

PMD PA REASON CODES

No.	Denial Code XML: "Reason Code"	Description
1.	PMD1A	The documentation submitted for review does not include a 7-element order
2.	PMD1B	The 7-element order is illegible
3.	PMD1C	The imaged copy of the 7-element order is of poor quality and is, therefore, illegible
4.	PMD1D	The 7-element order is missing the beneficiary's name
5.	PMD1E	The 7-element order contains an incorrect beneficiary's name
6.	PMD1F	The 7-element order is missing the description of the power mobility device being ordered
7.	PMD1G	The 7-element order is missing the date of face-to-face examination
8.	PMD1H	The 7-element order contains an invalid date of the face-to-face examination
9.	PMD1I	The 7-element order is missing pertinent diagnosis/condition(s) that are directly related to the need for the power mobility device
10.	PMD1J	The 7-element order is missing the length of need
11.	PMD1K	The 7-element order is missing the treating physician's signature
12.	PMD1L	The 7-element order contains a physician's signature, which does not comply with the CMS signature requirements
13.	PMD1M	The 7-element order is missing the date the treating physician signed the order
14.	PMD1N	The 7-element order contains an invalid date of when the treating physician signed the order
15.	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
16.	PMD1P	The 7-element order was obtained before the face-to-face examination was completed
17.	PMD1Q	It is undetermined who completed all sections of the 7-element order
18.	PMD1R	Some or all elements of the 7-element order were not completed by the treating physician
19.	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
20.	PMD1T	The ordering physician is a Podiatrist (DPM) or Chiropractor (DC)
21.	PMD1U	The 7-element order contains corrections/changes that do not comply with accepted record keeping principles
22.	PMD1V	The 7-element order requires a date stamp (or equivalent) to document the receipt date of the order by the supplier
23.	PMD1Z	The 7- element order (explain identified problem with the 7-element order)
24.	PMD2A	The documentation submitted for review does not include a face-to-face mobility examination
25.	PMD2B	The face-to-face examination requires a date stamp (or equivalent) to document the receipt date of the examination by the supplier
26.	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
27.	PMD2D	The face-to-face examination did not specify objective measurements of the beneficiary's limitations for performing mobility related activities of daily living

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28.	PMD2E	Claims history indicates the beneficiary has received a similar PMD within the past five years. The documentation does not provide evidence that the beneficiary has had a change in medical condition that meets the medical necessity for the requested PMD
29.	PMD2F	The 7-element order is illegible
30.	PMD1B	Claims history indicates the beneficiary has the same or similar durable medical equipment as what is requested. The documentation received does not indicate the rationale for the new PMD requested
31.	PMD2G	The documentation does not support that the beneficiary's PMD has not reached its reasonable useful lifetime and does not support that it was lost, stolen, or irreparably damaged in a specific incident
32.	PMD2H	The face-to-face examination or other medical documentation received indicates the beneficiary's primary need for the PMD is to be used outside of their home
33.	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 PMD
34.	PMD2J	The face-to-face examination and other medical records submitted for review contain conflicting information
35.	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 documented in the physician's other medical records provided
36.	PMD2L	The face-to-face examination was not completed by the same practitioner who signed the 7-element order
37.	PMD2M	The face-to-face examination was not completed prior to the treating physician writing the 7-element order
38.	PMD2N	The supplier did not receive a valid copy of the face-to-face examination within 45 days of the completion date
39.	PMD2O	The face-to-face documents contain corrections/changes that do not comply with accepted record keeping principles
40.	PMD2P	The face-to-face examination contains a physician's signature that does not comply with the CMS signature requirements
41.	PMD2Q	The face-to-face examination was not signed; therefore, the identity and credentials of the author cannot be authenticated
42.	PMD2R	The delivery of the PMD must be within 120 days following completion of the face-to-face examination. This timeframe has been exceeded
43.	PMD2S	The face-to-face documentation by the physician is illegible
44.	PMD2T	The imaged copy of the physician's face-to-face documentation is of poor quality and is, therefore, illegible
45.	PMD2Z	The face-to-face examination (explain identified problem with the face to face examination)
46.	PMD3A	The face-to-face examination does not specify the beneficiary's mobility limitations that would establish significant impairment to participate in mobility-related activities of daily living (MRADLs) within their home
47.	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

