



American  
Orthotic &  
Prosthetic  
Association

## **AOPA In Advance SmartBrief**

**August 15, 2024**

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## AOPA Launches the AOPA World Elite Business Mastercard®

The AOPA World Elite Business Mastercard®  
This exclusive credit card offers up to unlimited 2.1% cash back, and the opportunity to get up to \$1,000 of your AOPA membership dues covered! Access all of these benefits with no annual fees & no employee card fees. Learn more or apply now at [AOPACard.com](https://AOPACard.com).



## Update on Alliance Efforts to Restore \$15 Million in Funding for the Orthotic and Prosthetic Outcomes Research Program (OPORP) for Fiscal Year 2025

On Friday, August 2<sup>nd</sup>, we learned that despite exhaustive efforts and support from key congressional champions of the OPORP program including Senator Durbin (D-IL), Senator Murray (D-WA), and Senator Cantwell (D-WA), the Senate Appropriations Committee declined to include dedicated funding for the OPORP program for FY 2025. The OPORP program was funded for several years culminating in \$15 million of annual funding for O&P specific research through FY 2023. Unfortunately, the OPORP program was not included in the FY 2024 DOD appropriations. This resulted in a focused push for reinstatement of funding for FY 2025.

While the decision to not reinstate \$15 million of dedicated O&P outcomes research funding is extremely disappointing, the O&P Alliance work to try and reinstate this was not without results. The Peer Reviewed Research Program which is a much larger program that has been funded for \$370 million in FY 2025 includes favorable language to support funding for O&P outcomes-based research. While this is a much larger pool of available research dollars, the scope of eligible research projects is also much broader which means that O&P researchers will need to compete for funds with researchers across the spectrum.

The O&P Alliance will continue to work with the Congressional champions of the OPORP program to determine the best path forward for potential funding for FY 2026 and will work to educate the O&P research community on funding opportunities that may be available through the Peer Reviewed Research Program.

## LLP Policy Update Reminder

Starting September 1, 2024 don't forget that each claim must include either the KX, GA, GY or GZ modifier along with the appropriate K-Level modifier and directional modifier. If the KX, GA, GY or GZ modifier is not included the claim line item will be rejected.

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

## CPI-U Released

The Consumer Price Index for All Urban Consumers (CPI-U) is a measure of the average change over time in the prices paid by consumers in urban areas for goods and services including gas and food. The CPI-U for the period of June 2023 to June 2024 was recently released by the U.S. Bureau of Labor and Statistics, and it is 3.0%.

The annual DMEPOS fee schedule update is based on the annual change to the CPI-U from June to June of the previous year and then adjusted by an annual productivity adjustment (MFPA)/Total Factor Productivity (TFP).

The MFPA/TFP will be released later this year, but over the last few years it has been in the range of 0.4%. If this trend continues the 2025 DMEPOS Fee Schedule may be increased by 2.6%.

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

## LLO Prior Authorization Update

CMS has released updated guidance on the prior authorization process for all lower limb orthoses, including the new codes (L0631, L0637, L0639, L1843, L1845 and L1951. Here are the highlights:

- The new codes (L0631, L0637, L0639, L1843, L1845 and L1951) have been added to the list of codes which may use the ST modifier in emergent care scenarios. When the ST modifier is used your claims are no longer subject to 100% pre-payment reviews, your claims are now subject to 50% pre-payment reviews.
- The DME MACs now have up to seven business days to respond to your prior authorization request.
- Prior authorization requests for the new codes (L0631, L0637, L0639, L1843, L1845 and L1951) may start to be submitted on July 29, 2024 in anticipation of an August 12, 2024 delivery date.

Please be reminded that code L1833 will no longer require prior authorization as of August 12, 2024.

You may review the revised operational guide [here](#).

