

Appendix N

Prior Authorization Request Denial Reasons

PAR Denial Reasons are listed alphabetically by type

All PAR Types	
Reason Code	Description
A06	This is not a final denial. Please do not submit an appeal request. The required Client State ID number is missing or invalid. Please resubmit PAR request with the corrected information to the authorizing agency listed in Appendix D.
A07	This is not a final denial. Please do not submit an appeal request. The required Client State ID number does not match the Client Name. Please resubmit PAR request with the corrected information to the authorizing agency listed in Appendix D.
A08	This is not a final denial. Please do not submit an appeal request. The required Client date of birth is missing or invalid. Please resubmit PAR request with the corrected information to the authorizing agency listed in Appendix D.
A09	This is not a final denial. Please do not submit an appeal request. The required Requesting Provider Number is missing or invalid. Please resubmit PAR request with the corrected information to the authorizing agency listed in Appendix D.
A10	This is not a final denial. Please do not submit an appeal request. The required Billing Provider Number is missing or invalid. Please resubmit PAR request with the corrected information to the authorizing agency listed in Appendix D.
A11	The PAR that you sent directly to Xerox State Healthcare is being denied. Please send this PAR to the authorizing agency listed in Appendix D.
A17	Provider must be enrolled in the Colorado Medical Assistance Program.
100	The item or service requested is not a Medicaid benefit.
117	Client ID is missing or invalid. Please resubmit with a correct client ID.
271	Client is not eligible for all or part of the dates covered in this prior authorization. Verify eligibility prior to performing services.
400	The requested information has not been submitted. You may submit a new PAR with the requested information.
451	Provider is not active for all or part of the dates on this Prior Authorization Request. Please verify provider number.
600	Service does not require prior authorization. Submit charges on the appropriate claim form.
643	Cost containment information is missing. Please resubmit with required information.
852	Duplicate requests cannot be processed. This prior authorization request (PAR) is a duplicate of another PAR that is currently in the system.
445	The dates entered either on the Header or Detail lines are invalid. Please review the dates and submit a new Prior Authorization Request with valid dates

Dental	
Reason Code	Description
168	Procedure does not require Prior Authorization approval for this client. 10 C.C.R. 2505-10, Section 8.284.
169	Outpatient individual and individual brief counseling visits are limited to 35 visits per state fiscal year. 10 C.C.R. 2505-10, section 8.200.0.H

Dental	
Reason Code	Description
174	Denial 21: This client is exempted from prefabricated crown services if the client was scheduled for hospitalization for dental services before May 13, 2004. 10 C.C.R. 2502-10, Vol. 8.284.1.A
175	Procedure does not require a prior authorization.
914	The procedure is not a benefit of the Colorado Medicaid program. 10 C.C.R. 2505-10, Vol. 8.282.5.D
915	The procedure is not a benefit for a child Medicaid client, age birth through age 20. 10 C.C.R. 2505-10, Vol. 8.282.5.A
916	The procedure is not a benefit for an adult Medicaid client, age 21 and older. 10 C.C.R. 2505-10, Vol. 8.281.1.B
917	A report of the dental condition that supports the need for service was not submitted for this child client. 10 C.C.R. 2505-10, Vol. 8.284.1.A
918	A report of dental condition and concurrent medical condition that supports the need for service not submitted for this adult client. 10 C.C.R. 2505-10, Vol. 8.284.4.A
919	The procedure code is not valid for the described procedure. 10 C.C.R. 2505-10, Vol. 8.285.1.A
920	The procedure code is not a benefit for this tooth number. 10 C.C.R. 2505-10, Vol. 8.285.1.A
921	The tooth surface designation submitted is not valid for this tooth number. 10 C.C.R. 2505-10, Vol. 8.285.1.A
922	The procedure is a duplicate service. 10 C.C.R. 2505-10, Vol. 8.285.1.A
923	Information required for prior authorization review was not submitted. 10 C.C.R. 2505-10, Vol. 8.284.1.A
924	Periodontal diagnosis and classification were not submitted. 10 C.C.R. 2505-10, Vol. 8.285.1.A
925	The information submitted does not support the need for the procedure. 10 C.C.R. 2505-10, Vol. 8.284.1.A
926	Submitted information does not support a favorable prognosis. 10 C.C.R. 2505-10, Vol. 8.284.1.A
928	PAR is not required for the assistant surgeon. 10 C.C.R. 2505-10, Vol. 8.284.1.A
929	Prior Authorization Request cannot be approved after the service has been started. 10 C.C.R. 2505-10, Sec. 8.87.04.02.d.
932	Services authorized to another provider.
933	Orthodontic treatment is not a benefit to treat dental conditions which are primarily cosmetic in nature. 10 C.C.R. 2505-10, Vol.8.280.5.E.3
934	Orthodontic treatment is not a benefit when there is no severe Handicapping Malocclusion, and self esteem is the primary reason for treatment. 10 C.C.R. 2505-10, Vol.8.280.5.E.3
935	Phase One orthodontic treatment is not a benefit for the reported condition/s. 10 C.C.R. 2505-10, Vol.8.280.5.E.3
936	Orthodontic prior authorization cannot be approved when the requesting provider is not enrolled as a Medicaid orthodontic provider.
F01	Proof of prior Medicaid orthodontic approval from another state was not submitted.
F02	TMJ PAR information from the primary surgeon was incomplete
F03	Condition does not qualify as a Handicapping Malocclusion. 10 CCR 2505-10 Section 8.280.5.E.3
F04	Crowns and fixed prostheses that fail in less than five years do not meet a reasonable standard of care and the billing provider is expected to replace them at their own expense.
F05	The services/treatments are not a covered benefit for Evaluation Procedures. 10 CCR 2505-10 Section 8.201.2.A.1
F06	The services/treatments are not a covered benefit for Diagnostic Imaging Procedures. 10 CCR 2505-10 Section 8.201.2.A.2
F07	The services/treatments are not a covered benefit for Preventive Services. 10 CCR 2505-10 Section 8.201.2.A.3

