Welcome

Reminder of why the AG was facilitated:

JC provider outreach and education orthotic and prosthetic Advisory group is a collaborative effort between CGS POE and the O&P suppliers with primary functions for educational strategies, provide feedback on training topics, educational materials, and to identify relevant educational issues.

CGS O&P Updates

E-News: CR7880 A weekly packet provided through CGS Listserv; feedback on this feature may be provided through the cgsmicare.learningondemand@cgsadmin.com. We encouraged all individuals to provide full feedback.

PMD PA Updates: Michael Hanna explained the power mobility prior authorization program. CMS announced the PMD Demonstration Project for seven states. This project will affect three states in Jurisdiction C - Florida, North Carolina, and Texas. A brief description of program procedure was given along with Q&A time for the project.

Fall Schedule: Workshop Schedule: Members were reminded of the two types of workshops being provided this fall. The full day Mega workshops will cover a wide variety of topic, policies, and procedures to be held in Atlanta, Houston, and Orlando. The full day comprehensive being held in smaller cities, Denver, Raleigh, and Jacksonville will cover specific topics and policy guidelines.

Meetings State and National: Zita provided the list of scheduled state association meetings to include Jackson, MS, Arlington, VA, and Murfreesboro, TN; others will be announced as they are scheduled.

CGS will be part of a four hour presentation provided at AOPA this year in Boston.

Webinars: The September webinar schedule for O&P providers was announced. It will include Breast Prosthesis, Lower Limb Prosthesis, Documentation Requirements, Claim Denials and resolutions, Therapeutic Shoes for the Persons with Diabetes, and the AFO/KAFO presentations. Please go to http://www.cgsmicare.com and click on education for more information and registration.

Change Request information (CR7452): Information from CR7452 to be added to LCD and related policy articles concerning Refill requests the non-consumable language was discussed; delivering information regarding what would be considered non-consumable for the O&P industry.

Continued use documentation/continued need language that is being added to the LCDs and policy articles was provided to POEAG members. A direct link to this information is http://cgsmicare.com/jc/pubs/news/2012/0612/cope19062.html

Continued need documentation: Information was provided that continued need documentation will be provided through the physicians medical records for the beneficiary.
Each item should be assessed through detail of condition for current functionality and need. An explanation was provided for the definition of timely documentation, defined as twelve months to current time; unless otherwise stated in the LCD.

Continued use documentation will be provided through refill/repair documentation from the O&P provider.

**Lower Limb Audits:** MLN SE1213, June 7, 2012 Questionable Billing of Lower Limb Prostheses highlighted the August 2011 report from the department of health and human services office of inspector general. Based on findings stated in this report six recommendations were made by the OIG to CMS.

1. Implement additional claims processing edits to prevent inappropriate payments (implement claims processing edits based on all of the local coverage determination requirements).
2. Strengthen monitoring of billing for lower limb prostheses.
3. Implement requirements for a face to face encounter to establish the beneficiary’s need for prostheses.
4. Revise the requirements in the local coverage determinations.
5. Enhance screening for currently enrolled suppliers of lower limb prostheses.
6. Take appropriate action on suppliers with questionable billing.

CMS concurred, asking jurisdiction contractors to develop and implement specific procedures for claims processing, audits, and education. Thus, our edit and audit procedures. Currently Jurisdiction C has edits in place for the prosthetic foot, knees, shins, and molded sockets.

Claims processors, medical review nurses and auditing contractors will develop the claim based on requirements in the Local coverage determination regarding reasonable and necessary.

**Breast Prosthesis:** The Breast prosthesis LCD/policy article was updated this June of this year. One of the items providing the most confusion is the L8000 prosthetic bra; the article now provides a description that no longer will allow room for interpretation to provide upgrades using and ABN.

Products described by code L8000 may be constructed of any material (e.g., cotton, polyester or other materials), with any type or location of closure, any size, with or without integrated structural support (e.g., underwire).

Advanced Beneficiary Notices and upgrades billed for post-mastectomy bras that are more expensive than the Medicare allowable, typically due to materials like spandex or lace or construction (e.g., larger sizes, underwires, etc). The code descriptor is very broad and upgrades within codes requires that the product have some feature that’s not medically necessary and outside of the code descriptor language. Given the broad nature of the mastectomy bra code, it is all-encompassing of any material, any construction making upgrade within a code is essentially impossible.

**Q&A:** After updates the lines were opened for discussion and questions. The questions asked include O&P newsletter to be provided by monthly informing and updating providers on issues and available education.

The membership unanimously agreed further O&P compliance workshops should be available throughout Jurisdiction C. They also agreed a collaborative effort to educate physician and to formalize documentation requirements. A discussion opened to provide ideas on how this can be done insured. It was agreed this would be looked into with the medical directors and CMS.

**Meeting Adjourned 4: 04 PM. CST**