

## Home Health Services Pre-Claim Review Reason Codes and Statements

(Updated – October 14, 2016)

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 4/1/11 and 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.
HH01B	The physician certification was invalid since the required face-to-face encounter document was untimely and/or the certifying physician did not document the date of the encounter. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5.1.1.2
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 30.5.1.1.1
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

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
HH02B	The content of the <i>Plan of Care</i> submitted was insufficient. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.1
HH02C	The Plan of Care submitted was not signed. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.3
HH02I	<i>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.</i>
HH02D	<i>Missing</i> physician certification/recertification. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5
HH02E	The physician certification/ <i>recertification</i> submitted does not support skilled need. <i>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.</i> Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5 <i>and 42CFR 424.22 (a) and (c).</i>

<b>HH02F</b>	The physician certification/ <i>recertification</i> submitted does not support homebound status. <i>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.</i> Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5 <i>and 42CFR 424.22 (a) and (c).</i>
<b>HH02G</b>	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

<b>Reason Code</b>	<b>Confined to the Home: First Criteria</b>
<b>HH03A</b>	Documentation submitted does not support homebound criteria-one is met. <i>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.</i> Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.1.1

<b>Reason Code</b>	<b>Confined to the Home: Second Criteria</b>
<b>HH04A</b>	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
<b>HH04B</b>	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

<b>Reason Code</b>	<b>Subsequent Episodes</b> <i>(questions only applicable to subsequent episodes)</i>
<b>HH05A</b>	The initial <i>Plan of Care</i> 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
<b>HH05B</b>	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

<b>Reason Code</b>	<b>Skilled Need</b>
<b>HH06A</b>	<i>Missing an</i> order for skilled nursing services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.2
<b>HH06M</b>	<i>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.</i> Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.2

<b>HH06B</b>	Documentation submitted does not support <i>skilled</i> nursing services are reasonable and necessary. Refer to CMS IOM Publication 100-02, Chapter 7, Section 40.1
<b>HH06C</b>	<i>Missing an</i> order for physical therapy services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.1
<b>HH06N</b>	<i>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</i>
<b>HH06D</b>	Documentation submitted 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
<b>HH06E</b>	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 and 40.2.2
<b>HH06F</b>	<i>Missing an</i> order for <i>speech language pathology services</i> . Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.1
<b>HH06O</b>	<i>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</i>
<b>HH06G</b>	The <i>documentation</i> for <i>speech language pathology services</i> does not contain specific goals that are measurable. Refer to CMS IOM Publication 100-02, Chapter 7, Section 40.2.1 and 40.2.3
<b>HH06H</b>	Documentation submitted does not support <i>speech language pathology services</i> as reasonable and necessary and at a level which requires the skills of a qualified speech therapist. Refer to CMS IOM Publication 100-02, Chapter 7, Section 40.2.1 and 40.2.3
<b>HH06I</b>	<i>Missing an</i> order for occupational therapy services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.1
<b>HH06P</b>	<i>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</i>
<b>HH06J</b>	Occupational therapy visits cannot be allowed without a qualifying service. Refer to CMS IOM Publication 100.02 Chapter 7 Section 30.4
<b>HH06K</b>	Documentation submitted does not include specific occupational therapy goals. Refer to CMS IOM Publication 100-02, Chapter 7, Section 40.2.1 and 40.2.4
<b>HH06L</b>	The documentation submitted did not show that the <i>occupational</i> 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 and 40.2.4

<b>Reason Code</b>	<b>Dependent Services</b>
<b>HH07A</b>	<i>Missing an</i> order for the social worker services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.1
<b>HH07G</b>	<i>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</i>
<b>HH07B</b>	Social worker services cannot be allowed without a qualifying service. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30
<b>HH07C</b>	Documentation submitted does not support social worker services are reasonable and necessary. Refer to CMS IOM Publication 100-02, Chapter 7, Section 50.3
<b>HH07D</b>	<i>Missing an</i> order for the Home Health Aide Services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.1
<b>HH07H</b>	<i>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</i>
<b>HH07E</b>	Home Health Aide services cannot be allowed without a qualifying service. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30
<b>HH07F</b>	Documentation submitted does not support home health aides are reasonable and necessary. Refer to CMS IOM Publication 100-02, Chapter 7, Section 50.2

<b>Reason Code</b>	<b>Administrative/Other</b> <i>(For Transmission via esMD)</i>
<b>HH0XA</b>	The file is corrupt and/or cannot be read
<b>HH0XB</b>	The submission was sent to the incorrect review contractor
<b>HH0XC</b>	A virus was found
<b>HH0XD</b>	Other