

## Generic Durable Medical Equipment (DME) Reason Codes and Statements

Updated on August 28, 2020

| Reason Code  | INITIAL CMN DENIAL STATEMENTS  |
|--------------|--|
| <b>GDM01</b> | The documentation does not include an initial Certificate of Medical Necessity. Refer to Medicare Program Integrity Manual 5.3   |
| <b>GDM02</b> | The initial date on the Certificate of Medical Necessity is after the date of service. Refer to Medicare Program Integrity Manual 5.3.1  |
| <b>GDM03</b> | The Certificate of Medical Necessity is missing the beneficiary's name. Refer to Certificate of Medical Necessity Instructions   |
| <b>GDM04</b> | The Certificate of Medical Necessity is not applicable to this beneficiary. Refer to Certificate of Medical Necessity Instructions   |
| <b>GDM05</b> | The Certificate of Medical Necessity is missing the treating physician's signature. Refer to Certificate of Medical Necessity Instructions   |
| <b>GDM06</b> | The Certificate of Medical Necessity is missing the physician's signature date. Refer to Certificate of Medical Necessity Instructions & Medicare Program Integrity Manual 5.3.1                                       |
| <b>GDM07</b> | The Certificate of Medical Necessity was signed by the physician after the claim was submitted. Refer to Medicare Program Integrity Manual 5.3.1   |
| <b>GDM08</b> | The Certificate of Medical Necessity contains a physician's signature which does not comply with the Centers for Medicare & Medicaid Services signature requirements. Refer to Medicare Program Integrity Manual 5.3.1 |
| <b>GDM09</b> | The Certificate of Medical Necessity does not include the item(s) ordered. Refer to Certificate of Medical Necessity Instructions  |
| <b>GDM10</b> | The Certificate of Medical Necessity contains a specified length of need that has expired. Refer to Certificate of Medical Necessity Instructions  |
| <b>GDM11</b> | Section A of the Certificate of Medical Necessity is not properly completed. Refer to Certificate of Medical Necessity Instructions  |
| <b>GDM12</b> | Section B of the Certificate of Medical Necessity is not properly completed. Refer to Certificate of Medical Necessity Instructions  |
| <b>GDM13</b> | It is unclear if section B of the Certificate of Medical Necessity was completed by a Physician, non-physician clinician, or a Physician employee. Refer to Certificate of Medical Necessity Instructions              |
| <b>GDM14</b> | The Certificate of Medical Necessity is not the most current version of the Centers for Medicare & Medicaid Services approved form. Refer to Certificate of Medical Necessity Instructions                             |
| <b>GDM15</b> | The Certificate of Medical Necessity contains an amendment, correction or delayed entry that does not comply with accepted record keeping principles. Refer to Medicare Program Integrity Manual 3.3.2.5               |

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| <b>GDM16</b> | The delivery date/date of service is not within three months from the initial date of the Certificate of Medical Necessity (CMN) or three months from the date of the physician's signature. Refer to Medicare Program Integrity Manual 5.3.1. |
| <b>GDM17</b> | The Certificate of Medical Necessity is illegible.   |
| <b>GDM18</b> | The documentation does not contain a valid Initial Certificate of Medical Necessity (CMN). A valid Certificate of Medical Necessity must have sections A-D properly completed. Refer to Certificate of Medical Necessity Instructions          |
| <b>GDM1Z</b> | The Initial Certificate of Medical Necessity contains an error for a reason not otherwise specified.   |

| <b>Reason Code</b> | <b>RECERTIFICATION CMN DENIAL STATEMENTS</b>   |
|--------------------|--|
| <b>GDN01</b>       | The documentation does not include a recertification Certificate of Medical Necessity. Refer to Certificate of Medical Necessity Instructions and/or Local Coverage Determination/Policy Article, as applicable. |

