

Hospital Outpatient Department Services (HOPD) Reason Codes and Statements

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Reason Code	BOTULINUM TOXIN INJECTION
HP000	The documentation does not support that the patient has been unresponsive to conventional methods of treatment to control and/or treat a spastic condition. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
HP001	The documentation does not support medical necessity of a specific condition as indicated for the administration of botulinum toxin. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
HP002	The documentation does not support the clinical effectiveness for subsequent botulinum toxin injections. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
HP003	The documentation does not support medical necessity of injections for migraines given less than 12 weeks apart without reason for the increased frequency. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
HP004	The documentation does not support use of injections for the spastic condition as two or more doses were given in a row without positive effect on beneficiary or improvement of the spastic condition. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
HP005	Documentation does not support one or more (any) of the following coverage requirements for achalasia: <ul style="list-style-type: none"> • High risk of complications of pneumatic dilation or surgical myotomy • Failed myotomy or dilation • Previous dilation induced perforation • History of epiphrenic diverticulum or hiatal hernia Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act

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	(SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
HP006	A surgical procedure for the purpose of improving appearance is not covered per Medicare guidelines. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.

Reason Code	PANNICULECTOMY
HP100	A surgical procedure for the purpose of improving appearance is not covered per Medicare guidelines. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
HP101	The documentation does not support medical necessity because a panniculectomy was not done at the same time as the primary procedure and/or would effect the healing of the surgical incision. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
HP102	The documentation does not support the panniculectomy was performed to alleviate any complicating factors such as inability to walk normally, chronic pain, ulceration created by abdominal skin fold, or intertrigal dermatitis. Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A) and Internet Only Manual (IOM) Publication 100-02, Chapter 16, Section 120. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP103	The documentation does not support that complicating factors were present for at least three months prior to the panniculectomy. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
HP104	The documentation does not support the complicating factors were refractory to usual standard medical therapy prior to the panniculectomy. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16,

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	Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
HP105	The documentation did not support the medical necessity of a panniculectomy as there was no evidence of significant weight-loss following the treatment of morbid obesity. Refer to 42 Code of Federal Regulations (CFR 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02 Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.

Reason Code	RHINOPLASTY
HP200	A surgical procedure for the purpose of improving appearance is not covered per Medicare guidelines. Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A) and Internet Only Manual (IOM) Publication 100-02, Chapter 16, Section 120. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP201	The documentation does not support that the rhinoplasty was performed to improve abnormal function or to reconstruct congenital or acquired deformities. Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A) and Internet Only Manual (IOM) Publication 100-02, Chapter 16, Section 120. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP202	The documentation does not contain the required photographs to support medical necessity. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
HP203	The documentation does not support medically necessary for rhinoplasty for a nasal airway obstruction that is unresponsive to conservative medical management, as related to trauma, disease, or a congenital defect. Conservative medical management would have to be recent, last at least six weeks, and demonstrate that nasal obstruction has either not resolved after previous septoplasty/turbinectomy or would not be expected to resolve with septoplasty/turbinectomy alone. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
HP204	The documentation does not support septoplasty as being medically necessary due to having a septal deviation that is unresponsive to conservative medical management. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act

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	(SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
HP205	The documentation does not support septoplasty as being medically necessary as related to epistaxis related to the deformity, a deformity which prevents access to other trans nasal areas, congenital defects or obstructed nasal breathing as instructed in the LCD. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.

Reason Code	VEIN ABLATION
HP300	The documentation submitted does not have a covered diagnosis code for the procedure indicated. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP301	The documentation submitted does not support failure of an adequate trial of conservative treatment prior to the vein ablation. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP302	The documentation submitted does not include history and physical findings supporting a diagnosis of symptomatic varicose veins. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP303	The documentation submitted failed to support that the beneficiary has an absence of aneurysm in target segment. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor

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	(MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP304	The documentation submitted does not support that the required vein diameter parameters for laser surgery were met per Medicare coverage criteria. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP305	The documentation submitted does not note the absence of thrombosis or vein tortuosity. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP306	The documentation submitted does not support performance of test(s) to confirm the presence and location of incompetent perforating veins. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
HP307	Documentation submitted supports that the requested procedure is for recanalization of the vein or failure of a vein closure without recurrent signs or symptoms and/or the previous procedure was performed within the past year. Refer to MAC LCD and/or LCA as applicable, XVIII of SSA 1862 (a)(1)(A), Medicare Program Integrity Manual Chapter 13, §13.5.4.
HP308	The documentation submitted does not support other causes of edema, ulceration, and/or pain in the limbs. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP309	The documentation submitted does not support the necessity of utilizing ultrasound guidance for the vein ablation. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.

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HP310	A surgical procedure for the purpose of improving appearance is not covered per Medicare guidelines. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the MAC LCD and/or LCA if applicable.
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Reason Code	BLEPHAROPLASTY
HP400	The following documentation was not received for review; preoperative exam, photographs, visual fields with physician interpretation, and/or medical records that include patient findings and complaints. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP401	A surgical procedure for the purpose of improving appearance is not covered per Medicare guidelines. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP402	The documentation submitted does not support the beneficiary met the criteria per coverage requirements for blepharoplasty, blepharoptosis and /or brow lift.) Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP403	The documentation submitted does not support patient complaints and findings secondary to eyelid or brow malposition. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP404	The documentation submitted does not support that the photographs demonstrate redundant skin on the upper eyelids and/or drooping of brows. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII,

