



AOPA In Advance SmartBrief

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The O&P Foundation Announces the 2024 ABC Student Poster Prizes

The O&P Foundation and American Board of Certification for Orthotics, Prosthetics, and Pedorthics (ABC) partner to identify and celebrate outstanding research by orthotic and prosthetic students.

Three ABC Student Poster Prizes were awarded to student-created posters accepted for presentation at the 2024 American Academy of Orthotists and Prosthetists (AAOP) Annual Meeting and Scientific Symposium.

- First Prize: Megan Grunst, Effects of Prosthetic Design Features on Osteoarthritis Risk in the Sound Limb: A Scoping Review
- Second Prize: Jacob Wilbert, Exposure to Orthotics and Prosthetics in Undergraduate Kinesiology Students in the Southern United States.
- Third Prize: Brogan Comstock, Tensile Strength of Bio-propylene and Recycled Polyethylene as Alternative Materials for Ankle Foot Orthoses.

Learn more and the Award and winners [here](#).

The O&P Foundation Announces LLPR Subscription Award Program

The O&P Foundation is pleased to announce the launch of the national Limb Loss & Preservation (LLPR) Subscription Award program.

Through the generous contribution from and in partnership with Brandt Ventures, the O&P Foundation will accept applications from June 10th to July 10th, 2024 from O&P patient care organizations to receive a one-year sponsored subscription to the LLPR.

This program will support three subscriptions in 2024 and three more in 2025. [Learn more](#).

Enhancing Skills for Life Release Free Catalog for People With Bilateral Limb Difference and Limb Loss

Enhancing Skills for Life (ESFL) is pleased to announce that the *Hands Free: A Beginner's Guide for Adaptive Equipment & Helpful Gadgets* is now available on its website at <https://www.enhancingskillsforlife.org/resources>. The catalog is a thorough listing of devices that make Activities of Daily Living (ADL's) easier, from toileting and dressing to bathing and grooming. Each item has been reviewed by clinicians and people living with bilateral upper limb loss/difference to ensure it is relevant and helpful.

"We are especially grateful to Hanger Foundation for the grant that helped to fund the catalog," said Shawn Johnson, Executive Director of Enhancing Skills for Life. "There are also many others to thank for their contributions, design, proofing, and guidance. I am so proud of the results, a resource created just for people without both hands, arms, or all four limbs."

Johnson's vision for the catalog included an easy-to-use digital format that links to more details about each item. With planned biannual or annual updates, getting feedback from the people using the catalog will be important.

"I use many of these items myself," adds Mike St. Onge, ESFL Board President. "Sharing ways to be more independent is a central part of how ESFL empowers our community, from individuals to families to clinicians. Please take a minute to spread the news about this new resource."

The catalog is free to download and share. Suggestions and updates are welcome at info@enhancingskillsforlife.org.

DME MACs to Correct Improper SNF Denials

AOPA was informed by several members that they had received denials and recoupment requests for prosthetic claims for patients in a Part A SNF stay. The claims were being denied, stating that the SNF is responsible for payment and not Medicare. AOPA worked with the DME MACs to research and resolve these improper SNF denials and recoupments. The DME MACs determined that CMS accidentally removed some prosthetic HCPCS codes from SNF consolidated billing exemption list.

The DME MACs stated that they are identifying claims effected by this error and will reprocess those claims. If you have any claims impacted by this processing error, that have not been reprocessed, please let us know.

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

Medicare O&P Patient-Centered Care Act Introduced in the Senate, Act Now

On March 19, the Medicare O&P Patient-Centered Care Act (S. 3977) was introduced in the U.S. Senate. This bipartisan legislation would improve access to, and quality of, orthotic and prosthetic care while simultaneously combating fraud and abuse from those outside the profession.

The legislation was introduced in the House in July 2023 and now has 35 co-sponsors.

Its three major provisions include: prohibiting "drop shipping" of custom orthoses and prostheses to Medicare beneficiaries; ensuring Medicare beneficiaries can access the full range of orthotic care from one O&P practitioner rather than requiring patients to visit multiple providers when the treating orthotist or prosthetist does not have a competitive

bidding contract and; ensuring Medicare beneficiaries can access replacement custom-fitted and custom-fabricated orthoses when a change in their condition or clinical needs occurs.