| <b>Reason Code</b> | <b>REVISED CMN DENIAL STATEMENTS</b>  |
|--------------------|---|
| <b>GDO01</b>       | The documentation does not include a revised Certificate of Medical Necessity. Refer to Certificate of Medical Necessity Instructions and/or Local Coverage Determination/Policy Article, as applicable.  |
| <b>GDO02</b>       | The documentation does not include a revised Certificate of Medical Necessity for a change in the prescribed maximum flow rate. Refer to Certificate of Medical Necessity Instructions, Local Coverage Determination L33797 and Policy Article A52514.                              |
| <b>GDO03</b>       | The documentation does not include a revised Certificate of Medical Necessity as the length of need has expired. Refer to Certificate of Medical Necessity Instructions and/or Local Coverage Determination/Policy Article, as applicable.  |
| <b>GDO04</b>       | The documentation does not include a revised Certificate of Medical Necessity for a portable oxygen system added subsequent to an initial stationary system. Refer to Certificate of Medical Necessity Instructions, Local Coverage Determination L33797 and Policy Article A52514. |
| <b>GDO05</b>       | The documentation does not include a revised Certificate of Medical Necessity for a stationary oxygen system added subsequent to initial portable system. Refer to Certificate of Medical Necessity Instructions, Local Coverage Determination L33797 and Policy Article A52514.    |
| <b>GDO06</b>       | The documentation does not include a revised Certificate of Medical Necessity from the new supplier. Refer to Certificate of Medical Necessity Instructions and/or Local Coverage Determination/Policy Article, as applicable.  |

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| <b>GDO07</b> | The documentation does not contain a revised Certificate of Medical Necessity that has been signed and dated by the treating practitioner. Refer to Certificate of Medical Necessity Instructions and/or Local Coverage Determination/Policy Article, as applicable. |
| <b>GDO1Z</b> | The Revised Certificate of Medical Necessity contains an error for a reason not otherwise specified. Refer to Medicare Program Integrity Manual 5.7 and Certificate of Medical Necessity Instructions.   |

| <b>Reason Code</b> | <b>PROOF of DELIVERY STATEMENTS</b>  |
|--------------------|--|
| <b>GDR01</b>       | The documentation does not include a proof of delivery. Refer to Medicare Program Integrity Manual 4.26 & Standard Documentation Requirements A55426.  |
| <b>GDR02</b>       | The beneficiary or designee signature and date indicating proof of delivery is after the date of service. Refer to Standard Documentation Requirements A55426.   |
| <b>GDR03</b>       | The beneficiary or designee signature and date indicating proof of delivery is prior to the date of service. Refer to Medicare Program Integrity Manual 4.26.1 and Standard Documentation Requirements A55426. |
| <b>GDR04</b>       | The shipping date indicating proof of delivery is after the date of service. Refer to Medicare Program Integrity Manual 4.26.1 & Standard Documentation Requirements A55426.                                   |
| <b>GDR05</b>       | The shipping date indicating proof of delivery is prior to the date of service. Refer to Medicare Program Integrity Manual 4.26.1 & Standard Documentation Requirements A55426.                                |
| <b>GDR06</b>       | The proof of delivery is missing the beneficiary or designee's signature. Refer to Medicare Program Integrity Manual 4.26.1 & Standard Documentation Requirements A55426.                                      |
| <b>GDR07</b>       | The proof of delivery contains a beneficiary or designee's signature that is illegible. Refer to Medicare Program Integrity Manual 4.26.1 & Standard Documentation Requirements A55426.                        |
| <b>GDR08</b>       | The proof of delivery is missing the beneficiary's name. Refer to Standard Documentation Requirements A55426.  |
| <b>GDR09</b>       | The proof of delivery is missing the delivery address. Refer to Standard Documentation Requirements A55426.  |
| <b>GDR10</b>       | The proof of delivery is missing the date delivered. Refer to Medicare Program Integrity Manual 4.26.1   |
| <b>GDR11</b>       | The proof of delivery is missing the quantity delivered. Refer to Standard Documentation Requirements A55426.  |
| <b>GDR12</b>       | The proof of delivery contains a description of contents not consistent with the item(s) billed. Refer to Standard Documentation Requirements A55426.  |
| <b>GDR13</b>       | The proof of delivery does not contain a sufficiently detailed description of contents. Refer to Standard Documentation Requirements A55426.   |