Dental	
Reason Code	Description
F08	The services/treatments are not a covered benefit for Minor Restorative Services. <i>10 CCR 2505-10 Section 8.201.2.A.4</i>
F09	The services/treatments are not a covered benefit for Major Restorative Services. <i>10 CCR 2505-10 Section 8.201.2.A.5</i>
F10	The services/treatments are not a covered benefit for Endodontic Services. <i>10 CCR 2505-10 Section 8.201.2.A.6</i>
F11	The services/treatments are not a covered benefit for Periodontal Treatment. <i>10 CCR 2505-10 Section 8.201.2.A.7</i>
F12	The services/treatments are not a covered benefit for Removable Prosthetics. <i>10 CCR 2505-10 Section 8.201.2.A.8</i>
F13	The services/treatments are not a covered benefit for Oral Surgery, palliative treatment and anesthesia. <i>10 CCR 2505-10 Section 8.201.2.A.9</i>
F14	The services/treatments are not a covered benefit for Adult Clients under any circumstances. <i>10 CCR 2505-10 Section 8.201.2.B.</i>
F15	Prior authorization request was not submitted. <i>10 CCR 2505-10 Section 8.201.3.</i>
F16	Dental services shall only be provided by a licensed dentist or dental hygienist who is enrolled with Colorado Medicaid. <i>10 CCR 2505-10 Section 8.201.4.A</i>
F17	Dental services described in 8.201.2 shall be available to Adult Clients age 21 years and older. <i>10 CCR 2505-10 Section 8.201.5</i>
F18	Dental services for adults 21 years of age and older are limited to a total of \$1,000 per adult Medicaid recipient per state fiscal year. <i>10 CCR 2505-10 Section 8.201.6</i>

HCBS-BI	
Reason Code	Description
153	The item is not of direct medical or remedial benefit to the client. <i>10 C.C.R. 2505-10, Sec. 8.515.50.B.2.</i>
154	This item is primarily for a vocational or education application. Funding must first be pursued through the Division of Vocational Rehabilitation/Dept. of Education. <i>10 C.C.R. 2505-10, Sec. 8.515.50.D.</i>
155	Home modification request/environmental modification does not contain supporting documentation, which substantiates the necessity of the modification. <i>10 C.C.R. 2505-10, Sec. 8.516.00.A.1.</i>
158	Home modification request is not reasonable in cost when compared to usual and customary charges. <i>10 C.C.R. 2505-10, Sec. 8.516.00.C.2.f.</i>
160	Transitional living prior authorization was requested for a client who does not meet the definition of "in need" according to <i>10 C.C.R. 2505-10, Sec. 8.516.30.B.2-3.</i>
161	Prior authorization period exceeds benefit defined in <i>10 C.C.R. 2505-10, sec.8.516.30.C.5.</i>
190	Item or service requested is not a benefit of the Home and Community Based Services Persons with Brain Injury Waiver. <i>10 C.C.R. 2505-10, Sec. 8.515.13.</i>
191	Alternative funding for modification has not been considered. <i>10 C.C.R. 2505-10, Sec. 8.516.00.C.2.c.</i>
192	Modification did not include two bids. <i>10 C.C.R. 2505-10, Sec.8.493.34.A.</i>
193	Cost of modification exceeds lifetime cap. <i>10 C.C.R. 2505-10, Sec. 8.516.00C.2.g.</i>
194	Requested clinical information does not substantiate how the device or service will result in enhancement of the recipient's ability to perform activities of daily living, or to perceive, control or communicate within the recipient's environment. <i>10 C.C.R. 2505-10, Sec. 8.515.50.</i>
195	Modification is not a direct medical or remedial benefit to the client. <i>10 C.C.R. 2505-10, Sec. 8.516.00.C.1.</i>
196	Documentation was not provided from an Occupational Therapist or Physical Therapist. <i>10 C.C.R. 2505-10 Sec. 8.516.00C.2.a.</i>