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	Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP405	<p>The documentation submitted does not meet criteria for visual fields impairment:</p> <ul style="list-style-type: none"> • The indication for surgery is supported if a difference of 12° or more or 30% superior visual field difference is demonstrated between visual field testing before and after manual elevation of the eyelids. • Visually significant brow ptosis may be documented by visual field testing with the brow elevated demonstrating a difference of 12° or more or 30% superior visual field difference. <p>Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.</p>
HP406	<p>The documentation submitted does not support criteria was met for relief of eye symptoms associated with blepharospasm: primary essential idiopathic blepharospasm. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.</p>
HP407	<p>The documentation submitted does not support visual impairment with near or far vision due to dermatochalasis, blepharochalasis, blepharoptosis, brow ptosis, redundant skin weighting down on upper lashes or dermatitis pretarsal skin unresponsive to conventional treatment. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.</p>
HP408	<p>The documentation submitted does not support a decrease of a peripheral and/or upper field vision. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-02, Chapter 16, Section 120 and IOM Pub. 100-08, Chapter 3, Section 3.6.2.2. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.</p>

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Reason Code	CERVICAL FUSION
HP500	The documentation does not support a condition or diagnosis for cervical discectomy. Refer to Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Title XVIII, Section 1833 (e) of the Act, Internet-Only Manuals (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.1, 3.6.2.2, and 3.4.1.3. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP501	The documentation submitted does not support failure of conservative treatments prior to the cervical discectomy. Refer to Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Title XVIII, Section 1833 (e) of the Act, Internet-Only Manuals (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.1, 3.6.2.2, and 3.4.1.3. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP502	The documentation does not include radiological evidence to support medical necessity for cervical discectomy. Refer to Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Title XVIII, Section 1833 (e) of the Act, Internet-Only Manuals (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.1, 3.6.2.2, and 3.4.1.3. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP503	The documentation submitted indicates there is a contraindication for cervical discectomy. Refer to Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Title XVIII, Section 1833 (e) of the Act, Internet-Only Manuals (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.1, 3.6.2.2, and 3.4.1.3. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP504	The documentation submitted does not support the cervical fusion was medically necessary for the treatment of illness or injury such as pain and/or interference of activities of daily living (ADLs). Refer to Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Title XVIII, Section 1833 (e) of the Act, Internet-Only Manuals (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.1, 3.6.2.2, and 3.4.1.3. Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.

Reason Code	SPINAL CORD STIMULATOR
HP600	The documentation does not support medical necessity of a specific condition as indicated for dorsal (spinal) column neurostimulator placement. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-08,

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	Chapter 3, Section 3.6.2.2. National Coverage Determination (NCD) for Electrical Nerve Stimulators, Publication (Pub) 100-03 (160.7). Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP601	The documentation submitted does not support that the spinal cord stimulator was a late, if not a last resort for chronic intractable pain. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. National Coverage Determination (NCD) for Electrical Nerve Stimulators, Publication (Pub) 100-03 (160.7). Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP602	The documentation submitted does not support that conservative measures (pharmacological, surgical, physical or psychological therapies) have been tried and failed. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. National Coverage Determination (NCD) for Electrical Nerve Stimulators, Publication (Pub) 100-03 (160.7). Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP603	The documentation does not include screening, evaluation, and diagnosis prior to implantation by a multi-disciplinary team. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. National Coverage Determination (NCD) for Electrical Nerve Stimulators, Publication (Pub) 100-03 (160.7). Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP604	The documentation does not demonstrate a 50% reduction of target pain or a 50% reduction of analgesic medication with a temporarily implanted electrode. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. National Coverage Determination (NCD) for Electrical Nerve Stimulators, Publication (Pub) 100-03 (160.7). Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP605	The documentation is not sufficient or does not include psychological screening prior to implantation. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. National Coverage Determination (NCD) for Electrical Nerve Stimulators, Publication (Pub) 100-03

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	(160.7). Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.
HP606	The documentation is not sufficient or does not include a physical evaluation prior to implantation. Refer to 42 Code of Federal Regulations (CFR) 411.15(k)(1), Social Security Act (SSA) Title XVIII, Section 1862(a)(1)(A), Internet Only Manual (IOM) Publication (Pub.) 100-08, Chapter 3, Section 3.6.2.2. National Coverage Determination (NCD) for Electrical Nerve Stimulators, Publication (Pub) 100-03 (160.7). Refer to the Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) if applicable.

Reason Code	ADMINISTRATIVE/OTHER <i>(For Transmission via esMD)</i>
HPX04	Other
HPX05	The system used to retrieve the Subscriber/Insured details using the given MBI is temporarily unavailable.
HPX06	The documentation submitted is incomplete
HPX07	This submission is an unsolicited response
HPX08	The documentation submitted cannot be matched to a case/claim
HPX09	This is a duplicate of a previously submitted transaction
HPX10	The date(s) of service on the cover sheet received is missing or invalid.
HPX11	The NPI on the cover sheet received is missing or invalid.
HPX12	The state where services were provided is missing or invalid on the cover sheet received.
HPX13	The Medicare ID on the cover sheet received is missing or invalid.
HPX14	The billed amount on the cover sheet received is missing or invalid.
HPX15	The contact phone number on the cover sheet received is missing or invalid.
HPX16	The Beneficiary name on the cover sheet received is missing or invalid
HPX17	The Claim number on the cover sheet received is missing or invalid
HPX18	The ACN on the coversheet received is missing or invalid
GEX19 (Effective 10/01/2021)	Provider is exempted from submitting this PA request