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| <b>GDR14</b> | The proof of delivery documentation is missing the date the item(s) was shipped or mailed. Refer to Medicare Program Integrity Manual 4.26.1 & Standard Documentation Requirements A55426.   |
| <b>GDR15</b> | The shipping documentation does not contain the delivery service's package identification number, supplier invoice number or alternative method that links the supplier's delivery documents with the delivery service's records. Refer to Standard Documentation Requirements A55426. |
| <b>GDR16</b> | The shipping documentation does not contain proof or confirmation of delivery. Refer to Standard Documentation Requirements A55426.  |
| <b>GDR17</b> | The documentation showing proof of delivery for the item(s) billed is prior to Medicare eligibility. Refer to Medicare Program Integrity Manual 4.26.3 and Standard Documentation Requirements A55426.   |
| <b>GDR18</b> | The proof of delivery is illegible.  |
| <b>GDR19</b> | There is no prescription number on any document to compare to the prescription number on the proof of delivery, therefore, the item(s) received cannot be determined. Refer to 42 CFR 424.57(c)(12)  |
| <b>GDR20</b> | The proof of delivery does not contain a statement, signed and dated by the beneficiary (or beneficiary's designee), that the supplier has examined the item received prior to Medicare eligibility. Refer to Medicare Program Integrity Manual 4.26.3                                 |
| <b>GDR21</b> | The proof of delivery does not contain an attestation from the supplier to the fact that the item meets Medicare requirements. Refer to Medicare Program Integrity Manual 4.26.3 Standard Documentation Requirements A55426.   |
| <b>GDR1Z</b> | The proof of delivery contains an error for a reason not otherwise specified.  |
| <b>GDR22</b> | The proof of delivery does not contain an attestation from the beneficiary (or beneficiary's designee), that the supplier has examined the item. Refer to Medicare Program Integrity Manual 4.26.3 and Standard Documentation Requirements A55426.                                     |

| <b>Reason Code</b> | <b>REFILL REQUIREMENT STATEMENTS</b>  |
|--------------------|---|
| <b>GDT01</b>       | There is no documentation showing the beneficiary has nearly exhausted their supplies. Refer to Medicare Program Integrity Manual 5.2.8                                       |
| <b>GDT02</b>       | The documentation does not include contact with the beneficiary showing the beneficiary has nearly exhausted their supplies. Refer to Medicare Program Integrity Manual 5.2.8 |
| <b>GDT03</b>       | The documentation contains a retrospective attestation statement by the supplier or beneficiary for a refill request. Refer to Standard Documentation Requirements A55426     |
| <b>GDT04</b>       | The refill documentation is missing the beneficiary's name. Refer to Standard Documentation Requirements A55426   |

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| <b>GDT05</b> | The refill documentation is missing the description of each item that is being requested. Refer to Standard Documentation Requirements A55426   |
| <b>GDT06</b> | The refill documentation is missing the date of the refill request. Refer to Standard Documentation Requirements A55426   |
| <b>GDT07</b> | The refill documentation is missing information that the beneficiary's remaining supply is approaching exhaustion by the expected delivery date. Refer to Medicare Program Integrity Manual 5.2.8 |
| <b>GDT08</b> | The refill documentation is illegible.  |
| <b>GDT09</b> | The refill documentation indicates the beneficiary has greater than a 10 day supply remaining at the time of delivery of the item(s). Refer to Medicare Program Integrity Manual 5.2.8            |
| <b>GDT10</b> | The refill documentation indicates contact with the beneficiary occurred greater than 14 days prior to the date of service. Refer to Medicare Program Integrity Manual 5.2.8                      |
| <b>GDT11</b> | The documentation does not contain a refill request as the delivery slip is not signed by the beneficiary or designee. Refer to Standard Documentation Requirements A55426                        |
| <b>GDT13</b> | Documentation does not include a valid refill request. Refer to Medicare Program Integrity Manual 5.2.8   |
| <b>GDT14</b> | The refill documentation does not indicate the supplier has assessed the functional condition of the supplies being refilled. Refer to Standard Documentation Requirements A55426.                |
| <b>GDT1Z</b> | The refill documentation contains an error for a reason not otherwise specified.  |

| <b>Reason Code</b> | <b>MEDICAL RECORDS STATEMENTS</b>   |
|--------------------|---|
| <b>GDU01</b>       | No medical record documentation was received. Refer to Medicare Program Integrity Manual 3.2.3.8  |
| <b>GDU02</b>       | The medical record documentation is missing the beneficiary's name. Refer to Medicare Program Integrity Manual 5.7  |
| <b>GDU03</b>       | Some or all of the medical record documentation is not applicable to this beneficiary. Refer to Medicare Program Integrity Manual 5.7   |
| <b>GDU04</b>       | The medical record documentation is not authenticated (handwritten or electronic) by the author. Refer to Medicare Program Integrity Manual 3.3.2.4   |
| <b>GDU05</b>       | The medical record documentation contains a practitioner's signature which does not comply with the Centers for Medicare & Medicaid Services signature requirements. Refer to Medicare Program Integrity Manual 3.3.2.4 |
| <b>GDU06</b>       | The medical record documentation contains an illegible signature and no signature log or attestation statement was submitted. Refer to Medicare Program Integrity Manual 3.3.2.4  |

