Hospital Short Stay Patient Status Reason Codes and Statements September 2, 2025

Reason Code	ORDER
SH000	The documentation submitted did not include a physician or other qualified practitioner's order, support or intent to order the inpatient admission. Refer to 42 CFR 412.3; Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 6, Section 6.5.

Reason Code	HOSPITAL CARE
SH100	The submitted documentation does not support that the patient needed hospital care. Refer to: Social Security Act 1862(a)(1)(A); 42 CFR 412.3; Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 6, Section 6.5.2, Exhibit 48, and Chapter 3, Sections 3.6.2.1, 3.6.2.2.

Reason Code	INSUFFICIENT DOCUMENTATION
SH200	Incomplete/Insufficient medical documentation. Refer to Social Security Act 1833(e); 42 CFR 424.5(a)(6); Internet-Only Manual, Chapter 3, Section 3.2.3.8 C.

Reason Code	REASONABLE EXPECTATION
SH300	Documentation does not support that the physician or other qualified health care practitioner reasonably expected the patient to require medically necessary hospital care spanning 2 midnights or longer. Refer to SSA 1862(a)(1)(A); 42 CFR 412.3; Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 6, Section 6.5.2, & Exhibit 48.
SH301	Medical record documentation does not support the admitting physician/other qualified health care practitioner determination that the patient required inpatient care despite an expected length of stay that is less than 2 midnights. Refer to SSA 1862(a)(1)(A); 42 CFR 412.3; Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 6, Section 6.5.2 & Exhibit 48.

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Reason Code	NO RESPONSE
SH400	No medical record documentation was received. Refer to Social Security Act Title XVIII, Section 1815(a) and 1862(a)(1)(A); 42 CFR 424.5(a)(6); Internet-only Manual Pub 100-08, Chapter 3, Section 3.2.3.8.

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

^{*}Updated and/or new codes can be found in **bold italic**