

Home Health Services Pre-Claim Review Reason Codes and Statements

(Updated – September 13, 2016)

| Reason Code | Face to Face |
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| 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 |
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| HH02A | The Physician's Plan of Care was missing. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2 |
| HH02B | The content of the plan of care 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 or was not signed timely by a qualified physician. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.3-30.2.4. |
| HH02D | There was no physician certification/recertification submitted. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5 |
| HH02E | The physician certification was not valid as the certification/recertification documentation submitted does not support skilled need. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5 |
| HH02F | The physician certification was not valid as the certification/recertification documentation submitted does not support homebound status. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5 |
| HH02G | The physician recertification estimate of how much longer skilled services are required is missing/ incomplete/invalid . Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5.2 |
| HH02H | <i>The physician recertification estimate of how much longer skilled services are required is not valid. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.5.2</i> |

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

| Reason Code | Confined to the Home: Second Criteria |
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| 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 |
| 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 |

| Reason Code | Subsequent Episodes <i>(questions only applicable to subsequent episodes)</i> |
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| 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 100-02, Chapter 7 , 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 100-02, Chapter 7 , 100-08, Chapter 6, Section 6.2.1 |
| HH05C | The physician certification for a subsequent episode was invalid since the required face-to-face encounter was missing/ incomplete/untimely . Refer to CMS IOM Publication 100-02, Chapter 7 , 100-08, Chapter 6, Section 6.2.1 |
| HH05D | <i>The physician certification for a subsequent episode was invalid since the required face-to-face encounter was invalid. Refer to CMS IOM Publication 100-08, Chapter 6.2.1</i> |

| Reason Code | Skilled Need |
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| HH06A | Documentation submitted is missing or does not contain a valid order for skilled nursing services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.2 |
| 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 |
| HH06C | Documentation submitted is missing or does not contain a valid order for physical therapy services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.1 |
| HH06D | 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 |
| 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 and 40.2.2 |
| HH06F | Documentation submitted is missing or does not contain a valid order for Speech-Language Pathology Services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.1 |
| HH06G | The plan for Speech Language Pathology 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 |

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| HH06H | Documentation submitted does not support Speech-Language Pathology Services are 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 |
| HH06I | Documentation submitted is missing or does not contain a valid order for occupational therapy services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.1 |
| HH06J | Occupational therapy visits cannot be allowed without a qualifying service. Refer to CMS IOM Publication 100.02 Chapter 7 Section 30.4 |
| HH06K | 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 |
| HH06L | The documentation submitted did not show that the 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 |

| Reason Code | Dependent Services |
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| HH07A | The documentation submitted is missing or did not include a valid order for the social worker services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.1-2 |
| HH07B | Social worker services cannot be allowed without a qualifying service. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30 |
| 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 |
| HH07D | The documentation submitted is missing or did not include a valid order for the Home Health Aide Services. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30.2.1-2 |
| HH07E | Home Health Aide services cannot be allowed without a qualifying service. Refer to CMS IOM Publication 100-02, Chapter 7, Section 30 |
| 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 |

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