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| <b>GDU07</b> | The treating practitioner's order, Certificate of Medical Necessity, supplier prepared statement, or the practitioner's attestation, by itself, does not provide sufficient documentation of medical necessity. Refer to Medicare Program Integrity Manual 5.7 |
| <b>GDU08</b> | The medical record documentation does not clearly indicate the date of the amendment, correction or delayed entry. Refer to Medicare Program Integrity Manual 3.3.2.5  |
| <b>GDU09</b> | The medical record documentation does not clearly indicate the author of the amendment, correction or delayed entry. Refer to Medicare Program Integrity Manual 3.3.2.5  |
| <b>GDU10</b> | The medical record documentation does not clearly identify all original content of the amendment, correction or delayed entry. Refer to Medicare Program Integrity Manual 3.3.2.5  |
| <b>GDU11</b> | The medical record documentation is dated after the date of service. Refer to Standard Documentation Requirements A55426   |
| <b>GDU12</b> | The medical record documentation is illegible.   |
| <b>GDU13</b> | The documentation was not timely (within the preceding 12 months) to support continued use by the beneficiary. Refer to Standard Documentation Requirements A55426   |
| <b>GDU14</b> | The documentation was not timely (within the preceding 12 months) to support continued need by the beneficiary. Refer to Standard Documentation Requirements A55426  |
| <b>GDU15</b> | The telehealth visit does not comply with the Medicare telehealth requirements. Refer to 42 CFR 414.65, 42 CFR 410.78, and 42 CFR 410.38.  |
| <b>GDU1Z</b> | The medical record documentation contains an error not otherwise specified.  |

| <b>Reason Code</b> | <b>UTILIZATION STATEMENTS</b>   |
|--------------------|---|
| <b>GDV01</b>       | The date of service for item(s) billed has been paid. Refer to CMS Manual Pub 100-02 Chapter 15, Section 50.5.1-50.6 &110-140   |
| <b>GDV02</b>       | The date of service for item(s) billed has paid to another supplier Refer to CMS Manual Pub 100-02 Chapter 15, Section 50.5.1-50.6 &110-140                                   |
| <b>GDV03</b>       | The date of service for item(s) billed has been partially paid. Refer to CMS Manual Pub 100-02 Chapter 15, Section 50.5.1-50.6 &110-140                                       |
| <b>GDV04</b>       | The date of service for item(s) billed has been partially paid to another supplier. Refer to CMS Manual Pub 100-02 Chapter 15, Section 50.5.1-50.6 &110-140                   |
| <b>GDV05</b>       | The claim is billed for greater quantity than the order indicates. Refer to Medicare Program Integrity Manual 5.9 and applicable Local Coverage Determination/Policy Article. |
| <b>GDV06</b>       | The claim is billed for greater quantity than the proof of delivery indicates. Refer to Medicare Program Integrity Manual 4.26.1  |

