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Reason Code	AIR AMBULANCE
AM12A	The documentation does not support the beneficiary's condition was such that transportation by air ambulance was medically reasonable and necessary; basic and/or advanced life support ground ambulance would have been appropriate. Refer to 42 CFR § 410.40, Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 10, Section 10.4.

Reason Code	APPROPRIATE FACILITY
AM200	The documentation does not support that the more distant facility was the appropriate facility to provide the necessary care. Therefore, the miles beyond the closest facility are denied. Refer to Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 10, Section 10.3.6, 10.3.7.

Reason Code	BASIC LIFE SUPPORT (BLS)
AM300	The documentation does not support Basic Life Support services were rendered in event of an emergency response. Refer to 42 CFR § 410.40 (c), 42 CFR § 414.605, Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 10, Section 20 and Section 30.1.1.

Reason Code	BUNDLING/UNBUNDLING
AMB7A	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated (can only bill for transport & mileage).
AMB7Z	Bundling/unbundling (explain identified problem)

Reason Code	CERTIFICATION
AMB1F	No physician certification statement submitted for non-emergency, scheduled, repetitive ambulance service. Refer to 42 CFR §410.40 (e)(2).
AMB4D	Missing provider signature on the physician certification statement (non-emergent, scheduled transport). Refer to 42 CFR §410.40 (e)(2).
AMB4E	Incomplete/Invalid provider signature on the physician certification statement (non-emergent, scheduled transport). Refer to 42 CFR §410.40 (e)(2).
AMB4F	Date of service(s) documented on physician certification statement is outside allowed timeframe. Refer to 42 CFR §410.40 (e)(2).

AMB4H	Incomplete/Invalid/Illegible physician certification statement (non-emergent, scheduled transport). Refer to 42 CFR §410.40 (e)(2).

Reason Code	DESTINATION
AMB2C	Facility to facility transport denied as the documentation does not support that the receiving institution was the closest facility.
AMB2D	The documentation does not support the ambulance transport was to the nearest appropriate facility that can provide the necessary care. Refer to SSA 1861 (s)(7), 42 CFR §410.40 (f), Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 10, Section 10.3, and Internet Only Manual (IOM), Publication 100-04, Medicare Claims Processing Manual, Chapter 15, Section 10.2.
AMB2E	Facility to facility transport denied as documentation indicates transport due to physician and/or beneficiary preference.
AMB2F	Facility to facility transport denied as documentation indicates transport due to beneficiary wants to be closer to home or family.
AMB2H	Ambulance service to a funeral home is not covered.

Reason Code	DOES NOT MEET BENEFIT (NON-CLINICAL)
AMB4A	Missing/incomplete/invalid patient signature or authorized representative signature on ambulance consent.
AMB4C	Missing/Incomplete/invalid date on ambulance record.
AMB4G	Date of service(s) documented does not match date of service(s) (DOS) billed on ambulance claim.
AMB4Z	Does not meet non-clinical benefit (explain identified problem)
AMB4X	Services billed were not rendered

Reason Code	DOES NOT MEET DEFINITION OF MEDICARE AMBULANCE BENEFIT – BENEFICIARY LIABLE
AMB2J	This service is denied as the beneficiary refused transport.
AMB2K	Non-covered charge(s).
AMB2L	Statutorily excluded service(s).
AMB2N	Transport Not Medically Necessary with an Advance Beneficiary Notice (ABN). Refer to Internet Only Manual, Pub 100-4, Medicare Claims Processing Manual, Chapter 30, Section 50.
AMB2Z	Does not meet definition of Medicare ambulance benefit (explain identified problem)

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Reason Code	GROUND AMBULANCE: ADVANCED LIFE SUPPORT (ALS2) ASSESSMENT
AM400	The documentation does not support the requirements of advanced life support, level 2 (ALS2). Documentation does not support the administration of at least 3 separate administrations of one or more medications given by IV push/bolus or continuous infusion or the provision of at least one of the ALS2 procedures (excluding crystalloid fluids) as in the internet Only Manual as in the Internet Only Manual. Refer to 42 CFR § 410.40 (c), 42 CFR § 414.605, Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 10, Section 30.1.1.

Reason Code	GROUND AND AIR AMBULANCE: BENEFICIARY DEATH
AMB3B	The documentation supports the beneficiary was pronounced dead prior to dispatch. Refer to Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy, Manual, Chapter 10, Section 10.2.6, 10.4.9.
AMB3C	The documentation supports the beneficiary was pronounced dead after dispatch and before being loaded onboard the ambulance, therefore mileage is denied. Refer to Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy, Manual, Chapter 10, Section 10.2.6, 10.4.9.

