Reason Code	3 DAY QUALIFYING INPATIENT STAY
SN000	There is insufficient documentation to support that there was a three day inpatient qualifying stay prior to admission to the Skilled Nursing Facility, and no waiver is indicated. Refer to Internet Only Manual (IOM), 100-02, Medicare Benefit Policy Manual Chapter 8, Section 20.1

Reason Code	NOT ADMITTED WITHIN 30 DAYS OF HOSPITAL DISCHARGE
SN100	***There is insufficient documentation to support a predictable need of service that is medically appropriate for a beneficiary who was admitted to the SNF more than 30 days after the qualifying hospital or previous SNF stay. Refer to 42 CFR 409.31, 42 CFR 409.30(b)(2)(i), and Internet Only Manual 100-02, Medicare Benefit Policy Manual Chapter 8. 20.2.2.1.***

Reason Code	NO BENEFIT DAYS
SN200	***There are insufficient days of coverage for all or part of the Skilled Nursing Facility stay due to benefit exhaustion. Refer to 42 CFR 409.61(b). Refer to Internet Only Manual (IOM), 100-04, Medicare Claims Processing Manual Chapter 6, Section 40.8, and IOM 100-02, Medicare Benefit Policy Manual, Chapter 3, Section 20.***

Reason Code	CERTIFICATION / RECERTIFICATION
SN300	The documentation submitted did not include the required certifications and recertifications for the SNF stay. Refer to Internet Only Manual (IOM), 100-02, Medicare Benefit Policy Manual, Chapter 8, Section 40, Refer to Internet-Only Manual 100-01, Medicare General Information, Eligibility and Entitlement Manual, Chapter 4, Section 40, and 42 CFR § 424.20 - Requirements for posthospital SNF care.
SN301	The documentation submitted did not include the required certifications for the SNF stay. Refer to Internet Only Manual (IOM), 100-02, Medicare Benefit Policy Manual, Chapter 8, Section 40, IOM 100-01, Medicare General Information, Eligibility and Entitlement Manual, Chapter 4, Section 40, and 42 CFR § 424.20 - Requirements for posthospital SNF care.
SN302	The documentation submitted did not include the required recertifications for the SNF stay. Refer to Internet Only Manual (IOM), 100-02, Medicare Benefit Policy Manual,

	Chapter 8, Section 40, IOM 100-01, Medicare General Information, Eligibility and Entitlement Manual, Chapter 4, Section 40, and 42 CFR § 424.20 - Requirements for posthospital SNF care.
SN303	The skilled nursing facility certification or recertification was not signed timely, and documentation did not support a reason for delayed certification. Refer to Internet Only Manual (IOM), 100-01 Medicare General Information, Eligibility and Entitlement Manual, Chapter 4, section 40, 42 CFR § 424.20 - Requirements for posthospital SNF care.
SN304	The certification did not include a signed statement, separate from the admission order, indicating that the patient will require SNF covered care on a daily basis, and the required elements could not be located throughout the record and/or were not included in records that were signed by the physician. Refer to Internet Only Manual (IOM), 100-02, Medicare Benefit Policy Manual, Chapter 8, Section 40.
SN305	The re-certification did not include a signed statement, separate from the admission order, indicating that the patient will require SNF covered care on a daily basis, and the required elements could not be located throughout the record and/or were not included in records that were signed by the physician. Refer to Internet Only Manual (IOM), 100-02, Medicare Benefit Policy Manual, Chapter 8, Section 40.
SN306	The certification and re-certification were not obtained timely, and no documentation of delayed certification and re-certification was submitted. Refer to Internet Only Manual (IOM), 100-01 Chapter 4, Section 40.5. CFR § 424.20
SN307	The certification was not obtained timely, and no documentation of delayed certification submitted. Refer to Internet Only Manual (IOM), 100-01 Chapter 4, Section 40.5. CFR § 424.20
SN308	The re-certification was not obtained timely, and no documentation of re-certification submitted. Refer to Internet Only Manual (IOM), 100-01 Chapter 4, Section 40.5. CFR § 424.20
SN309	The certification and re-certification were not signed. Refer to Internet Only Manual (IOM), 100-01, Medicare General Information, Eligibility and Entitlement Manual Chapter 4, Section 40.4., 42 CFR § 424.20 - Requirements for posthospital SNF care.
SN310	The certification was not signed. Refer to Internet Only Manual (IOM), 100-01, Medicare General Information, Eligibility and Entitlement Manual Chapter 4, Section 40.4., 42 CFR § 424.20 - Requirements for posthospital SNF care.
SN311	The re-certification was not signed. Refer to Internet Only Manual (IOM), 100-01, Medicare General Information, Eligibility and Entitlement Manual Chapter 4, Section 40.4., 42 CFR § 424.20 - Requirements for posthospital SNF care.

Reason Code	THERAPY EVALUATION
SN400	There was insufficient documentation to support the therapy evaluation was performed by a qualified therapist. Refer to Internet Only Manual (IOM), 100-02, Medicare Benefit Policy Manual Chapter 8, Section 30.4.1.1.
SN401	The documentation submitted did not include therapy evaluation. Refer to Social Security Act 1862(a)(1)(A), Internet Only Manual (IOM), 100-08, Chapter 3, Section 3.6.2.1, 3.6.2.2, IOM 100-02 Medicare Benefit Policy Manual, Chapter 8, Section 30.4.1.1.
SN402	The documentation submitted did not support a plan of care or an updated plan of care for the therapy service(s). Refer to Internet Only Manual (IOM), 100-02, Medicare Benefit Policy Manual, Chapter 8, Section 30.4.