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

Finally, as you are using the AOPAvotes platform to send letters, 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.

[ACT NOW](#)

New HCPCS Codes Announced

The Centers for Medicare & Medicaid Services (CMS) have just released their final determinations from the Second Biannual 2023 Healthcare Common Procedure Coding System (HCPCS) code application meetings.

The final determinations resulted in three new HCPCS codes which will be active and valid for claims with dates of service on or after April 1, 2024.

New Code as of 04/01/2024	Code Descriptor
L1320	Thoracic, pectus carinatum orthosis, sternal compression, rigid circumferential frame with anterior and posterior rigid pads, custom fabricated
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control
L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system

In addition CMS finally released fee schedule amounts for the codes L8701(Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated) and L8702 (Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated). The L8701 has an average 2024 fee schedule amount of \$33,480.90.The L8702, has an average 2024 fee schedule amount of

\$65,871.74. The new fee schedule amounts will be effective for claims with a date of service on or after April 1, 2024.

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

2024 DMEPOS Fee Schedule Increased by 2.6%

The Centers for Medicare and Medicaid Services (CMS) has released the 2024 Medicare DMEPOS fee schedule which will be effective for Medicare claims with a date of service on or after January 1, 2024. As anticipated, the 2024 Medicare fee schedule for orthotic and prosthetic services will be increased by 2.6% over 2023 rates. The 2.6% increase is a net reflection of the 3.0% increase in the Consumer Pricing Index for Urban Areas (CPI-U) from June 2022 through June 2023, combined with the annual Total Factor Productivity (TFP) adjustment of -0.4%.

Questions regarding the 2024 Medicare fee schedule may be directed to Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

**CMS Publishes Final Rule that Defines Powered Orthoses and Exoskeletons as “Braces”
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Questions regarding the 2024 Medicare fee schedule may be directed to Joe McTernan at jmcternan@AOPAnet.org or Devon Bernard at dbernard@AOPAnet.org.

CMS Publishes Final Rule that Defines Powered Orthoses and Exoskeletons as “Braces”

On November 1, 2023, the Centers for Medicare and Medicaid Services (CMS) released its annual final rule that established 2024 payment rates for the Medicare Home Health Prospective Payment System (PPS). As expected, the final rule carried forward several important, but unrelated provisions that are of significant interest to O&P providers and the Medicare beneficiaries they serve. The DMEPOS provisions that were finalized in the rule include:

- The codification and expansion of the Medicare definition of the term “brace” to include powered orthoses and exoskeletons
- Creation of a new benefit category and payment for compression garments used to treat lymphedema
- Changes to the methodology used to calculate Medicare fee schedules based on rates established through competitive bidding
- Modifications to supplier enrollment processes designed to further control Medicare fraud and abuse
- Codification of existing policy regarding documentation requirements for DMEPOS refills

The provision that will most likely have the greatest impact on the O&P profession is the inclusion of powered orthoses and exoskeletons in the brace benefit category for Medicare coverage and payment purposes. This represents a reversal of the long-standing CMS position that powered orthoses and exoskeletons should be classified as durable medical equipment (DME) as they generated motion across a joint without necessarily supporting a weakened joint or body member. AOPA and its O&P Alliance partners submitted detailed comments on this proposed provision and is pleased that CMS decided to include this provision in the final rule.

DME MACs Validate AOPA LCD Reconsideration Request for Knee Orthoses Used to Treat Osteoarthritis

The DME MACs recently informed AOPA that its LCD Reconsideration Request for knee orthoses used to treat osteoarthritis without joint laxity was a valid request and will be considered for update. AOPA submitted its request on August 29th. The DME MACs have 60 days to notify requestors of the validity of the request but have no defined timeline to complete their review and propose any changes to the LCD. If the DME MACs propose changes to the LCD, they will publish them and schedule a public meeting to allow input from any interested parties. We have been in frequent communication with the DME MAC Medical Directors regarding this request and look forward to working with them to create a coverage pathway moving forward.

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.

Upcoming Events

September 12-15

2024 National Assembly

Save the Date

[See AOPA's Education Calendar](#)