PMD PA Demo Reason Statements & Identifiers (June 4th, 2013)

Reason Code	7-element Order
PMD1A	The documentation submitted for review does not include a 7-element order.
PMD1B	The 7-element order is illegible.
PMD1C	The imaged copy of the 7-element order is of poor quality and is, thereby, illegible.
PMD1D	The 7-element order is missing the beneficiary's name.
PMD1E	The 7-element order contains an incorrect beneficiary's name.
PMD1F	The 7-element order is missing the description of the power mobility device being ordered.
PMD1G	The 7-element order is missing the date of face-to-face examination.
PMD1H	The 7-element order contains an invalid date of the face-to-face examination.
PMD1I	The 7-element order is missing pertinent diagnosis/condition(s) that are directly related to the need for the power mobility device.
PMD1J	The 7-element order is missing the length of need.
PMD1K	The 7-element order is missing the treating physician's signature.
PMD1L	The 7-element order contains a physician's signature which does not comply with the CMS signature requirements.
PMD1M	The 7-element order is missing the date the treating physician signed the order.
PMD1N	The 7-element order contains an invalid date of when the treating physician signed the order.
PMD1O	The supplier did not receive a valid copy of the 7-element order within 45 days of the completion date of the face-to-face examination.
PMD1P	The 7-element order was obtained before the face-to-face examination was completed.
PMD1Q	It is undetermined who completed all sections of the 7-element order.
PMD1R	Some or all elements of the 7-element order were not completed by the treating physician.
PMD1S	The 7-element order is combined with the detailed product description (DPD). The 7-element order should be received prior to the supplier preparing the DPD.
PMD1T	The ordering physician is a Podiatrist (DPM) or Chiropractor (DC).
PMD1U	The 7-element order contains corrections/changes that do not comply with accepted record keeping principles.
PMD1V	The 7-element order requires a date stamp (or equivalent) to document the receipt date of the order by the supplier.
PMD1Z	The 7- element order *(explain identified problem with the 7-element order)*

Reason Code	General Face to Face Exam/Medical Records
PMD2A	The documentation submitted for review does not include a face-to-face mobility examination.
PMD2B	The face-to-face examination requires a date stamp (or equivalent) to document the receipt date of the examination by the supplier.
PMD2C	The face-to-face examination received was insufficient to establish that one of the major reasons for the examination was for a mobility evaluation.
PMD2D	The face-to-face examination did not specify objective measurements of the beneficiary's limitations for performing mobility related activities of daily living.
PMD2E	Claims history indicates the beneficiary has received a similar power mobility device (PMD) within the past five years. The documentation does not provide evidence that the beneficiary has had a change in their medical condition that meets the medical necessity for the requested PMD.
PMD2F	Claims history indicates the beneficiary has same or similar durable medical equipment as what is requested. The documentation received does not indicate the rationale for the new power mobility device requested.
PMD2G	The documentation does not support that the beneficiary's power mobility device has not reached its reasonable useful lifetime and does not support that it was lost, stolen or irreparably damaged in a specific incident.
PMD2H	The face-to-face examination or other medical documentation received indicates the beneficiary's primary need for the power mobility device is to be used outside of their home.
PMD2I	The face-to-face examination indicates there is a physical or mental deficit that is not explained that may prevent the safe use of the power mobility device.
PMD2J	The face-to-face examination and other medical records submitted for review contain conflicting information.
PMD2K	The face-to-face examination has been completed on a limited space template with insufficiently detailed or incomplete narrative from the physician. This template may be used to assist in documenting the face-to-face examination, however information must either be sufficiently completed on the form or be documented in the physician’s other medical records provided.
PMD2L	The face-to-face examination was not completed by the same practitioner that signed the 7-element order.
PMD2M	The face-to-face examination was not completed prior to the treating physician writing 7-element order.
PMD2N	The supplier did not receive a valid copy of the face-to-face examination within 45 days of the completion date.
PMD2O	The face-to-face documents contain corrections/changes that do not comply with accepted record keeping principles.

PMD2P	The face-to-face examination contains a physician's signature which does not comply with the CMS signature requirements.
PMD2Q	The face-to-face examination was not signed, therefore the identity and credentials of the author cannot be authenticated.
PMD2R	The delivery of the power mobility device must be within 120 days following completion of the face-to-face examination. This timeframe has been exceeded.
PMD2S	The face to face documentation by the physician is illegible.
PMD2T	The imaged copy of the physician's face to face documentation is of poor quality and is, thereby, illegible.
PMD2Z	The face-to-face examination *(explain identified problem with the face to face)*

