Reason Code	ELECTION STATEMENT/ADDENDUM
HS000	The documentation submitted did not support the election statement was signed before initiating the Medicare-covered hospice benefit. Refer to 42 CFR 418.24(b) and CMS Publication 100-02, Chapter 9, Section 20.2.1.
HS001	The documentation submitted did not include the election statement for this beneficiary. Refer to 42 CFR 418.24 and CMS Publication 100-02, Chapter 9, Sections 20.2.1 .1.
HS002	The documentation submitted did not include the beneficiary requested election statement addendum. Refer to 42 CFR 418.24 and CMS Publication 100-02, Chapter 9, Section 20.2.1.2.
HS004	The documentation submitted had an election statement did not identify the hospice that is providing care to the beneficiary. Refer to 42 CFR 418.24 and CMS Publication 100-02, Chapter 9, Sections 20.2.1.1 and 20.2.1.2.
HS005	The documentation submitted had an election statement that did not identify the attending physician that will provide care to the beneficiary. The individual or representative must acknowledge that the identified attending physician was his or her choice. Refer to 42 CFR 418.24 and CMS Publication 100-02, Chapter 9, Sections 20.2.1.1 and 20.2.1.2.
HS006	The documentation submitted had an election statement that did not clearly acknowledge the palliative vs curative nature of hospice care. Refer to 42 CFR 418.24 and CMS Publication 100-02, Chapter 9, Sections 20.2.1.1 and 20.2.1.2.
HS007	The documentation submitted had an election statement which failed to convey to the individual or their representative that certain services are waived by the election of hospice. Refer to 42 CFR 418.24 and CMS Publication 100-02, Chapter 9, Sections 20.2.1.1 and 20.2.1.2.
HS008	The documentation submitted had an election statement that did not included an effective date or the effective date was retroactive. Refer to 42 CFR 418.24 and CMS Publication 100-02, Chapter 9, Sections 20.2.1.1 and 20.2.1.2.
HS009	The documentation submitted had an election statement that did not include information on the individual cost-sharing for hospice services. Refer to 42 CFR 418.24 and CMS Publication 100-02, Chapter 9, Sections 20.2.1.1 and 20.2.1.2.
HS010	The documentation submitted had an election statement that did not include notification of the right to receive an election statement addendum. Refer to 42 CFR 418.24 and CMS Publication 100-02, Chapter 9, Sections 20.2.1.1 and 20.2.1.2.

HS011	The documentation submitted had an election statement that did not provide the BFCC-QIO contact information. Refer to 42 CFR 418.24 and CMS Publication 100-02, Chapter 9, Sections 20.2.1.1 and 20.2.1.2.

Reason Code	CERTIFICATION/RECERTIFCATION
HS100	The initial certification submitted was not signed timely by the designated attending and/or certifying physician. Refer to 42 CFR 418.22 and CMS IOM Publication 100-2, Chapter 9, Section 20.1.
HS101	The documentation submitted did not include a certification for the dates of service billed. Refer to 42 CFR 418.22 and CMS Publication 100-02, Chapter 9, Section 20.1.
HS102	The documentation submitted does not support a subsequent certification was signed timely by the physician. Refer to 42 CFR 418.22 and CMS Publication 100-02, Chapter 9, Section 20.1.
HS103	The documentation submitted does not support the initial certification was signed by the physician. Refer to 42 CFR 418.22 and CMS Publication 100-02, Chapter 9, Section 20.1.
HS104	The documentation submitted does not support the subsequent certification was signed by the physician. Refer to 42 CFR 418.22 and CMS Publication 100-02, Chapter 9, Section 20.1.
HS105	The documentation submitted does not include a certification with the 6-month terminal prognosis statement. Refer to 42 CFR 418.22 and CMS Publication 100-02, Chapter 9, Section 20.1.
HS106	The documentation submitted either did not include a physician narrative statement or the physician narrative statement was not valid. Refer to 42 CFR 418.22(b)(3) and CMS Publication 100-02, Chapter 9, Section 20.1.
HS107	The documentation submitted does not support a valid face to face encounter occurred. Refer to 42 CFR 418.22 (a)(4) and CMS Publication 100-02, Chapter 9, Section 20.1.

Reason Code	PLAN OF CARE
HS200	The documentation submitted does not include an individualized plan of care for all services provided by the hospice that is established and updated by the hospice interdisciplinary group, in consultation with the patient's attending physician (if any). Refer to 42 CFR 418.56, 42 CFR 418.200 and CMS Publication 100-02, Chapter 9, Section 40.

HS201	The documentation submitted did not support that services were provided in accordance with the plan of care. Refer to 42 CFR 418.54, 42 CFR 418.56 and CMS Publication 100-02, Chapter 9, Section 40.