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| Reason Code | MISCELLANEOUS STATEMENTS   |
|-------------|--|
| GDW01       | The beneficiary was not enrolled in Medicare fee for service on the date of service.   |
| GDW02       | Claims history indicates same or similar durable medical equipment within the last five years. Refer to 100-04 Section 50.1  |
| GDW03       | The documentation does not include verification that the equipment was lost, stolen, or irreparably damaged in a specific incident. Refer to 100-04  |
| GDW04       | The claim was submitted with an incorrect modifier. Refer to Claims Processing Manual & LCDs   |
| GDW05       | The claim was submitted without a required modifier. Refer to Claims Processing Manual & LCDs  |
| GDW06       | The documentation submitted indicates the item(s) were returned by the beneficiary.  |
| GDW07       | The supplier indicates the item(s) were billed in error.   |
| GDW08       | The beneficiary was in an acute care hospital or skilled nursing facility on this date of service. Refer to Claims Processing Manual   |
| GDW09       | The medical record documentation does not demonstrate a change in the patient's medical condition necessitating a different item. Refer to Claims Processing Manual & LCDs                                       |
| GDW10       | The claim submitted is a duplicate to another claim billed.  |
| GDW11       | The beneficiary does not reside in this jurisdiction.  |
| GDW12       | The claim submitted is a duplicate to another claim processed through medical record review.   |
| GDW13       | The date of service on the claim is after the beneficiary's date of death. Refer to Claims Processing Manual   |
| GDW14       | The time limit for filing claims has expired. Refer to Claims Processing Manual  |
| GDW15       | The claim was billed with an incorrect Medicare Beneficiary Identifier. Refer to Claims Processing Manual  |
| GDW16       | The item was provided prior to an inpatient hospital admission or Part A covered skilled nursing facility stay and its use began during the stay.  |
| GDW17       | The item was provided during an inpatient hospital or Part A covered skilled nursing facility stay prior to the day of discharge and the use began during the stay.  |
| GDW18       | The payment for this item(s) is included in the payment of another as it bundles.  |
| GDW19       | <b>The item billed is not specified in the Product Classification List on the Pricing, Data Analysis and coding (PDAC) contractor web site. Refer to applicable Local Coverage Determination/Policy Article.</b> |
| GDW20       | The claim is billed for items which are not billable to the DME MAC.   |
| GDW21       | The supply or accessory is denied as the base equipment is denied. Refer to applicable Local Coverage Determination/Policy Article.  |
| GDW22       | The documentation submitted is for a Prior Authorization (PA) program that excludes a Railroad Board (RRB) beneficiary.  |

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| <b>GDW23</b>                 | The beneficiary resides in a state that is not eligible for Prior Authorization.   |
| <b>GDW24</b>                 | This is a duplicate Prior Authorization Request.   |
| <b>GDW25</b>                 | An error occurred during the fax transmission of the Prior Authorization request and it is unable to be processed.   |
| <b>GDW26</b>                 | The documentation does not specify the procedure code of the requested item, therefore eligibility for Prior Authorization cannot be determined.   |
| <b>GDW27</b>                 | The requested item is not eligible for Prior Authorization.  |
| <b>GDW28</b>                 | The date of the treating physician/practitioner order is prior to the implementation of Prior Authorization.   |
| <b>GDW29</b>                 | The documentation does not include a valid Medicare Beneficiary Identifier (MBI) number.   |
| <b>GDW30</b>                 | The documentation does not include a Medicare Beneficiary Identifier (MBI) number.   |
| <b>GDW31</b>                 | The documentation demonstrates the requested item has been delivered and is therefore not eligible for Prior Authorization.  |
| <b>GDW32</b>                 | The beneficiary is excluded for Prior Authorization as there is a Representative Payee on file; therefore, claims billed are not subject to the Prior Authorization program.                 |
| <b>GDW33</b>                 | The Prior Authorization request has been cancelled per the supplier's request  |
| <b>GDW34</b>                 | The Prior Authorization resubmission does not include all required documentation.  |
| <b>GDW35</b>                 | The Prior Authorization submission does not include a beneficiary name.  |
| <b>GDW36</b>                 | The Prior Authorization request documentation indicates the beneficiary is deceased.   |
| <b>GDW37</b>                 | A previously affirmative determination has been made on the Prior Authorized item requested for this beneficiary.  |
| <b>GDW38</b>                 | The Prior Authorization request coversheet does not include the ordering physician's contact information.  |
| <b>GDW39</b>                 | The Prior Authorization request {Explanation-of-Problem}.  |
| <b>GDW40</b><br><i>(new)</i> | No documentation was received in response to the additional documentation request (ADR) letter. Refer to Social Security Act (SSA) Title XVIII, Section 1815(a), 1833(e), and 1862(a)(1)(A). |
| <b>GDW1Z</b>                 | The documentation contains an error not otherwise specified.   |

| <b>Reason Code</b> | <b>ABN STATEMENTS</b>  |
|--------------------|--|
| <b>GDY01</b>       | The GA modifier was removed as no Advance Beneficiary Notice was provided. Refer to ABN Instructions & Claims Processing Manual Ch 30 Section 40.3 |
| <b>GDY02</b>       | Section A of the Advance Beneficiary Notice is not properly completed.   |
| <b>GDY03</b>       | Section B of the Advance Beneficiary Notice is not properly completed.   |
| <b>GDY04</b>       | Section C of the Advance Beneficiary Notice contains a Medicare or Social Security number.   |
| <b>GDY05</b>       | Section D of the Advance Beneficiary Notice is not properly completed.   |

