



**American Orthotic &
Prosthetic Association**

**QUALITY STANDARDS, ACCREDITATION REQUIREMENTS AND
QUALIFIED PROVIDER REGULATIONS WILL ENHANCE PATIENT CARE
AND REDUCE FRAUD IN THE MEDICARE O&P BENEFIT CATEGORY**

Medicare Should Implement Effective Quality Standards and Facility Accreditation Requirements for the Provision of Orthotic and Prosthetic Services

- The O&P Alliance supports the proposed use of quality standards and mandatory accreditation for the provision of all Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) items and services. These requirements were mandated by the Congress as part of the competitive bidding section of the *Medicare Modernization Act of 2003* (MMA). It is through effective quality standards and accreditation that we believe CMS will improve the quality of O&P services provided to Medicare beneficiaries while vastly reducing opportunities for fraud and abuse.

Medicare Should Implement Effective “Qualified Provider” Requirements

- Congress enacted the *Benefits Improvement and Protection Act of 2000* (BIPA) that directed CMS to establish qualification requirements in order to provide and be reimbursed for certain orthotic and prosthetic services under Medicare. The fact is, a large number of Medicare suppliers are routinely billing for orthotic and prosthetic services without any certification or accreditation. Such requirements are necessary to demonstrate a practitioner’s commitment to providing high quality O&P services and that they are qualified to provide the full range of O&P services.
- By requiring Medicare to only pay for comprehensive orthotic and prosthetic services delivered by qualified practitioners, CMS will protect both beneficiaries and the Medicare program because Medicare will only reimburse the full range of orthoses and prostheses when provided by health care professionals who have made a substantial commitment to the profession of orthotics and prosthetics.

Medicare Fraud Found in Florida

- The Durable Medical Equipment Regional Carrier (DMERC) in Medicare Region C inappropriately paid at least \$122 million dollars for approximately 21,000 artificial limbs that were not medically necessary or even provided to Medicare beneficiaries. This amount represents approximately 20 percent of annual Medicare spending in 2004 for prosthetic services for the entire country.
- The federal government has recognized the increased likelihood of fraud and abuse in the orthotic and prosthetic field when unqualified suppliers provide such services. For example, in 1997 the Department of Health and Human Services’ Office of Inspector General recommended that CMS “consider stricter standards for whom is allowed to bill for orthotics, such as requiring professional credentials for orthotic suppliers.” In section 427 of BIPA, Congress addressed this matter by providing that Medicare should only pay for prosthetics and custom-fabricated orthotics if furnished by a “qualified practitioner.” We believe that the events in southern Florida should reinforce the government’s longstanding view that Medicare should not pay for O&P care provided by unqualified practitioners.