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48.	PMD3C	The face-to-face examination fails to specify or 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 MRADLs
49.	PMD3D	The face -to-face examination does not indicate the beneficiary is able to safely transfer to and from the PMD
50.	PMD3E	The face -to-face examination does not indicate the beneficiary is able to operate the tiller steering system of the PMD
51.	PMD3F	The face -to-face examination does not indicate the beneficiary is able to maintain postural stability and position while operating the PMD in their home
52.	PMD3G	The face-to-face examination does not indicate that the beneficiary has the physical and mental capability to safely operate the PMD being requested
53.	PMD3H	The beneficiary's weight does not meet the weight capacity for the PMD being requested
54.	PMD3I	The face-to-face examination does not indicate the use of the PMD will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use the PMD in their home
55.	PMD3J	The face-to-face examination indicates the beneficiary has expressed an unwillingness to use the PMD in the home
56.	PMD3K	The face-to-face examination does not indicate that the beneficiary has the mental capability to safely operate the PMD being requested
57.	PMD3L	The face-to-face examination does not indicate that the caregiver who will be operating the PMD is unable to adequately propel an optimally configured manual wheelchair
58.	PMD3M	The face-to-face examination indicates that the beneficiary is unable to safely operate the PMD; however, the documentation does not indicate the caregiver is available, willing, and able to safely operate the power mobility device requested
59.	PMD3N	The face-to-face examination does not indicate that the use of a power operated vehicle (POV) has been excluded
60.	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 PMD
61.	PMD3R	The specialty evaluation does not document the medical necessity for the PMD and its special features
62.	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
63.	PMD3T	The documentation does not indicate the beneficiary's mobility limitations are due to a neurological condition, myopathy, or congenital skeletal deformity
64.	PMD3U	The documentation does not support that the beneficiary is expected to grow in height
65.	PMD3Z	The documentation in the face-to-face examination (explain identified problem with the documentation related to specific criteria in the LCD).
66.	PMD4A	The documentation submitted for review does not include a detailed product description
67.	PMD4B	The detailed product description is missing the beneficiary's name
68.	PMD4C	The detailed product description contains an incorrect beneficiary's name
69.	PMD4D	The detailed product description is missing the physician identification information
70.	PMD4E	The detailed product description contains incorrect physician identification information

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71.	PMD4F	The detailed product description is illegible
72.	PMD4G	The imaged copy of the detailed product description is of poor quality and is illegible
73.	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
74.	PMD4I	The detailed product description contains a physician's signature that does not comply with the CMS signature requirements
75.	PMD4J	The detailed product description is not dated by the physician
76.	PMD4K	The detailed product description is missing a date stamp (or equivalent) indicating when it was received by the supplier from the physician
77.	PMD4L	The detailed product description is invalid as it was prepared prior to the date the 7-element order was received by the supplier
78.	PMD4M	The detailed product description contains corrections/changes that do not comply with accepted record keeping principles
79.	PMD4N	The detailed product description contains a 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).
80.	PMD4O	The detailed product description contains a power mobility device that has not been coded by the Medicare PDAC contractor at the time of the request
81.	PMD4P	The detailed product description is not signed and dated by the physician
82.	PMD4Q	The detailed product description is not dated by the physician
83.	PMD4Z	The detailed product description (explain identified problem with the DPD)
84.	PMD5A	The medical record documentation received was illegible
85.	PMD5B	The imaged copy of the medical record documentation is of poor quality and is illegible
86.	PMD5C	The medical documentation is missing a physician's signature; therefore, the identity and credentials of the author cannot be authenticated
87.	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
88.	PMD5E	The medical record contains corrections/changes that do not comply with accepted record keeping principles
89.	PMD5F	The medical record documentation contains a physician's signature that does not comply with the CMS signature requirements
90.	PMD5G	The medical record does not contain the beneficiary's weight
91.	PMD5Z	The medical record documentation (explain identified problem).
92.	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
93.	PMD6B	The documentation does not provide evidence that a RESNA certified professional, employed by the supplier, had direct in-person involvement in the selection of the power mobility device for this beneficiary
94.	PMD6C	The documentation for the Assistive Technology Professional contains corrections/changes that do not comply with accepted record keeping principles
95.	PMD6Z	The documentation for the Assistive Technology Professional (explain identified problem)

No.	Denial Code XML: "Reason Code"	Description
96.	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
97.	PMD7B	The documentation does not include a specialty evaluation performed by a 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
98.	PMD7C	The specialty evaluation completed by the LCMP did not have evidence of concurrence by the treating physician's. 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
99.	PMD7D	The mobility examination completed by the 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
100.	PMD7E	The attestation by the LCMP contains corrections/changes that do not comply with accepted record keeping principles
101.	PMD7F	The specialty evaluation by the LCMP contains corrections/changes that do not comply with accepted record keeping principles
102.	PMD7G	The mobility examination completed by the LCMP is illegible
103.	PMD7H	The imaged copy of the mobility examination completed by the LCMP is of poor quality and is, thereby, illegible
104.	PMD7I	The LCMP signature which does not comply with the CMS signature requirements
105.	PMD7Z	The LCMP attestation for the LCMP (explain identified problem)
106.	PMD8A	An affirmative decision was made on a previously submitted prior authorization request for this beneficiary
107.	PMD8B	No determination letter was sent to the supplier due to insufficient identification information
108.	PMD8C	No determination letter was sent to the physician due to insufficient identification information
109.	PMD8D	No determination letter was sent to the beneficiary due to insufficient identification information
110.	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; or (3) has a documented need for a separate wheelchair seat and/or back cushion
111.	PMD8Z	The documentation (explain identified problem).
112.	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
113.	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

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114.	PMD9D	The beneficiary does not reside in this jurisdiction. Please resubmit your request to Jurisdiction-D at Noridian Healthcare Administrative Solution services, Attn: DME-MR PAR, PO BOX 6742, Fargo, ND 58108-6742 or fax to (701) 277-7891
115.	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
116.	PMD9F	This is a duplicate prior authorization request
117.	PMD9G	An error occurred during the fax transmission of the prior authorization request, and it is unable to be processed
118.	PMD9H	The documentation does not specify the base code of the power mobility device requested
119.	PMD9I	The base code of the PMD requested is not a code that is specific to the PMD Demonstration Project
120.	PMD9J	The Power Mobility Demonstration applies to initial requests for specific base codes with the physician orders dated on or after September 1, 2012
121.	PMD9Z	The prior authorization request (explain identified problem)