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| <b>GDY06</b> | Section E of the Advance Beneficiary Notice is not properly completed.   |
| <b>GDY07</b> | Section E of the Advance Beneficiary Notice indicates a reason Medicare may not pay which is unrelated to the denial.                            |
| <b>GDY08</b> | Section E of the Advance Beneficiary Notice does not contain a genuine reason that denial by Medicare is expected.                               |
| <b>GDY09</b> | Section E of the Advance Beneficiary Notice is not completed using beneficiary friendly language.  |
| <b>GDY10</b> | Section F of the Advance Beneficiary Notice is not properly completed.   |
| <b>GDY11</b> | Section G of the Advance Beneficiary Notice is not properly completed.   |
| <b>GDY12</b> | Section I of the Advance Beneficiary Notice is not signed by the beneficiary (or representative).  |
| <b>GDY13</b> | Section J of the Advance Beneficiary Notice is not properly completed.   |
| <b>GDY14</b> | The Advance Beneficiary Notice is dated after the date of service.   |
| <b>GDY15</b> | Generic Advance Beneficiary Notices which do no more than state that Medicare denial of payment is possible are not considered to be acceptable. |
| <b>GDY16</b> | The Advance Beneficiary Notice is not the most current version of the Centers for Medicare & Medicaid Services approved form.                    |
| <b>GDY17</b> | The Advance Beneficiary Notice contains an amendment, correction or delayed entry that does not comply with accepted record keeping principles.  |
| <b>GDY18</b> | Some or all of the Advance Beneficiary Notice is illegible.  |
| <b>GDY19</b> | The file does not contain a valid Advance Beneficiary Notice.  |
| <b>GDY20</b> | The Advance Beneficiary Notice is greater than the one-year limit for use.   |
| <b>GDY1Z</b> | The Advance Beneficiary Notice contains an error not otherwise specified.  |

| <b>Reason Code</b> | <b>DIF STATEMENTS</b>   |
|--------------------|---|
| <b>GDZ01</b>       | The documentation does not include an initial DME Information Form (DIF). Refer to Medicare Program Integrity Manual Chapter 5, 5.8                                   |
| <b>GDZ02</b>       | The initial date on the DME Information Form (DIF) is after the date of service. Refer to Medicare Program Integrity Manual Chapter 5, 5.3.1                          |
| <b>GDZ03</b>       | The date of service is greater than three months from the initial date on the DME Information Form (DIF). Refer to Medicare Program Integrity Manual Chapter 5, 5.3.1 |
| <b>GDZ04</b>       | The DME Information Form (DIF) is missing the beneficiary's name. Refer to DIF Instructions   |
| <b>GDZ05</b>       | The DME Information Form (DIF) is not applicable to this beneficiary.   |
| <b>GDZ06</b>       | The DME Information Form (DIF) is missing the treating physician's name. Refer to DIF Instructions  |
| <b>GDZ07</b>       | The DME Information Form (DIF) is missing the physician's complete mailing address. Refer to DIF Instructions   |