Reason Code	MEDICAL NECESSITY: TERMINAL PROGNOSIS
HS300	The documentation submitted does not support a terminal prognosis/illness of six months or less. Refer to 42 CFR 418.20 and CMS Publication 100-2, Chapter 9, Section 10.

Reason Code	MEDICAL NECESSITY: LEVEL OF CARE
HS400	The documentation indicates the inpatient respite care exceeded five days. Respite days greater than 5 are paid at the routine home care rate. Refer to 42 CFR 418.302(e)(5), CMS Publication 100-2, Chapter 9, Sections 40.1.5 and 40.2.2, and Publication 100-04, Chapter 11, Section 30.1.
HS401	The documentation submitted does not support that the requirements for respite care were met. Refer to 42 CFR 418.302(b)(3) and CMS Publication 100-02, Chapter 9 Sections 40.1.5 and 40.2.2.
HS402	Reduce one general inpatient care day to routine care day. The day of discharge from the inpatient level of care is paid at the routine care rate. Refer to 42 CFR 418.302(e)(5) and CMS Publication 100-04, Chapter 11, Section 30.1.
HS403	The documentation received indicates that the general inpatient care level of services were not necessary for care related to the terminal illness. Refer to 42 CFR Section 418.302(b)(4) and CMS Publication 100-02, Chapter 9, Section 40.1.5.
HS404	The documentation indicates the level of care was at the respite level of care not at the general inpatient level of care. Refer to 42 CFR 418.302(b)(4), 42 CFR 418.302 (e)(5) and CMS Publication 100-2, Chapter 9, Sections 40.1.5 and Section 40.2.2.
HS405	The documentation submitted indicates the general inpatient level of care was not reasonable and necessary. Refer to 42 CFR 418.302(b)(4) and CMS Publication 100-02, Chapter 9, Section 40.1.5.
HS406	The documentation submitted indicated some of the continuous care hours billed were not documented in the medical record. Refer to 42 CFR 418.302 (b)(2) and 418.302(e)(4), CMS Publication 100-2, Chapter 9, Section 40.2.1 and CMS Publication 100-04, Chapter 11, Section 30.1.

HS407	The documentation submitted indicates that the continuous home care was not reasonable and necessary. Refer to 42 CFR 418.302 (b)(4), CMS Publication 100-2, Chapter 9, Section 40.2.1 and CMS Publication 100-04, Chapter 11, Section 30.1 .
HS408	The documentation submitted indicates the physician services billed were performed by a nurse practitioner and should be billed with a GV modifier. Refer to CMS Publication 100-04, Chapter 11, Sections 30.3 and 40.1.3.
HS409	The documentation submitted indicates the physician services were not reasonable and necessary or were administrative in nature including review, supervision and update of the care and services noted in the hospice care plan. Refer to CMS Publication 100-02, Chapter 9, Section 40.1.3 and CMS Claims Processing Manual 100-04, Chapter 11, Section 10.

Reason Code	GENERAL
HS500	The documentation submitted did not support the services as billed. Refer to CMS Publication 100-04, Chapter 11, Section 30.1.
HS501	The documentation submitted indicated the Hospice service(s) were billed in error. Refer to CMS Claims Processing Manual, Publication 100-4, Chapter 11, Section 30.3.

Reason Code	DEMAND
HS600	The documentation submitted supported the provider's determination of noncoverage for the GIP care. Refer to CMS Publication 100-04, Chapter 11, Section 100.2.

Reason Code	ADMINISTRATIVE/OTHER *(For Transmission via esMD)*
GEX04	Other
GEX05	The system used to retrieve the Subscriber/Insured details using the given MBI is temporarily unavailable.
GEX06	***The documentation is incomplete***
GEX07	This submission is an unsolicited response
GEX08	***The documentation cannot be matched to a case/claim***
GEX09	***This is a duplicate of a previous transaction***

GEX10	The date(s) of service on the cover sheet received is missing or invalid.
GEX11	The NPI on the cover sheet received is missing or invalid.
GEX12	The state where services were provided is missing or invalid on the cover sheet received.
GEX13	The Medicare ID on the cover sheet received is missing or invalid.
GEX14	The billed amount on the cover sheet received is missing or invalid.
GEX15	The contact phone number on the cover sheet received is missing or invalid.
GEX16	The Beneficiary name on the cover sheet received is missing or invalid
GEX17	The Claim number on the cover sheet received is missing or invalid
GEX18	The ACN on the coversheet received is missing or invalid
GEX19 (Effective 10/01/2021)	Provider is exempted from submitting this PA request