Home Health Services Pre-Claim Review Reason Codes and Statements

Updated July 6, 2021

Reason Code	Face to Face
HH01A	The physician certification was invalid since the required face-to-face encounter document (actual clinical note for the face-to face encounter visit for admissions on or after 1/1/15, or the narrative for admissions on or after 4/1/11and before 1/1/15) was missing. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5.1.1 and 30.5.1.2 and 42CFR 424.22(a) (1)(v).
HH01B	The physician certification was invalid since the required face-to-face encounter document was untimely. The encounter occurred greater 90 days prior to the home health start of care or greater 30 days after the start of care. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5.1.1 and 30.5.1.2 and 42 CFR 424.22(a)(1)(v).'
HH01C	The physician certification was invalid since the face-to-face encounter was not performed by an approved practitioner. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5.1.1 and 42CFR 424.22(a)(1)(v)(A).
HH01D	The physician certification was invalid since the required face-to-face encounter was not related to the primary reason for home health services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5.1.2 and 42CFR 424.22(a)(1)(v).
HH01E	The certifying physician did not document the date of the encounter. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5.1 and 42CFR 424.22(a)(1)(v).

Reason Code	Plan of Care/Certification/Recertification
HH02A	The Plan of Care was missing. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2 and 42CFR 424.22(a)(1)(iii).
HH02B	The content of the Plan of Care submitted was insufficient. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.1 and 42CFR 484.60(a).
HH02C	The Plan of Care submitted was not signed. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.3 and 42CFR 424.22(a)(1)(iii), 42CFR 409.43(c).
HH02D	Missing physician recertification statement. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5, 100-08, Chapter 6, Section 6.2 and 42CFR 424.22.
HH02E	The initial physician certification submitted does not support skilled need. Documentation in the certifying physician's medical records and/or the acute/post-acute care facility's medical records (if the patient was directly admitted to home health) shall be used as the basis for certification of home health eligibility. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5,100-08, Chapter 6, Section 6.2.1, 6.2.2, 6.2.3 and 42CFR 424.22 (a),(b) and (c).
HH02F	The initial physician certification submitted does not support homebound status. Documentation in the certifying physician's medical records and/or the acute/post-acute care facility's medical records (if the patient was directly admitted to home health) shall be used as the basis for certification of home health eligibility. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5.1, 100-08, Chapter 6, Section 6.2.1.1 and 42CFR 424.22 (a) and (c).

HH02G	Applicable to physician recertification due prior to January 1, 2019. The physician recertification estimate of how much longer skilled services are required is missing. Refer to CMS IOM Publication 100-02,Chapter 7, Section 30.5.2, 100-08, Chapter 6, Section 6.2.2 and 42 CFR 424.22(b).
HH02H	The home health agency generated record contained relevant clinical information addressing the "confined to the home" (homebound) eligibility requirement, which was corroborated by the certifying physician or the acute/post-acute facility documentation, but was NOT signed and dated by the certifying physician. Please have the certifying physician sign and date the relevant HHA-generated information and resubmit. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5.1.2, 100-08, Chapter 6, Section 6.2.3 and 42 CFR 424.22(c)(1).
HH02I	The Plan of Care submitted was not signed timely by a qualified physician. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.4, CMS IOM Publication 100-08, Chapter 6, Section 6.2.1.1 and 42 CFR 409.43.
HH02J	The home health agency generated record contained relevant clinical information addressing the "need for skilled services" eligibility requirement, which was corroborated by the certifying physician or the acute/post-acute facility documentation, but was NOT signed and dated by the certifying physician. Please have the certifying physician sign and date the relevant HHA-generated information and resubmit. Refer to CMS IOM 100-02, Chapter 7, Section 30.5.1.2 Publication 100-08, Chapter 6, Section 6.2.3 and 42 CFR 424.22 (a)(1)(i).
HH02L	Missing physician certification statement. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5, 100-08, Chapter 6, Section 6.2 and 42CFR 424.22.
HH02M	The practitioner who signed the plan of care was not a qualified physician. Please refer to IOM Pub 100-02, Chapter 7, Section 30.2.3 and 42 CFR 424.22(a)(1)(iii), 42 CFR 409.43(c).

Reason Code	**Confined to the Home: First Criteria**
HH03A	Documentation submitted does not support homebound criteria-one is met. For criteria-one to be met, the patient must either because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walker; the use of special transportation; or the assistance of another person in order to leave their place of residence; or have a condition such that leaving his or her home is medically contraindicated. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.1.1, 100-08, Chapter 6, Section 6.2.1.1 and 42 CFR 424.22 (a)(1)(ii).

Reason Code	**Confined to the Home: Second Criteria**
HH04A	Documentation submitted does not support a normal inability to leave the home. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.1.1, Pub 100-08, Chapter 6, Section 6.2.1.1 and 42CFR 424.22 (a)(1)(ii).

HH04B	Documentation submitted does not support a considerable and taxing effort to leave home. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.1.1, Pub 100-08, Chapter 6, Section 6.2.1.1 and 42CFR 424.22 (a)(1)(ii).