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

### **New Coding Verification Requirement for L1843 and L1951**

The DME MACs and the PDAC have just released an announcement that following codes will require PDAC coding verification for all claims with a date of service on or after December 1, 2024:

- 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
- L1951 - Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment

So, beginning on December 1, 2024 the only items which may be billed using codes L1843 and L1951 are those published on the PDAC Product Classification List. Any items currently listed as L1843 or L1951 on the PDAC Product Classification List will not need to be reverified. Also, please be reminded that the codes L1843 and L1951 are subject to prior authorization starting August 12, 2024.

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

### **Medicare Expands Face-to-Face Encounters & Written Orders Prior to Delivery**

The Centers for Medicare and Medicaid Services (CMS) has announced that the following eight O&P HCPCS codes will require a Face-to-Face Encounter and Written Order Prior to Delivery (WOPD) as a condition of payment for claims with a date of service on or after August 12, 2024:

- L0635- Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, 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, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment
- L0636- Lumbar-sacral orthosis (LSO), sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, 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, anterior panel, pendulous abdomen design, custom fabricated

- L0638- Lumbar-sacral orthosis (LSO), 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, custom fabricated
- L0639- Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, 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
- L0640- Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated
- L0651- Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf
- L1845- Knee orthosis (KO), double 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
- L1852- Knee orthosis (KO), double 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

CMS also announced that the code L1833, (KO, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf), has been

removed from the current list of codes requiring a Face-to-Face Encounter and WOPD as a condition of payment for claims with a date of service on or after August 12, 2024

View the complete list of codes requiring a Face-to-Face Encounter and WOPD [here](#).

Questions regarding these updates 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) .

### **Medicare Expands Prior Authorization**

The Centers for Medicare and Medicaid Services (CMS) has announced that the following six O&P HCPCS codes will require Medicare Prior Authorization nationwide for claims with a date of service on or after August 12, 2024:

- L0631- Lumbar-sacral orthosis (LSO), 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 (LSO), 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
- L0639- Lumbar-sacral orthosis (LSO), sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, 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 (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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise.
- L1845- Knee orthosis (KO), double 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.

- L1951- Ankle foot orthosis (AFO), spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment announced.

In addition, for claims with a date of service on or after August 12, 2024 code L1833, (KO adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf), will no longer require Prior Authorization as a condition of payment. View the current list of codes requiring Prior Authorization [here](#).

Questions regarding these updates 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).

### **Medicare Expands the DMEPOS Master List**

On May 13, 2024, the Centers for Medicare and Medicaid Services (CMS) announced that they were adding 11 O&P codes to the Master List of DMEPOS Items Potentially Subject to Conditions of Payment such as Prior Authorization, Written Orders Prior to Delivery (WOPD) and/or Face-to-Face Encounters with a prescribing physician. It is important to remember that inclusion on the Master List does not mean that a Face-to-Face Encounter, WOPD or Prior Authorization is required, it only means that the codes may be selected for either requirement in the future.

The 11 O&P codes added to the Master list are L0457, L1681, L2006, L2280, L3761 L4000, L5615, L5926, L5991, L6026, and L7366. CMS also removed the code L1833 from the Master List. View the complete Master List [here](#).

Questions regarding the updated Master List 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).

### **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](mailto:jmcternan@aopanet.org) or Devon Bernard at

[dbernard@aopanet.org](mailto: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.

<b>New Code as of 04/01/2024</b>	<b>Code Descriptor</b>
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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.

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**CMS Publishes Final Rule that Defines Powered Orthoses and Exoskeletons as “Braces”  
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](mailto:jmcternan@AOPAnet.org) or Devon Bernard at [dbernard@AOPAnet.org](mailto: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 29<sup>th</sup>. 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.

### **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.

### Upcoming Events

#### **August 19 & 20**

Virtual Coding & Billing Seminar

[Register](#)

#### **August 21**

Ask the Expert Webinar

[Register](#)

#### **September 12-15**

2024 National Assembly

[Register](#)

[See AOPA's Education Calendar](#)