Reason Code	HOSPICE
AMB2M	The documentation supports the reason for transport was related to the diagnosis for which the beneficiary is receiving hospice services. The ambulance service may be covered by the Hospice provider. Please submit to the Hospice provider. Refer to SSA 1861 Part E (dd)(1), Internet Only Manual (IOM), Publication 100-02, Chapter 9, Section 40.1.9.

Reason Code	INCORRECT CODING
AMB8A	Ambulance claim(s) submitted without valid modifier(s). Refer to Medicare Claims Processing Manual Ch 15, Section 30A.
AMB8B	Billing provider does not match the rendering provider documented in the medical records.
AMB8C	Ambulance claim(s) submitted with invalid modifier(s) combination. Refer to Medicare Claims Processing Manual Ch 15, Section 30A.
AMB8Z	Incorrect coding (explain identified problem)

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Reason Code	INSUFFICIENT DOCUMENTATION
AMB1A	The documentation did not contain the ambulance run sheet/trip record. Refer to 42 CFR §410.40 (e), Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 10, Section 10.2.4, 10.4.7, Internet Only Manual (IOM), Publication 100-04, Medicare Claims Processing Manual, Chapter 15, Section 20.5.
AMB1B	Patient record submitted does not match patient billed on ambulance claim.
AMB1C	The origin and destination modifiers billed on the claim do not match the origin and destination modifiers documented on the ambulance run sheet/trip record. Refer to 42 CFR §410.40 (e), Internet Only Manual (IOM), Publication 100-04, Chapter 15, Section 30.
AMB1D	The service billed was not documented in the patient medical record for this ambulance transport.
AMB1E	Dispatch status to support service billed was not documented in patient medical record for this service.
AMB1H	The service is denied as the beneficiary refused to sign for the transport or consent.
AMB1Z	Insufficient Documentation (explain identified problem)
AMB1X	No documentation received

Reason Code	LOCAL COVERAGE DETERMINATION (LCD)
AMB9A	This decision was based on a Local Coverage Determination (LCD). An LCD provides a guide to assist in determining whether a particular item or service is covered. A copy of this policy is available at www.cms.gov/mcd, or if you do not have web access, you may contact the contractor to request a copy of the LCD.
AMB9B	Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your claim. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision.
AMB9Z	Local Coverage Determination (explain identified problem)

Reason Code	LOCALITY
AM500	The documentation does not support the facility was within the locality to which the ambulance service would normally travel or is expected to travel to receive services. Refer to Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 10, Section 10.3.5.

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Reason Code	MEDICAL NECESSITY - PROVIDER LIABLE
AMB3A	Transport Not Medically Necessary without an Advance Beneficiary Notice (ABN). Refer to Internet Only Manual, Pub 100-4, Medicare Claims Processing Manual, Chapter 30, Section 50.
AMB3Z	Medical necessity (explain identified problem)
AMB2I	The documentation does not indicate that transportation by another means is contraindicated. Alternative transport services should have been utilized whether or not they were available. Refer to SSA 1861 (s)(7), 42 CFR §410.40 (e), Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 10, Section 10.2.1, 20, and Internet Only Manual (IOM), Publication 100-04, Medicare Claims Processing Manual, Chapter 15, Section 10.2.
AMB3E	The documentation does not support the ambulance service was medically necessary and reasonable. Refer to SSA 1861 (s)(7), 42 CFR §410.40 (e), Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 10, Section 10.2, 20, Internet Only Manual (IOM), Publication 100-04, Medicare Claims Processing Manual, Chapter 15, Section 10.2.
AMB3F	The documentation does not support the ALS level of service furnished was medically necessary. The services will be allowed at a BLS level of service. Refer to SSA 1861 (s)(7), 42 CFR §410.40, Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 10, Section 10.2.2, 20, 30.1.1.

Reason Code	MILES
AMB1I	The documentation does not support the mileage billed. Refer to 42 CRF § 410.41 (c), Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 10, Section 10.3, 10.4, 10.4.1, Internet Only Manual (IOM), Publication 100-04, Medicare Claims Processing Manual, Chapter 15, Section 20.2.
AMB5A	The documentation does not support the beneficiary was onboard the ambulance to support the total miles billed. Refer to SSA 1861 (s)(7), 42 CFR §410.40 (e), Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 10, Section 10.2.5, Internet Only Manual (IOM), Publication 100-04, Medicare Claims Processing Manual, Chapter 15, Section 10.2.