HCBS-BI

Reason Code	Description
197	Request for non-medical transportation request is not required by care plan to prevent institutionalization. 10 C.C.R. 2505-10, Sec. 8.516.20.B.

HCBS-EBD

Reason Code	Description
290	Cost of modification exceeds lifetime cap. (10 C.C.R. 2505-10, Sec. 8.493.39).
291	Request for non-medical transportation is not required by care plan to prevent institutionalization. 10 C.C.R. 2505-10, Sec. 8.494.21.
292	Item or service requested is not a benefit of the Home and Community Based Services for the Elderly, Blind, and Disabled Waiver. 10 C.C.R. 2505-10, Sec. 8.485.30.
899	The Prior Authorization did not include the appropriate procedure coding and/or modifier(s) for the effective dates submitted. Both the service and the administration fee must be included with the same effective dates. Please resubmit with corrected coding.
900	Modification is not to prevent institutionalization of the client (10 C.C.R. 2505-10, Sec. 8.493.11.D).
901	Modification does not give client greater independence (10 C.C.R. 2505-10, Sec. 8.493.11.B).
902	Modification does not ensure the health safety and welfare of the client (10 C.C.R. 2505-10, Sec. 8.493.11.A).
903	Modification is not a direct medical or remedial benefit to the client (10 C.C.R. 2505-10, Sec. 8.493.31.A).
904	Modification duplicates an existing adaptation (10 C.C.R. 2505-10, Sec. 8.493.31.B)
905	Modification is part of new construction (10 C.C.R. 2505-10, Sec. 8.493.31.C)
906	Documentation was not provided from an Occupational Therapist or Physical Therapist (10 C.C.R. 2505-10, Sec. 8.493.32.A)
907	Modification includes purchase cost of durable medical equipment (10 C.C.R. 2505-10, Sec. 8.493.21.B)
908	Modification requested is not the most cost effective solution (10 C.C.R. 2505-10, Sec. 8.493.32.C)
909	Alternative funding has not been considered (10 C.C.R. 2505-10, Sec. 8.493.33).
910	Modification did not include two bids (10 C.C.R. 2505-10, Sec.8.493.34.A).

HCBS-CMHS

Reason Code	Description
430	Modification is not to prevent institutionalization of the client (10 C.C.R. 2505-10, Sec. 8.493.11.D)
431	Alternative funding for modification has not been considered (10 C.C.R. 2505-10, Sec. 8.493.33)
432	Modification did not include two bids (10 C.C.R. 2505-10, Sec.8.493.34.A)
433	Amount of modification exceeds cost containment (10 C.C.R. 2505-10, Sec. 8.485.61.E)
434	Cost of modification exceeds lifetime cap. (10 C.C.R. 2505-10, Sec. 8.493.39)
435	Request for non-medical transportation is not required by care plan to prevent institutionalization. 10 C.C.R. 2505-10, Sec. 8.494.21.

HCBS-CMHS	
Reason Code	Description
436	Item or service requested is not a benefit of the Home and Community Based Services for Persons with Mental Illness Waiver. 10 C.C.R. 2505-10, Sec. 8.509.12
437	Modification does not give client greater independence (10 C.C.R. 2505-10, Sec. 8.493.11.B)
438	Modification does not ensure the health safety and welfare of the client (10 C.C.R. 2505-10, Sec. 8.493.11.A)
439	Modification is not a direct medical or remedial benefit to the client (10 C.C.R. 2505-10, Sec. 8.493.31.A)
440	Modification duplicates an existing adaptation (10 C.C.R. 2505-10, Sec. 8.493.31.B)
441	Modification is part of new construction (10 C.C.R. 2505-10, Sec. 8.493.31.C)
442	Documentation was not provided from an Occupational Therapist or Physical Therapist (10 C.C.R. 2505-10, Sec. 8.493.32.A)
443	Modification includes purchase cost of durable medical equipment (10 C.C.R. 2505-10, Sec. 8.493.21.B)
444	Modification requested is not the most cost effective solution (10 C.C.R. 2505-10, Sec. 8.493.32.C)