Reason Code	SKILLED SERVICE
SN500	The documentation submitted did not support that SNF services were medically reasonable and necessary for the treatment of the beneficiary's illness or injury. Refer to Social Security Act 1862(a)(1)(A), 42 CFR § 409.31, 42 CFR 409.32, Internet Only Manual (IOM), 100-02, Medicare Benefit Policy Manual, Chapter 8, Section 30, IOM 100-08, Medicare Program Integrity Manual Chapter 3, Sections 3.4.1.3. 3.6.2.1, and 3.6.2.2, and IOM 100-08, MPIM Chapter 6, Section 6.1.4.
SN501	The documentation submitted did not support that the therapy services were performed only by, or under the supervision of a qualified therapist. Refer to 42 CFR § 409.32, Internet Only Manual (IOM), 100-02, Chapter 8, section 30.4 and IOM 100-02, and Medicare Benefit Policy Manual, Chapter 15, Section 230-230.3.
SN502	The documentation submitted did not support that skilled services were provided at a frequency to meet the definition of "daily". Refer to 42 CFR § 409.34 and Internet Only Manual (IOM), 100-02 Medicare Benefit Policy Manual, Chapter 8, Section 30.6.

Reason Code	MDS / BILLING
SN600	The documentation submitted does not support the level of service as shown on the claim. The HIPPS was recoded to reflect MDS changes supported by the documentation submitted. Refer to Internet Only Manual (IOM), 100-08 Medicare Program Integrity Manual, Chapter 6, Section 6.1.4 (C-D).
SN601	The documentation submitted does not support the claim as billed. The claim was billed in error. Refer to Internet Only Manual (IOM), 100-08, Medicare Program Integrity Manual Chapter 3, Section 3.6.2.4.

SN602	The HIPPS was recoded to reflect the HIPPS code generated by the MDS found in the repository and supported by the documentation Refer to Internet Only Manual (IOM), 100-08 Medicare Program Integrity Manual, Chapter 6, Section 6.1.4
SN603	This claim has been denied for no MDS found in the repository. Refer to Internet Only Manual (IOM), 100-08 Medicare Program Integrity Manual, Chapter 6, Section 6.1.4
SN604	The HIPPS code was recoded because the five-day MDS assessment reference date was not set within days one through eight of the stay. Refer to Internet Only Manual (IOM), 100-08, Chapter 6, Minimum Data Set 3.0 Resident Assessment Instrument Manual v1.17.1.
SN605	A new MDS was not completed upon readmission to the SNF for readmission after 11:59 PM on the third consecutive non-covered day. Refer to Internet Only Manual (IOM), 100-04 Medicare Claims Processing Manual, Chapter 6, section 120.2, 42 CFR 411.15(p)(3)(iv), RAI Ch 6 Section 6.7.

Reason Code	INSUFFICIENT DOCUMENTATION
SN700	The documentation submitted is insufficient for the services billed. Refer to Social Security Act 1815; 42 CFR 424.5(a)(6); Internet Only Manual (IOM), 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.2.3.8 C, 42 CFR 424.5(a)(6),
SN701	The documentation submitted is missing for the services billed. Refer Social Security Act 1815; 42 CFR 424.5(a)(6); Internet Only Manual (IOM), 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.2.3.8 C.

Reason Code	MEDICAL NECESSITY
SN800	The documentation submitted did not support that rehabilitation services could only be performed safely and/or effectively by skilled rehabilitation personnel. Refer to Internet Only Manual (IOM), 100-02, Medicare Benefit Policy Manual, Chapter 8, Section 30.2.2
SN801	The documentation submitted did not support that nursing services required skilled nursing personnel in order to meet the patient's needs, promote recovery, and ensure medical safety. Refer to 42 CFR § 409.33 and Internet Only Manual (IOM), 100-02, Medicare Benefit Policy Manual, Chapter 8, Section 30.2.2.
SN802	There is insufficient documentation to support services were related to the treatment of a condition for which the beneficiary was receiving inpatient hospital services or a condition which arose while in the skilled nursing facility (SNF) for treatment of a condition for which the beneficiary was previously hospitalized. Refer to 42 CFR §

	409.31 and Internet Only Manual (IOM), 100-02, Medicare Benefit Policy Manual Chapter 8 Section 20.1.

Reason Code	HOSPICE
SN900	The documentation submitted supports the beneficiary is enrolled in hospice for a related diagnosis, therefore the services are not covered. Refer to 42 CFR § 418.24 and Internet Only Manual (IOM), 100-02, Medicare Benefit Policy Manual Chapter 9, Section 20.3.

Reason Code	SNF DEMANDS
SN150	The documentation submitted supports the service provided was not covered and the beneficiary received a valid Skilled Nursing Facility Advanced Beneficiary Notice (ABN) of Noncoverage, therefore the beneficiary is liable for charges incurred on this bill. Refer to Internet Only Manual (IOM), 100-04 Medicare Claims Processing Manual, Chapter 30, Section 50 and Section 70.
SN151	The documentation submitted supports the service provided was not covered, however, the Skilled Nursing Facility Advanced Beneficiary Notice (ABN) of Noncoverage was invalid, therefore the provider is liable for charges incurred on this bill. Refer to Internet Only Manual (IOM), 100-04 Medicare Claims Processing Manual, Chapter 30, Sections 40, 50 and 70.

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