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| <b>GDZ08</b> | The DME Information Form (DIF) is missing the physician's phone number. Refer to DIF Instructions   |
| <b>GDZ09</b> | The DME Information Form (DIF) is missing the supplier's signature. Refer to DIF Instructions   |
| <b>GDZ10</b> | The DME Information Form (DIF) is missing the supplier's signature date. Refer to DIF Instructions  |
| <b>GDZ11</b> | The DME Information Form (DIF) was signed by the supplier after the claim was submitted. Refer to Medicare Program Integrity Manual Chapter 5, 5.3.1                                      |
| <b>GDZ12</b> | The DME Information Form (DIF) does not include the HCPC procedure code(s) for the item(s) ordered. Refer to DIF Instructions   |
| <b>GDZ13</b> | The DME Information Form (DIF) does not include the beneficiary's date of birth. Refer to DIF Instructions  |
| <b>GDZ14</b> | The DME Information Form (DIF) does not include the beneficiary's sex. Refer to DIF Instructions  |
| <b>GDZ15</b> | The DME Information Form (DIF) does not include the beneficiary's height in inches. Refer to DIF Instructions   |
| <b>GDZ16</b> | The DME Information Form (DIF) does not include the beneficiary's weight in pounds. Refer to DIF Instructions   |
| <b>GDZ17</b> | The DME Information Form (DIF) is not the most current version of the Centers for Medicare & Medicaid Services approved form. Refer to Medicare Program Integrity Manual Chapter 5, 5.3.1 |
| <b>GDZ18</b> | The DME Information Form (DIF) is illegible.  |
| <b>GDZ19</b> | The medical records do not support the information on the DME MAC Information Form (DIF). Refer to Medicare Program Integrity Manual Chapter 5, 5.8                                       |
| <b>GDZ20</b> | The method of administration listed on the DME MAC Information Form (DIF) does not match the information on the detailed written order.   |
| <b>GDZ1Z</b> | The DME Information Form (DIF) contains an error not otherwise specified.   |

| <b>Reason Code</b> | <b>REVISED DIF STATEMENTS</b>   |
|--------------------|---|
| <b>GDZ21</b>       | The documentation does not include a revised DME Information Form (DIF). Refer to Medicare Program Integrity Manual Chapter 5, 5.8  |
| <b>GDZ22</b>       | The documentation does not include a revised DME Information Form (DIF) as there is a change in the current HCPCS code. Refer to Medicare Program Integrity Manual Chapter 5, 5.3.1           |
| <b>GDZ23</b>       | The documentation does not include a revised DME Information Form (DIF) for a change in the number of days per week administered. Refer to Medicare Program Integrity Manual Chapter 5, 5.3.1 |

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| Reason Code                  | Face to Face   |
|------------------------------|--|
| <b>GDB02</b><br><i>(new)</i> | The face to face encounter is greater than six months prior to the date of the standard written order (SWO) required prior to delivery. Refer to 42 CFR 410.38(d)(1) and Standard Documentation Requirements A55426. |

| Reason Code                  | Standard Written Order (SWO)   |
|------------------------------|--|
| <b>GDX01</b><br><i>(new)</i> | The documentation does not include a standard written order (SWO). Refer to 42 CFR 410.38(d)(1) & Standard Documentation Requirements A55426.  |
| <b>GDX02</b><br><i>(new)</i> | The standard written order (SWO) is missing the beneficiary's name or Medicare Beneficiary Identifier (MBI). Refer to 42 CFR 410.38(d)(1) & Standard Documentation Requirements A55426.  |
| <b>GDX03</b><br><i>(new)</i> | The standard written order (SWO) is not applicable to this beneficiary. Refer to Standard Documentation Requirements A55426.   |
| <b>GDX04</b><br><i>(new)</i> | The standard written order (SWO) is missing a description of the item. Refer to 42 CFR 410.38(d)(1) & Standard Documentation Requirements A55426.  |
| <b>GDX05</b><br><i>(new)</i> | The standard written order (SWO) is missing the treating practitioner's signature. Refer to 42 CFR 410.38(d)(1) & Standard Documentation Requirements A55426.  |
| <b>GDX06</b><br><i>(new)</i> | The standard written order (SWO) contains a treating practitioner's signature which does not comply with the Centers for Medicare & Medicaid Services signature requirements. Refer to Medicare Program Integrity Manual 3.3.2.4 & Standard Documentation Requirements A55426. |
| <b>GDX07</b><br><i>(new)</i> | The standard written order (SWO) is signed after the claim was submitted. Refer to 42 CFR 410.38(d)(1) and Standard Documentation Requirements A55426.   |
| <b>GDX08</b><br><i>(new)</i> | The standard written order (SWO) is missing the order date. Refer to 42 CFR 410.38(d)(1) and Standard Documentation Requirements A55426.   |
| <b>GDX09</b><br><i>(new)</i> | The standard written order (SWO) is dated after the claim was submitted. Refer to Standard Documentation Requirements A55426.  |
| <b>GDX10</b><br><i>(new)</i> | The standard written order (SWO) contains a utilization amount of "PRN" or "as needed" that is not sufficient to justify payment. Refer to Program Integrity Manual 5.9.   |
| <b>GDX11</b><br><i>(new)</i> | The standard written order (SWO) contains an amendment, correction or delayed entry that does not comply with accepted record keeping principles. Refer to Medicare Program Integrity Manual 3.3.2.5.  |
| <b>GDX12</b><br><i>(new)</i> | The standard written order (SWO) is illegible.   |
| <b>GDX13</b><br><i>(new)</i> | The standard written order (SWO) is missing the quantity to be dispensed. Refer to 42 CFR 410.38(d)(1) and Standard Documentation Requirements A55426.   |

