

Common Pitfalls to Avoid In PMD Prior Authorization Requests (PAR)

	Mistake	How to Prevent	How to Correct
1	<p>Invalid/Incomplete 7 Element Order</p>	<p>Always write orders that contain all 7 elements</p> <ol style="list-style-type: none"> 1. Beneficiary’s name 2. Description of the item that is ordered. This may be general – e.g. “power operated vehicle”, “power wheelchair”, or “power mobility device” – or may be more specific 3. Date of face-to-face examination 4. Pertinent diagnoses/conditions that relate to the need for the POV or power wheelchair 5. Length of need 6. Physician’s signature 7. Date of physician signature <p><i>Note: A date stamp or equivalent must be used by the supplier to document receipt date.</i></p>	<p>It is always best to completely re-write an order so that there is no question about the intended order.</p> <ol style="list-style-type: none"> 1. The Physician or Non-Physician Practitioner may write a new order. It is always best to completely re-write an order so that there is no question about the intended prescription. This also avoids questions of validity that arise when multiple dates appear on a single order. New orders must be: <ol style="list-style-type: none"> a) dated within 45 days from the date the F2F is completed, and b) received by the supplier within 45 days and resubmit the PAR 2. The Physician or Non-Physician Practitioner who wrote the Invalid or Incomplete order may amend or correct their own order and resend to the supplier for submission with the PAR. Any alteration on an existing order must be legible, clearly signed and dated, must not obscure the original content in any way, and must be received by the supplier within 45 days from the date the F2F is completed. You may NOT correct or amend the order of any other practitioner. Orders that appear to be altered inappropriately or altered by anyone other than the original prescriber will not be considered by reviewers. <p><i>Note: An amendment to the order can take place in this situation because the claim has not yet been billed.</i></p>
2	<p>Incomplete Progress Notes – Missing Clinical Information</p> <p>Example A: Progress note fails to document that the</p>	<p>Always fully document why the beneficiary’s mobility needs could not be met with an optimally configured manual wheelchair or other mobility</p>	<ol style="list-style-type: none"> 1. Find early medical record entries that document the missing information and resubmit the PAR, or 2. Amend to the F2F examination note

	<p>beneficiary's mobility needs could not be met with an optimally configured manual wheelchair (or by a cane, walker, wheeled walker, or POV).</p> <p>Example B: Progress note fails to document the need for any mobility aide.</p>	<p>aide.</p> <p>Checking "no" on a template is not sufficient information.</p>	<p>(but only for something that was performed, but just not adequately documented) following standard medical-legal recordkeeping guidelines and resubmit the PAR, or</p> <p>3. Ask the beneficiary to return for an additional visit. Document the missing information. Resubmit the PAR with the new, updated F2F date and prescription.</p>
3	<p>Incomplete Progress Notes – Missing Technical Requirement</p> <p>Example A: Progress note is missing a signature</p> <p>Example B: Progress note is missing a date</p>	<p>Always sign and date progress notes.</p>	<p>Complete a physician attestation statement to verify the progress note entry and resubmit the PAR</p>
4	<p>Physician chooses to use a Licensed/Certified Medical Professional (LCMP) to assist in completing the F2F examination but the submitted documentation fails to include a signed and dated attestation that the LCMP has no financial relationship with the supplier</p>	<p>Always submit the financial attestation with the initial PAR.</p>	<p>Resubmit a PAR and include an appropriately signed and dated financial attestation from the LCMP.</p>

Please note: If a reviewer identifies a pattern of provider entries with questionable credibility, the reviewers will refer the case to ZPIC and may consider referring to the RO and State Agency.