

Part B Insider (Multispecialty) Coding Alert

Don't Bill DMERC For New Wheelchair Oversight Code

If you've been receiving denials for [G0372](#), the new code for physician oversight of power wheelchairs, then you may have been billing the wrong carrier.

The **Centers for Medicare & Medicaid Services** established the new code to allow physicians to bill reviewing and then submitting documentation for power wheelchair claims and getting it to the durable medical equipment regional carriers (DMERCs). The new code was effective for dates of service on or after Oct. 25, 2005.

But some physicians are having their G codes rejected, suppliers reported at the Dec. 15 Home Health, Hospice and DME open door forum.

As it turns out, the physicians who got rejections were probably submitting the code to the DMERC--not the local Part B carrier as required.

"It was my understanding that the G code would be billed to the local carrier, not to the DMERC," **John Warren** of CMS said in the forum. "If that code goes to the DMERC, it will be rejected, because the DMERCs can't process those claims."

In addition, the new G code is payable only if all of the information necessary to document the power mobility device prescription is included in the medical record after a face-to-face examination of the beneficiary, and if the prescription is received by the PMD supplier within 30 days after the exam.

More G code details are in a Medlearn Matters article at www.cms.hhs.gov/MedlearnMattersArticles/downloads/MM4121.pdf