## Generic Durable Medical Equipment (DME) Reason Codes and Statements

Updated on August 28, 2020

|                              |   |
|------------------------------|---|
| <b>GDX15</b><br><i>(new)</i> | The standard written order (SWO) does not identify the item to be ordered. Refer to 42 CFR 410.38(d)(1) and Standard Documentation Requirements A55426.   |
| <b>GDX16</b><br><i>(new)</i> | The standard written order (SWO) contains an error for a reason not otherwise specified.  |
| <b>GDX18</b><br><i>(new)</i> | The standard written order (SWO) was signed prior to the date of the in-person visit with the treating practitioner. Refer to applicable Local Coverage Determination (LCD).  |
| <b>GDX19</b><br><i>(new)</i> | The standard written order (SWO) is missing the treating practitioner's name or National Provider Identifier (NPI). Refer to 42 CFR 410.38(d)(1) & Standard Documentation Requirements A55426.  |
| <b>GDX22</b><br><i>(new)</i> | The standard written order (SWO) is expired per length of need.   |
| <b>GDX23</b><br><i>(new)</i> | The standard written order (SWO) required prior to delivery is dated after delivery of the item(s). Refer to Standard Documentation Requirements A55426.  |
| <b>GDX24</b><br><i>(new)</i> | The standard written order (SWO) required prior to delivery was written before the completion date of the face to face encounter. Refer to 42 CFR 410.38(d)(1), CMS-1713-F, Standard Documentation Requirements A55426 and applicable Local Coverage Determination/ Policy Article. |
| <b>GDX25</b><br><i>(new)</i> | The standard written order (SWO) required prior to delivery was not completed by the treating practitioner that performed the face to face encounter. Refer to Social Security Act 1834(a)(1)(E)(iv), 42 CFR 410.38(d)(1) and Standard Documentation Requirements A55426.           |

| <b>Reason Code</b> | <b>ADMINISTRATIVE/OTHER (For Transmission via esMD)</b>  |
|--------------------|--|
| <b>GEX01</b>       | The file is corrupt and/or cannot be read  |
| <b>GEX02</b>       | The submission was sent to the incorrect review contractor   |
| <b>GEX03</b>       | A virus was found  |
| <b>GEX04</b>       | Other  |
| <b>GEX05</b>       | The system used to retrieve the Subscriber/Insured details using the given MBI is temporarily unavailable. |
| <b>GEX06</b>       | The documentation submitted is incomplete  |
| <b>GEX07</b>       | This submission is an unsolicited response   |
| <b>GEX08</b>       | The documentation submitted cannot be matched to a case/claim  |
| <b>GEX09</b>       | This is a duplicate of a previously submitted transaction  |
| <b>GEX10</b>       | The date(s) of service on the cover sheet received is missing or invalid.                                  |
| <b>GEX11</b>       | The NPI on the cover sheet received is missing or invalid.   |
| <b>GEX12</b>       | The state where services were provided is missing or invalid on the cover sheet received.                  |

## Generic Durable Medical Equipment (DME) Reason Codes and Statements

Updated on August 28, 2020

|              |   |
|--------------|---|
| <b>GEX13</b> | The Medicare ID on the cover sheet received is missing or invalid.          |
| <b>GEX14</b> | The billed amount on the cover sheet received is missing or invalid.        |
| <b>GEX15</b> | The contact phone number on the cover sheet received is missing or invalid. |
| <b>GEX16</b> | The Beneficiary name on the cover sheet received is missing or invalid      |
| <b>GEX17</b> | The Claim number on the cover sheet received is missing or invalid          |
| <b>GEX18</b> | The ACN on the coversheet received is missing or invalid                    |