

## Generic Part A Reason Codes and Statements

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<b>Reason Code</b>	<b>Duplicates</b>
<b>GAA01</b>	This is a duplicate of a line item service already submitted. Refer to Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 1, Section 120-120.3
<b>GAA02</b>	This is a duplicate of a previously submitted claim. Refer to Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 1, Section 120-120.3

<b>Reason Code</b>	<b>Insufficient Documentation</b>
<b>GAI01</b>	Provider did not submit all records requested. Refer to Social Security Act 1833(e); 42 CFR 424.5(a)(6); Medicare Program Integrity Manual IOM 100-08, Chapter 3, Section 3.2.3.8C
<b>GAI02</b>	Provider did not submit additional records requested. Refer to Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.2.3.8 B/C, 42 CFR 424.5(a)(6), Social Security Act 1833(e)
<b>GAI03</b>	Incomplete/Insufficient information. Refer to Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.2.3.8 C, Social Security Act 1833(e), 42 CFR 424.5(a)(6)
<b>GAI04</b>	The documentation submitted did not support the service(s) billed as being rendered. Refer to Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.6.2.5, A
<b>GAI05</b>	The documentation submitted did not include a signed physician order or documentation to support intent to order. Refer to Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.6.2.2; Social Security Act Section 1842(p)(4), IOM, Pub 100-08, Chapter 3, Sec 3.3.2.4; 42 CFR 410
<b>GAI06</b>	The documentation submitted did not contain an order that was sufficiently specific to support the service. Refer to Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.6.2.2 Social Security Act 1862(a)(1)(A).
<b>GAI07</b>	The documentation submitted did not support signature requirements were met. Refer to: Medicare Program Integrity Manual IOM 100-08, Chapter 3, Sec 3.3.2.4
<b>GAI08</b>	The documentation submitted was illegible. Refer to Internet Only-Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.1
<b>GAI09</b>	The documentation submitted was for the incorrect service. Refer to Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.6.2.2
<b>GAI10</b>	The submitted documentation was for the incorrect beneficiary. Refer to Medicare Program Integrity Manual IOM 100-08, Chapter 3, Sec 3.6.2.2.

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<b>GAI11</b>	The submitted documentation was for the incorrect dates of service. Refer to Medicare Program Integrity Manual IOM 100-08, Chapter 3, Sec 3.6.2.2.
<b>GAI12</b>	The documentation submitted did not include signed documentation to support the medical necessity of the services provided. Refer to Social Security Act 1862(a)(1)(A); Medicare Program Integrity Manual IOM 100-08, Chapter 3, Sec 3.3.2.4.
<b>GAI14</b>	The documentation submitted is for a Prior Authorization (PA) program that excludes a Railroad Board (RRB) beneficiary.

<b>Reason Code</b>	<b>Medical Necessity</b>
<b>GAJ01</b>	The submitted documentation does not support medical necessity as listed in coverage requirements. Refer to: Social Security Act 1862(a)(1)(A); Medicare Program Integrity Manual IOM 100-08, Chapter 3, Section 3.6.2.1, 3.6.2.2 & Chapter 3, Section 3.4.1.3
<b>GAJ02</b>	Service provided is not a covered Medicare benefit. Refer to Social Security Act 1862, 42 CFR 411.15
<b>GAJ03</b>	The documentation submitted supports the service rendered was for provider/beneficiary comfort or convenience. Refer to 42 CFR 411.15 (j)
<b>GAJ04</b>	The documentation submitted does not support the need for this many services or items within this period of time. Refer to Social Security Act 1862(a)(1)(A)
<b>GAJ05</b>	The documentation submitted does not support the ordered protocol was followed. Refer to Social Security Act 1862 (a)(1)(A) and Medicare Program Integrity Manual Chapter 3, Section 3.6.2.2, Medicare Claims Processing Manual Chapter 30 Section 40
<b>GAJ06</b>	This claim has been denied because it does not support medical necessity as outlined in the MAC's LCD. Refer to Social Security Act 1862(a)(1)(A), Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.6.2.1, 3.2.2.2.