Reason Code	LCD Criteria Specific
PMD3A	The face-to-face examination does not indicate the beneficiary's mobility limitations that would establish significant impairment to participate in mobility-related activities of daily living (MRADLs) within their home.
PMD3B	The face-to-face examination does not indicate the beneficiary's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
PMD3C	The face-to-face examination does not indicate that the beneficiary's limitation of upper extremity function is insufficient to self-propel an optimally-configured manual wheelchair in the home in order to perform mobility-related activities of daily living (MRADLs).
PMD3D	The face -to-face examination does not indicate the beneficiary is able to safely transfer to and from the power mobility device.
PMD3E	The face -to-face examination does not indicate the beneficiary is able to operate the tiller steering system of the power mobility device.
PMD3F	The face -to-face examination does not indicate the beneficiary is able to maintain postural stability and position while operating the power mobility device in their home.
PMD3G	The face-to-face examination does not indicate that the beneficiary has the physical capability to safely operate the power mobility device being requested.
PMD3H	The beneficiary's weight does not meet the weight capacity for the power mobility device being requested.
PMD3I	The face-to-face examination does not indicate the use of the power mobility device (PMD) will significantly improve the beneficiary's ability to participate in mobility related activities of daily living (MRADLs) and the beneficiary will use the PMD in their home.
PMD3J	The face-to-face examination indicates the beneficiary has expressed an unwillingness to use the power mobility device in the home.

PMD3K	The face-to-face examination does not indicate that the beneficiary has the mental capability to safely operate the power mobility device being requested.
PMD3L	The face-to-face examination does not indicate that the caregiver who will be operating the power mobility device is unable to adequately propel an optimally configured manual wheelchair.
PMD3M	The face to face examination indicates that the beneficiary is unable to safely operate the power mobility device, however the documentation does not indicate the caregiver is available, willing and able to safely operate the power mobility device requested.
PMD3N	The face-to-face examination does not indicate that the use of a power operated vehicle (POV) has been excluded.
PMD3Q	The documentation does not indicate that the beneficiary requires a drive control interface other than a hand or chin-operated standard proportional joystick, or that the beneficiary meets the coverage criteria for a power tilt or power recline seating system and the system is being used on the power mobility device.
PMD3R	The specialty evaluation does not document the medical necessity for the power mobility device and its special features.
PMD3S	The documentation does not indicate that the beneficiary meets coverage criteria for a power tilt and recline seating system and the system is being used on the power mobility device, **or** that the beneficiary uses a ventilator which is mounted on the power mobility device.
PMD3T	The documentation does not indicate the beneficiary's mobility limitations are due to a neurological condition, myopathy, or congenital skeletal deformity.
PMD3U	The documentation does not support that the beneficiary is expected to grow in height.
PMD3Z	The documentation in the face-to-face examination *(explain identified problem with the documentation related to specific criteria in the LCD)*

Reason Code	Detailed Product Description
PMD4A	The documentation submitted for review does not include a detailed product description.
PMD4B	The detailed product description is missing the beneficiary's name.
PMD4C	The detailed product description contains an incorrect beneficiary's name.
PMD4D	The detailed product description is missing the physician identification information.
PMD4E	The detailed product description contains incorrect physician identification information.
PMD4F	The detailed product description is illegible.
PMD4G	The imaged copy of the detailed product description is of poor quality and is illegible.

PMD4H	The detailed product description contains insufficient detail to properly identify the item(s) to be dispensed in order to determine they are properly coded.
PMD4I	The detailed product description contains a physician's signature which does not comply with the CMS signature requirements.
PMD4J	The detailed product description is not dated properly by the physician.
PMD4K	The detailed product description is missing a date stamp (or equivalent) indicating when it was received by the supplier from the physician.
PMD4L	The detailed product description is invalid as it was prepared prior to the date the 7-element order was received by the supplier.
PMD4M	The detailed product description contains corrections/changes that do not comply with accepted record keeping principles.
PMD4N	The detailed product description contains a Healthcare Common Procedure Coding System (HCPCS) code that is not consistent with the narrative description of the power mobility device as assigned by the Medicare Pricing, Data Analysis, and Coding (PDAC).
PMD4O	The detailed product description contains a power mobility device that has not been coded by the Medicare Pricing, Data Analysis, and Coding (PDAC) contractor at the time of the request.
PMD4P	The detailed product description is not signed and dated by the physician.
PMD4Q	The detailed product description is not dated by the physician.
PMD4Z	The detailed product description *(explain identified problem with the DPD)*

Reason Code	Medical Records
PMD5A	The medical record documentation received was illegible.
PMD5B	The imaged copy of the medical record documentation is of poor quality and is illegible.
PMD5C	The medical documentation is missing a physician's signature and therefore the identity and credentials of the author cannot be authenticated.
PMD5D	The medical documentation contains an illegible signature, and no signature log or attestation statement was submitted. Therefore the identity and credentials of the author cannot be authenticated.
PMD5E	The medical record contains corrections/changes that do not comply with accepted record keeping principles.
PMD5F	The medical record documentation contains a physician's signature that does not comply with the CMS signature requirements.
PMD5G	The medical record does not contain the beneficiary’s weight.
PMD5Z	The medical record documentation *(explain identified problem)*

