

DME MAC Jurisdiction A

Results of Widespread Prepayment Review of Claims for HCPCS K0823, (Power Wheelchair, Group 2 Standard, Captain's Chair, Capacity Up to and Including 300 Pounds)

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DME MAC A Medical Review continues to review Power Wheelchairs, HCPCS K0823, based on the results of previous quarterly widespread pre-payment probe review findings. The previous quarterly findings covered the period from July 01, 2009 through September 30, 2009 and resulted in a 87.27% Charge Denial Rate (CDR).

DME MAC A recently concluded a quarterly pre-payment review. The results of the quarterly review for claims paid from October 01, 2009 through December 31, 2009, identified the following:

- This review involved prepayment complex medical review of 80 claims submitted by 59 suppliers, of which, 24 claims were allowed and 66 were denied resulting in a claim denial percentage of (70%). Consequently, the total denied allowance amount (dollar amount of allowable charges for services determined billed in error) divided by the total allowance amount of services medically reviewed resulted in an overall Charge Denial Rate of 72.086%.

Based on review of the documentation received, the following are the primary denial reasons.

- Determined to be medically unnecessary (46.4%) (examples).
 - Face to Face; not a physical exam; did not address mobility issue; not signed by physician.
 - Upper extremity / lower extremity issues not addressed or ROM and strength indicated did not justify PWD.
 - Functional limitations not addressed in the face-to-face evaluation.
 - Incomplete 7 element order (not all 7 elements indicated).
- Forms determined to be supplier generated pre-printed forms (16.1%) (examples).
 - Prescription / 7 element partially supplier completed.
 - Mobility Evaluation supplier formatted check off list.
 - Face to Face supplier formatted questionnaire, not a comprehensive examination.
- Incomplete documentation (33.9%) (examples).
 - No 7 elements / prescription, no face to face evaluation, no product description signed by the physician submitted.
 - Mobility evaluation not signed.
 - No HCPCS codes and / or no allowances.
 - Supplier did not date stamp receipt of the prescription.

To justify the removal of a pre-payment edit, the error rate must reflect a reduction of 70 percent or more. Based on the above quarterly CDR, DME MAC A will continue to review claims billed with HCPCS K0823.

Suppliers are reminded to reference the following publications for documentation requirements. The January 11, 2008 educational article [*Power Mobility Devices Billing Reminder*](#), November 05, 2009 educational article [*Power Mobility Devices - 7-Element Order*](#), and the [*Power Mobility Devices \(L21271\) LCD*](#).