

# THE ORTHOTIC AND PROSTHETIC ALLIANCE

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June 11, 2020

## **SUBMITTED VIA ELECTRONIC MAIL**

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

The Honorable Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

**Re: Permitting Appropriately Credentialed Orthotists and Prosthetists to Submit Claims for Medicare Services Rendered Through Telehealth During COVID-19**

Dear Secretary Azar and Administrator Verma:

The undersigned members of the Orthotic and Prosthetic Alliance (O&P Alliance) write to respectfully urge the Centers for Medicare and Medicaid Services (CMS) to authorize appropriately credentialed orthotists and prosthetists to submit claims for certain Medicare services furnished virtually (through telehealth) during the COVID-19 public health emergency. The O&P Alliance is a coalition of five major national orthotic and prosthetic organizations representing over 13,000 orthotic and prosthetic professionals and 4,500 accredited orthotic and prosthetic facilities that serve millions of individuals with disabling conditions in need of orthopedic braces and prosthetic limbs.

We greatly appreciate CMS's efforts to provide regulatory flexibilities to health care providers and suppliers to help them focus on caring for patients during the public health emergency. The COVID-19 pandemic has fundamentally altered the manner in which health care providers and suppliers provide items and services to Medicare beneficiaries. Telehealth has become a valuable mechanism for providing care without the risks associated with face-to-face contact.

In the case of senior and disabled Medicare beneficiaries who are at increased risk for COVID-19, it is especially important that certified and/or licensed orthotists and prosthetists be able to assess, triage, and provide ongoing orthotic and prosthetic care to individuals who remain safely at home. Under normal circumstances, patients would simply visit their orthotist or prosthetist when they were experiencing problems with fit, comfort, or function of an orthotic brace or prosthetic limb. In a pandemic environment, the patient must weigh the prosthetic or orthotic problem against the risk of potential infection by visiting their orthotist or prosthetist in person.

To be sure, there are some aspects of orthotics and prosthetics that do not lend themselves to telehealth, such as measuring or taking an impression, initial fitting, or hands-on repairs to a prosthesis or orthosis. However, given the clinical nature of orthotic and prosthetic services—

unlike commodity-based durable medical equipment—it is clear that a number of valuable services can be effectively rendered via telehealth, such as addressing issues that are preventing the safe use of a prosthesis or orthosis. Some examples include the following clinical services:

- Reinforcing the appropriate wearing schedule;
- Confirming the prosthesis or orthosis is being worn properly;
- Evaluating the function of the device;
- Assessing the need for any ancillary supplies;
- Addressing fitting problems based on a change in the patient’s condition; and
- Observing any potential or actual skin breakdowns.

Utilizing telehealth would allow these elements of care to be accomplished without placing orthotic and prosthetic practitioners or patients at unnecessary risk of contracting the COVID-19 virus. Again, before the pandemic, patients would simply make an appointment to see their prosthetist or orthotist if they had problems, questions, or were experiencing a change in fit or function. Since the pandemic, the patient must decide whether to risk infection of COVID-19 in order to consult with their prosthetist or orthotist. Without telehealth, Medicare beneficiaries may delay essential prosthetic and orthotic clinical care, which may result in complications and ultimately negative patient outcomes.

Orthotists and prosthetists currently bill their services based on a series of Healthcare Common Procedure Coding System (HCPCS) “L” codes at the time an orthosis or prosthesis is actually delivered to the patient. Orthotic and prosthetic repairs are separately billable outside of the 90-day window after delivery, but orthotists and prosthetists routinely provide a wide range of direct clinical care throughout the lifetime of the patient, including the management of individual patients’ conditions as well as the continued fit and function of their prosthesis or orthosis. There is currently no mechanism of orthotic and prosthetic practitioner reimbursement for these non-repair, clinical services provided to these patients after 90 days from the date of delivery of a new orthosis or prosthesis.

This lack of reimbursement negatively impacts certified and/or licensed orthotists and prosthetists, as compared to other health care professionals (physical and occupational therapists, physicians, and physician extenders) who may provide certain orthoses or prostheses but are able to submit claims for associated clinical services using Current Procedural Terminology (CPT) codes, including CPT code 97763.<sup>1</sup> The demand for telehealth services under the COVID-19 public health emergency has highlighted the need to remedy this inequitable treatment.

In light of CMS’s recent telehealth waiver of the requirements set forth at 42 C.F.R. § 410.78(b)(2), **the O&P Alliance urges CMS to authorize appropriately credentialed orthotists and prosthetists to bill for clinical services rendered virtually during the COVID-19 public health emergency when the clinical services are provided beyond 90 days after the delivery of the orthosis or prosthesis.** This may be accomplished in a number of different

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<sup>1</sup> CPT Code 97763 is described as “Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes.”

ways, and we encourage CMS to explore the path that will most efficiently and effectively allow patients access to continued prosthetic and orthotic care during this pandemic.

For instance, CMS could authorize appropriately credentialed orthotists and prosthetists to use a new HCPCS “L” or “K” code to bill for prosthetic and orthotic services rendered via telehealth after 90 days from the date of delivery of the orthosis/prosthesis. The majority of billing codes that are currently included on the list of Medicare telehealth services are confined to CPT codes, which orthotic and prosthetic practitioners are not currently authorized to use.<sup>2</sup> Accordingly, **we respectfully request that CMS create the aforementioned HCPCS “L” or “K” code(s) and add them to the approved Medicare telehealth list.**

In the event that CMS concludes that HCPCS “L” or “K” codes are not appropriate to describe orthotic and prosthetic telehealth services, we request that CMS consider authorizing appropriately credentialed orthotists and prosthetists to use HCPCS “G” codes for e-visits/virtual check-ins to bill for prosthetic and orthotic services rendered virtually after 90 days from the date of delivery of the orthosis or prosthesis. We recognize there may be additional hurdles for orthotists and prosthetists to bill the Medicare program using these codes and look forward to finding a path forward through further dialogue with the agency.

Use of these codes—or other codes as determined by CMS—by certified and/or licensed orthotists and prosthetists for certain specifically-defined clinical services not directly associated with the delivery of a prosthesis or orthosis would greatly assist the profession in meeting patient needs while limiting the risk of viral infection. The O&P Alliance stands ready to work with CMS to identify a proper coding mechanism that will help ensure that Medicare beneficiaries receive safe, appropriate, and effective orthotic and prosthetic care during this time of national crisis.

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Thank you for your consideration. If you have questions, please contact Peter Thomas, O&P Alliance counsel, at [Peter.Thomas@powerslaw.com](mailto:Peter.Thomas@powerslaw.com) or 202-607-5780.

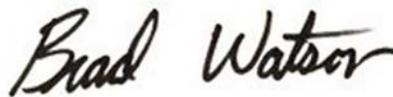
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<sup>2</sup> The list of Medicare telehealth services currently includes CPT code 97760 (Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes); and CPT code 97761 (Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes). However, these codes are limited to the initial encounter, and orthotists and prosthetists are not currently permitted to bill CPT codes.

Sincerely,



Katheryn Allyn, CPO/L, FAAOP  
President  
American Academy of Orthotists and  
Prosthetists



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