HCBS-PLWA	
Reason Code	Description
420	Request for non-medical transportation is not required by care plan to prevent institutionalization. 10 C.C.R. 2505-10, Sec. 8.494.21
421	Item or service requested is not a benefit of the Home and Community Based Services for Persons Living with AIDS Waiver. 10 C.C.R. 2505-10, Sec. 8.496.900

Long Term Home Health

Reason Code	Description
378	To be eligible for Long Term Home Health services, as set forth at Section 8.523.11K, Medicaid clients 18 years and over shall meet the level of care screening guidelines for Long Term Care Services at Section 10CCR 2505-10/8.401; 10 CCR 2505-10/8.522.10.
397	The dates entered either on the Header or Detail lines are invalid. Please review the dates and submit a new Prior Authorization Request with valid dates.
Z03	PAR form has been submitted later than 10 days from the PAR start date. PAR units have been adjusted. 10 CCR 2505-10 Section 8.527
Z04	The requested information has not been submitted. You may submit a new PAR with the requested information-Home Health plan of care and/or therapy assessments, current clinical summary. 10 CCR 2505-10 Section 8.527
Z10	The agency is not a Medicaid Provider. 10 CCR 2505-10 Section 8.526
Z12	The item or service requested is not a Medicaid Home Health benefit. 10 CCR 2505-10/Vol 8.520-8.530/Home Health Benefit Coverage Standard
Z13	Skilled therapies are not a benefit under Adult Long Term Home Health. 10 CCR 2505-10 Section 8.525.12.13. & 14.
Z14	Revisions for increases to Home Health services shall be submitted and processed according to the same requirements defined for new PARs, and shall be submitted timely and include a current plan of care, physician's orders and any other required documentation to support the revision as listed in the Home Health Benefit Coverage Standard. 10 CCR 2505-10 Section 8.522 and 8.527.11.A.4.e
Z15	Based on the needs of the client, authorization is being given for a lesser amount of services than requested. 10 CCR 2505-10 Section 8.522 and 8.523.11
Z16	This client is 21 years or older and Home Health services shall be provided at the client's place of residence (excluding nursing facilities and hospitals). 10 CCR 2505-10 Section 5.23.G
Z17	The client is 18 years or older and the client's PAR was sent to the wrong authorizing agent; Adult Long Term Home Health PARs and applicable paperwork should be submitted to the authorizing agency listed in Appendix D.
Z18	The revenue code is already authorized for this client, this provider and/or this date span. Please bill using the information on the original PAR, or submit a new PAR revision to increase or change services. 10 CCR 2505-10 Section 8.527
Z19	The clinical information does not substantiate medical necessity. 10 CCR 2505-10 Section 8.522 and 8.527.11.A.3.a-e
Z20	The information submitted is insufficient to make a medical necessity determination. Additional information is required to review this Prior Authorization. 10 CCR 2505-10 Section 8.522/8.523/8.527
Z21	The Colorado Medical Assistance Program previously sent a letter notifying you of a decrease in your home health services and wants to make sure you have received all of the information you need. You may be eligible for a plan to decrease the amount of services over a three month period of time to help adjust to the change. You may talk with your case manager or home health provider to make a step-down plan if you need one. If you have not heard from your case manager or provider, or if you have any questions, please call 303-866-3447.

Medical

Reason Code	Description
162	Prior authorization period exceeds benefit defined in 10 C.C.R. 2505-10, sec.8.516.30.C.5.

