



AOPA In Advance SmartBrief

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Competitive Bidding: Round 2021 Coming to an End

The Competitive Bidding Program (CBP) Round 2021, which included 16 off-the-shelf (OTS) spinal orthoses and 7 OTS knee orthoses, contracts will expire on December 31, 2023. Beginning on January 1, 2024 there will be a temporary gap period for the CBP. During this gap period all enrolled Medicare DMEPOS suppliers may once again provide the OTS orthoses previously subject to the CBP. Please review the 2024 DMEPOS Fee Schedule for the updated fees for these 23 OTS orthoses.

The next round of the CBP for orthotics and prosthetics, has not been announced. However, CMS has stated that the next round will not begin until they:

- Complete the formal public notice and comment rulemaking process
- Implement necessary DMEPOS CBP changes to:
 - Establish sustainable prices
 - Save money for Medicare patients and taxpayers
 - Help limit fraud, waste, and abuse in the Medicare Program
 - Ensure patient access to quality items and services During the temporary gap period.

AOPA will notify all members when CMS releases new regulations related to the next round of the CBP and will continue to seek a legislative exemption for O&P providers.

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

AOPA Has MUE Updated

AOPA was made aware that the Medically Unlikely Edit (MUE), the total number of units of a service/item you may bill for a single beneficiary on any date of service, for the K1014 (Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control) was set at one. This MUE did not allow suppliers to bill for bi-lateral patients, without having to appeal the claim. AOPA contacted CMS and convinced them to update and change the MUE of the K1014 to two. The revised MUE will be published in future quarterly MUE updates.

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

Renewed ABN Form Released

The Advance Beneficiary Notice of Noncoverage (ABN) form is subject to re-approval and renewal every three years, and the current version of the ABN was approved in 2020 and expires on June 30, 2023. The new ABN, form CMS-R-131, was approved by the Office of Management and Budget (OMB) and released on April 4, 2023.

There were no substantial changes made to the content or to the directions for use of the ABN. The only change was to update the expiration date. The use of the revised ABN will be mandatory on June 30, 2023. To verify if you are using the most recent version of the ABN, on/after June 30, 2023, be sure to check the expiration date on the bottom left corner of the form; it should be 01/31/2026.

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

Survey 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.

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 known 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.

Upcoming Events

June 15

AOPA Advocacy in Action

[Register](#)

July 24-25

Coding and Billing Seminar

[Register](#)

September 6-9

2023 National Assembly

[Register](#)

[See AOPA's Education Calendar](#)