Reason Code	Assistive Technology Professional
PMD6A	The documentation does not include verification that the supplier's Assistive Technology Professional has a current Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) certification.
PMD6B	The documentation does not provide evidence that a Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) certified professional, employed by the supplier, had direct in-person involvement in the selection of the power mobility device for this beneficiary.
PMD6C	The documentation for the Assistive Technology Professional contains corrections/changes that do not comply with accepted record keeping principles.
PMD6Z	The documentation for the Assistive Technology Professional *(explain identified problem)*

Reason Code	LCMP/PT/OT
PMD7A	The documentation does not include a signed and dated attestation by the supplier or licensed/certified medical professional (LCMP) stating they have no financial relationship with the supplier.
PMD7B	The documentation does not include a specialty evaluation performed by a licensed/certified medical professional (LCMP), such as a physical therapist (PT) or occupational therapist (OT), or a physician who has specific training and experience in rehabilitation wheelchair evaluations, and who has no financial relationship with the supplier.
PMD7C	The specialty evaluation completed by the licensed/certified medical professional (LCMP) did not have evidence of concurrence by the treating physician. The physician must either state concurrence or any disagreement, and sign and date the evaluation, or the physician's visit notes must state concurrence or any disagreement to the examination.
PMD7D	The mobility examination completed by the licensed/certified medical professional (LCMP) did not have evidence of concurrence by the treating physician. The physician must either state concurrence or any disagreement, and sign and date the evaluation, or the physician's visit notes must state concurrence or any disagreement to the examination.
PMD7E	The attestation by the licensed/certified medical professional (LCMP) contains corrections/changes that do not comply with accepted record keeping principles.
PMD7F	The specialty evaluation by the licensed/certified medical professional (LCMP) contains corrections/changes that do not comply with accepted record keeping principles.
PMD7G	The mobility examination completed by the licensed/certified medical professional (LCMP) is illegible.

PMD7H	The imaged copy of the mobility examination completed by the licensed/certified medical professional (LCMP) is of poor quality and is, thereby, illegible.
PMD7I	The license/certified medical professional's (LCMP) signature which does not comply with the CMS signature requirements.
PMD7Z	The licensed/certified medical professional (LCMP) *(explain identified problem)*

Reason Code	Other
PMD8A	An affirmative decision was made on a previously submitted prior authorization request for this beneficiary.
PMD8B	No determination letter was sent to the supplier due to insufficient identification information.
PMD8C	No determination letter was sent to the physician due to insufficient identification information.
PMD8D	No determination letter was sent to the beneficiary due to insufficient identification information.
PMD8E	A power mobility device with Captain's Chair is not appropriate for the beneficiary who (1) has a pressure ulcer; (2) is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; (3) or has a documented need for a separate wheelchair seat and/or back cushion.
PMD8Z	The documentation *(explain identified problem)*

Reason Code	Rejection/Invalid PAR
PMD9A	The beneficiary does not reside in this jurisdiction. Please resubmit your request to Jurisdiction-A at NHIC, P.O. Box 9170, ATTN: Prior Authorizations, Hingham, MA 02043 or fax to 781-383-4519.
PMD9B	The beneficiary does not reside in this jurisdiction. Please resubmit your request to Jurisdiction-B at National Government Services, Inc. Attn: Medical Review-PMD Prior Authorization Request P.O. Box 7018, Indianapolis, IN 46207-7018 or fax to 317-841-4414.
PMD9C	The beneficiary does not reside in this jurisdiction. Please resubmit your request to Jurisdiction-C at CGS-DME Medical Review-Prior Authorization, P.O. Box 24890, Nashville, TN 37202-4890 or fax to 615-664-5960.
PMD9D	The beneficiary does not reside in this jurisdiction. Please resubmit your request to Jurisdiction-D at Noridian Healthcare Solutions, Attn: DME-MR PAR, PO BOX 6742, Fargo ND 58108-6742 or fax to 701-277-7891.

PMD9E	The beneficiary resides in a state that is not included in the Power Mobility Device Demonstration. States included in the demonstration include California, Illinois, Michigan, New York, North Carolina, Florida and Texas.
PMD9F	This is a duplicate prior authorization request.
PMD9G	An error occurred during the fax transmission of the prior authorization request and it is unable to be processed.
PMD9H	The documentation does not specify the base code of the power mobility device requested.
PMD9I	The base code of the power mobility device (PMD) requested is not a code that is specific to the PMD Demonstration Project.
PMD9J	The Power Mobility Demonstration applies to initial requests for specific base codes with the physician orders dated on or after September 1, 2012.
PMD9Z	The prior authorization request *(explain identified problem)*