<b>Reason Code</b>	<b>Billing/Coding</b>
<b>GAK02</b>	This claim was recoded to reflect the level of services supported by the documentation submitted. Refer to Internet-Only Manual, Pub 100-08 Medicare Program Integrity Manual, Chapter 3, Section 3.6.2.4, Section 3.6.2.5, Pub 100-04, Medicare Claims Processing Manual, Chapter 23, Pub100-08, Medicare Program Integrity Manual, Chapter 6, Section 6.5.3 (DRG validation)
<b>GAK03</b>	The documentation submitted supports this service is an integral part of another service received on the same day and cannot be billed separately. Refer to Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 23, Section 20.9

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<b>GAK04</b>	The documentation submitted does not support the number of units billed. Refer to 42 CFR Section 414.40; Medicare Program Integrity Manual IOM 100-08, Chapter 3, Section 3.6.2.4-5; Medicare Claims Processing Manual IOM 100-04, Chapter 5, Section 20; Medicare Program Integrity Manual IOM 100-08, Chapter 3, Section 3.4.1.3 and/or IOM-100-04, Chapter 23.
<b>GAK05</b>	The documentation submitted does not support the modifier used. Refer to Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.6.2.4, 3.6.2.5, Pub 100-04 Medicare Claims Processing Manual Chapter 23 Pub 100-04, Medicare Claims Processing Manual, Chapter 4, Section 20.6
<b>GAK06</b>	This service or procedure is considered investigational and, therefore, not covered by Medicare. Refer to Social Security Act 1862 (a) (1) (A) and Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.6.2.2
<b>GAK07</b>	Service denied due to the beneficiary's Medicare benefits having been exhausted. Refer to Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 5, Pub 100-08 Medicare Program Integrity Manual, Chapter 3, Section 3.6.2.5 A
<b>GAK08</b>	The claim was changed to reflect the actual service provided. Refer to Internet-Only Manual Pub 100-08 Medicare Program Integrity Manual, Chapter 3, Section 3.6.2.4,3.6.2.5 Pub 100-04, Medicare Claims Processing Manual, Chapter 23
<b>GAK09</b>	Documentation does not support the claim as billed. Refer to Internet-Only Manual Pub 100-08 Medicare Program Integrity Manual, Chapter 3, Section 3.6.2.4, Pub 100-04 Medicare Claims Processing Manual, Chapter 23
<b>GAK10</b>	Documentation supports the service provided was not covered and the beneficiary received a valid Advanced Beneficiary Notice (ABN) of Noncoverage, therefore the beneficiary is liable for charges incurred on this bill. Refer to Internet-Only Manual, Pub 100-04 Medicare Claims Processing Manual, Chapter 30, Section 50.6
<b>GAK11</b>	Medicare agrees with the provider's determination that the service billed is non-covered. Refer to Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 30
<b>GAK12</b>	Documentation supports the service provided was not covered, however, the Advanced Beneficiary Notice (ABN) of Noncoverage was invalid, therefore the provider is liable for charges incurred on this bill. Refer to Internet-Only Manual, Pub 100-04 Medicare Claims Processing Manual, Chapter 30, Section 50.6
<b>GAK15</b>	The documentation does not support the diagnosis code billed. Refer to Internet-Only Manual, Pub 100-08 Medicare Program Integrity Manual, Chapter 3, Section 3.6.2.4, 3.6.2.5, Pub 100-04, Medicare Claims Processing Manual, Chapter 23

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Reason Code	Incomplete/Incorrect Claim Information
<b>GAL01</b>	Claim did not contain a valid NPI. Refer to Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 1, Section 70.8.8.6, 80.3.1
<b>GAL02</b>	Documentation supports the provider was ineligible for payment at the time the service was rendered. Refer to Internet-Only Manual, Pub 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.6.2.5 B; 42 CFR Â§ 424.5(a)(2)
<b>GAL03</b>	Services should have been billed to another contractor. Refer to Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 1, Section 10

Reason Code	Certification Requirements
<b>GAM01</b>	The submitted documentation did not include the required certifications. Refer to Medicare Benefit Policy Manual IOM 100-02, Chapter 15, Section 220.1.3
<b>GAM02</b>	The documentation submitted did not include the required certifications or recertifications for the SNF stay. Refer to Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 8, Section 40, Pub 100-01, Medicare General Information, Eligibility and Entitlement Manual, Chapter 4, Section 40
<b>GAM03</b>	The documentation submitted did not include the required certifications or recertifications for the inpatient psychiatric stay. Refer to Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 2, Section 30.2.1, Pub 100-01, Medicare General Information, Eligibility and Entitlement Manual, Chapter 4, Section 10.9

Reason Code	Miscellaneous Statements
<b>GAN01</b>	No medical record documentation was received. Refer to Internet-only Manual Pub 100-08, Chapter 3, Section 3.2.3.8, 42 CFR 424.5(a)(6) and Social Security Act Title XVIII, Section 1815(a), 1833(e), and 1862(a)(1)(A).

Reason Code	Administrative <i>(for transmission via eSMD)</i>
<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

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<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.
<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
<b>GEX19</b> (Effective 10/01/2021)	Provider is exempted from submitting this PA request