity Prostheses

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.

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

Upcoming Events

April 20
AOPA Advocacy in Action
Register

May 10-11
Policy Forum
Register

See AOPA's Education Calendar