Reason Code	Subsequent Episodes (questions only applicable to subsequent episodes)
HH05A	The initial Plan of Care was not submitted with the documentation therefore, services on the subsequent episode may not be allowed. Refer to CMS IOM Publication 100-08, Chapter 6, Section 6.2.1
HH05B	There was no valid initial physician's certification of patient eligibility therefore; services on the subsequent episode may not be allowed. Refer to CMS IOM Publication 100-08, Chapter 6, Section 6.2.1

Reason Code	Skilled Need
HH06A	The documentation is missing an order for skilled nursing services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.2 and 42 CFR 409.43(b).
HH06B	Documentation submitted does not support skilled nursing services are reasonable and necessary. Refer to CMS IOM Publication 100-02, Chapter 7, Section 40.1 and 42 CFR 409.44(b).
HH06C	The documentation is missing an order for physical therapy services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.2 and 42 CFR 409.43(b).
HH06D	Documentation of the physical therapy plan of care does not include measurable physical therapy treatment goals that are related to the patient's illness/injury/impairment. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.1, Section 40.2.2(A) and 42CFR 409.44(c)(1).
HH06E	Documentation submitted does not support physical therapy services are reasonable and necessary and at a level of complexity which requires the skills of a qualified physical therapist. Refer to CMS IOM Publication 100-02, Chapter 7, Section 40.2.1, 40.2.2 and 42CFR 409.44(c)(2).
HH06F	The documentation is missing an order for speech language pathology services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.2 and 42 CFR 409.43(b).
HH06G	Documentation of the speech therapy plan of care/orders does not include specific goals that are measurable. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.1, Section 40.2.3 and 42CFR 409.44(c)(1).
HH06H	Documentation submitted does not support speech language pathology services as reasonable and necessary and at a level of complexity which requires the skills of a qualified speech therapist. Refer to CMS IOM Publication 100-02, Chapter 7, Section 40.2.1, 40.2.3 and 42CFR 409.44(c)(2).
HH06I	The documentation is missing an order for occupational therapy services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.2 and 42 CFR 409.43(b).

HH06J	Occupational therapy visits cannot be allowed without a qualifying service. Refer to CMS IOM Publication 100.02 Chapter 7 Section 30.4 and 42 CFR 409.45(a) & (d).
HH06K	Documentation of the occupational therapy plan of care/orders does not include specific goals that are measurable. Refer to CMS IOM Publication 100-02, Chapter 7, Section 40.2.1 & Section 40.2.4, and 42CFR 409.44(c)(1).
HH06L	The documentation submitted did not show that the occupational therapy services were reasonable and necessary and at a level of complexity which requires the skills of a qualified occupational therapist. Refer to CMS IOM Publication 100-02, Chapter 7, Section 40.2.1, Section 40.2.4 and 42CFR 409.44(c)(2).
HH06M	An order for skilled nursing services is invalid because it does not contain either the type of services to be provided, the professional who will provide the services, or the frequency of the services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.2 and 42 CFR 409.43(b).
HH06N	An order for physical therapy services is invalid because it does not contain either the type of services to be provided, the professional who will provide the services or the frequency of the services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.2 and 42 CFR 409.43(b).
HH06O	An order for speech language pathology services is invalid because it does not contain either the type of services to be provided, the professional who will provide the services or the frequency of the services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.2 and 42 CFR 409.43(b).
HH06P	An order for occupational therapy services is invalid because it does not contain either the type of services to be provided, the professional who will provide the services or the frequency of the services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.2 and 42 CFR 409.43(b).

Reason Code	**Dependent Services**
HH07A	The documentation is missing an order for the social worker services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.2 and 42 CFR 409.43(b).
HH07B	Social worker services cannot be allowed without a qualifying service. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30, 30.2.10 and 42 CFR 409.45(a) & (c).
HH07C	Documentation submitted does not support social worker services are reasonable and necessary. Refer to CMS IOM Publication 100-02, Chapter 7, Section 50.3 and 42CFR 409.45(c).
HH07D	The documentation is missing an order for the Home Health Aide Services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.2 and 42 CFR 409.43(b).
HH07E	Home Health Aide services cannot be allowed without a qualifying service. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30, 30.2.10 and 42 CFR 409.45(a) & (b).

HH07F	Documentation submitted does not support home health aides are reasonable and necessary. Refer to CMS IOM Publication 100-02, Chapter 7, Section 50.2 and 42CFR 409.45(b).
HH07G	An order for the social worker services is invalid because it does not contain either the type of services to be provided, the professional who will provide the services or the frequency of the services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.2 and 42 CFR 409.43(b).
HH07H	An order for Home Health Aide Services is invalid because it does not contain either the type of services to be provided, the professional who will provide the services or the frequency of the services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.2 and 42 CFR 409.43(b).

Reason Code	**Response with Multiple Services Decisions**
HHZ01	The HHPCR request has been partially affirmed. More details can be found in the decision letter.

Reason Code	**Administrative/Other (For Transmission via esMD)**
GEX01	The file is corrupt and/or cannot be read
GEX02	The submission was sent to the incorrect review contractor
GEX03	A virus was found
GEX04	Other
GEX05	The system used to retrieve the Subscriber/Insured details using the given MBI is temporarily unavailable.
GEX06	The documentation submitted is incomplete.
GEX07	This submission is an unsolicited response.
GEX08	The documentation submitted cannot be matched to a case/claim.
GEX09	This is a duplicate of a previously submitted transaction.
GEX10	The date(s) of service on the cover sheet received is missing or invalid.
GEX11	The NPI on the cover sheet received is missing or invalid.
GEX12	The state where services were provided is missing or invalid on the cover sheet received.
GEX13	The Medicare ID on the cover sheet received is missing or invalid.
GEX14	The billed amount on the cover sheet received is missing or invalid.
GEX15	The contact phone number on the cover sheet received is missing or invalid.
GEX16	The Beneficiary name on the cover sheet received is missing or invalid.
GEX17	The Claim number on the cover sheet received is missing or invalid.

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GEX18	The ACN on the coversheet received is missing or invalid.
GEX19 (Effective 10/01/2021)	Provider is exempted from submitting this PA request