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Reason Code	ORIGIN/DESTINATION RELATED
AMB6A	Non-payable origin/destination modifiers billed (scheduled service such as physician office to beneficiary's residence; potential public health emergency exceptions). Refer to 42 CFR §410.40, Internet Only Manual (IOM), Publication 100-04, Medicare Claims Processing Manual, Chapter 15, Section 30
AMB6Z	Origin/destination related (explain identified problem)

Reason Code	OTHER
AM11A	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.
AM11B	This claim was adjusted after records were reviewed and it was determined that the documentation did not support the level of service billed on the claim (i.e., recoding the ambulance service to the level of care that reflects the services rendered, or down coding services when the title of the emergency personnel cannot be validated).
AM11C	This claim is a duplicate to another claim.
AM11D	Service with no paid base rate in history or no base rate submitted. Refer to 42 CFR §414.605 and §414.610.
AM11Z	The documentation (explain identified problem)
AMB2A	Facility to facility transport denied as the documentation supports that the discharging institution was not an appropriate facility.
AMB2B	This hospital to hospital transport is denied as the patient was already at a facility able to provide the necessary services.
AMB7Y	Ambo billed during an inpatient stay are included in the facility's PPS payment and are not separately payable under Part B
AMB00	No improper payment was identified for claim/line

Reason Code	PRIOR AUTHORIZATION
AMB1Y	Patient record submitted does not match the patient on the ambulance Prior Authorization request.
AMB4Y	Date of service(s) documented does not match date of service(s) (DOS) on ambulance Prior Authorization request.
AMB6Y	Non-payable origin/destination modifiers in Prior Authorization request (scheduled service such as physician office to beneficiary's residence).
AMB8X	Ambulance Prior Authorization request submitted without valid modifier(s).
AMB8Y	Ambulance Prior Authorization request submitted with invalid modifier(s) combination.

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AMB9Y	Local Coverage Determinations (LCDs) help Medicare decide what is covered. An LCD was used for your PA request. You can compare your case to the LCD, and send information from your doctor if you think it could change our decision. Refer to Social Security Act (SSA) 1862, IOM, Medicare Program Integrity Manual, Pub 100-08, Chapter 3, Section 3.6.2.2. Local Coverage Determinations and Local Coverage Articles found at https://www.cms.gov/medicare-coverage-database/new-search/search.aspx.
AM11W	Prior Authorization request for service is not covered by this payer/contractor. You must send the request to the correct payer/contractor.
AM11X	This Prior Authorization request was adjusted after records were reviewed and it was determined that the documentation did not support the level of service requested (i.e., recoding the ambulance service to the level of care that reflects the services rendered, or down coding services when the title of the emergency personnel cannot be validated).
AM11Y	This Prior Authorization request is a duplicate to another request.
AM00A	The state where the ambulance company is garaged is not included in the repetitive scheduled non-emergent ambulance transports prior authorization demonstration. States included in the demonstration include New Jersey, Pennsylvania, South Carolina, Delaware, the District of Columbia, Maryland, North Carolina, Virginia, and West Virginia.
AM00B	The codes of the ambulance trip(s) requested are not specific to the repetitive scheduled non-emergent ambulance transports prior authorization demonstration.
AM00Z	The ambulance prior authorization request (explain identified problem).
AM99A	Prior Authorization request was affirmed for fewer trips than requested.
AM99B	Prior Authorization request was affirmed for fewer days than requested.

Reason Code	PROVIDER ELIGIBILITY
AMB0A	The Ambulance provider is not approved by Medicare.
AMB0B	The Ambulance provider is not eligible for Medicare benefits.
AMB0C	The Ambulance provider is not authorized or eligible to bill for BLS services.
AMB0Z	Provider Eligibility (explain identified problem)

Reason Code	SIGNATURES
AMB1G	The documentation does not contain the signature of the beneficiary, or that of his or her representative (for both the purpose of accepting assignment and submitting a claim to Medicare) was obtained prior to submitting the claim. Refer to 42 CFR 242.36 (a), 42 CFR 424.36 (b) (1-4) (C) Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 10, Section 20.1.2.

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AMB4B	Missing/Incomplete/Invalid ambulance supplier signature on ambulance record or invalid or no response to signature attestation. Refer to Internet Only Manual (IOM) Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.4.

Reason Code	TRANSPORT TO PHYSICIAN'S OFFICE
AMB2G	The documentation supports the routine non emergent transport was to a non-covered destination such as, a physician's office or home health agency, which are not covered destinations (outside of a public health emergency as defined in 400.200). Refer to 42 CFR § 410.40 (f), Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 10, Section 10.3, Internet Only Manual (IOM), Publication 100-04, Medicare Claims Processing Manual, Chapter 15, Section 10.2.

Reason Code	ADMINISTRATIVE/OTHER (For Transmission via esMD)
GEX01	The file is corrupt and/or cannot be read
GEX02	The submission was sent to the incorrect review contractor
GEX03	A virus was found
GEX04	Other
GEX05	The system used to retrieve the Subscriber/Insured details using the given MBI is temporarily unavailable.
GEX06	The documentation submitted is incomplete
GEX07	This submission is an unsolicited response
GEX08	The documentation submitted cannot be matched to a case/claim
GEX09	This is a duplicate of a previously submitted 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