Medical	
Reason Code	Description
163	The prior authorization request must include: a medical prescription, the name and Medicaid identification number of the client, the clinic name, business address, phone number, and Medicaid provider number, the referring physician's name, business address, phone number, the rendering therapist's name, provider number, business address, and phone number, Billing Provider information, a service plan for the client, Physical therapy history (including home health program involvement). Medicaid Bulletin B0200140.
164	The prior authorization request is not needed. The original prior authorization is still in effect. Medicaid Bulletin B0200139.
165	The service requested for this client is covered under another program (i.e., Home Health or Hospital Services, DME, etc.). 10 C.C.R. 2505-10, Sec. 8.525.12, Sec. 8.330, Sec. 8.011.01.
166	Therapy services for this client have been authorized to a different provider. Medicaid Bulletin B0200139.
170	Documentation supporting medical necessity is not sufficient. 10 C.C.R. 2505-10. section 8.200.5.
171	The Prior authorization request shall include: <ul style="list-style-type: none"> * A medical prescription, * Client name and Medicaid identification number, * Clinic name, business address, phone number and Medicaid provider number, * The rendering therapist's name, provider number, business address and phone number, * Billing provider information, * A service plan for the client, * Mental health history (including the Mental Health Capitation Program (MHASA) or Home Health Program Involvement).
172	Service requested for this client is covered under another program (i.e. 10 C.C.R. 2505-10, section 8.212 Mental Health Capitation Program).
173	Mental Health visits for this client have been authorized to a different provider.
200	The Diagnosis/clinical information does not substantiate medical necessity.
251	This individual is not a Medicaid-eligible individual under age 21. 10 C.C.R. 2505-10, Sec. 8.281.00
252	The item or service requested is not a Medicaid benefit. 10 C.C.R. 2505-10, Sec. 8.287.01.
253	The requested information has not been submitted. You may submit a new Prior Authorization Request with the requested information-Early and Periodic Screening, Diagnosis and Treatment screen and additional documentation indicating medical necessity. 10 C.C.R. 2505-10, Sec. 8.287.01.
254	The information submitted does not support the medical need for the services requested, you may re-submit the Prior Authorization Request describing in more detail current medical necessity supporting the need for services. 10 C.C.R. 2505-10, Sec. 8.287.01.
260	These eyeglasses were not ordered by an ophthalmologist or an optometrist. 10 C.C.R. 2505-10, Sec. 8.287.03.d.
261	These eyeglasses were not dispensed by an optician. 10 C.C.R. 2505-10, Sec. 8.287.03.d
262	There is no prior authorization for these orthoptic vision treatment services. 10 C.C.R. 2505-10, Sec. 8.287.03.f.
263	There is no prior authorization for these contact lenses. 10 C.C.R. 2505-10, Sec. 8.287.03.f.
264	Service previously authorized to this provider. The procedure code is already authorized for this client, this provider, this date span. Please bill using the information on the original PAR.
265	Services authorized to another provider.
266	The dates entered either on the Header or Detail lines are invalid. Please review the dates and submit a new Prior Authorization Request with valid dates.

Medical	
Reason Code	Description
700	Physician indicates requested item is not medically necessary.
C01	Consumer Directed Attendant Support (CDAS) services must be submitted on the same Prior Authorization Request (PAR) as the administration fee. Please resubmit the PAR with both the administration fee/modifier and the service procedure code.
E01	This vision service was not provided by an ophthalmologist, optometrist or optician. 10 C.C.R. 2505-10, Section 8.280.5.E
E02	The clinical information does not substantiate medical necessity. 10 C.C.R. 2505-10, Sec. 8.076.8
E03	The services/treatments are not a covered benefit per the Client Eligibility Rule. 10 CCR 2505-10 Section 8.535.2
E04	The services/treatments are not a covered benefit per the Provider Eligibility Rule. 10 CCR 2505-10 Section 8.535.3
E05	The services/treatments are not a covered benefit per the Covered Services Rule. 10 CCR 2505-10 Section 8.535.4
E06	The services/treatments are not a covered benefit per the Covered Personal Care Services Rule. 10 CCR 2505-10 Section 8.535.4.H
E07	The services/treatments are not a covered benefit per the Non-Covered Services Rule. 10 CCR 2505-10 Section 8.535.6
E08	The services/treatments are not a covered benefit as stated in Non-Covered Services. Services provided or billed during a Skilled Care Services visit 10 CCR 2505-10 Section 8.535.6.K
E09	The services/treatments are not a covered benefit per the Prior Authorization Requirements (PAR) Rule. 10 CCR 2505-10 Section 8.535.7

Private Duty Nursing (PDN)	
Reason Code	Description
135	Nursing visits solely for psychiatric counseling are not reimbursable. 10CCR 2505-10/8.528.12.A
352	The information submitted does not support the need for the services requested, you may re-submit the PAR describing, in more detail, current medical conditions supporting the need for services. 10CCR 2505-10/8.527.11.A.3.a-e
361	Nursing visits are unreasonable in amount, frequency, or duration. 10CCR 2505-10/8.526.18.C.2
452	The information submitted does not support the need for the services requested, you may re-submit the PAR describing, in more detail, current medical conditions supporting the need for services. 10CCR 2505-10/8.548.10, 10CCR 2505-10/8.548.11, 10CCR 2505-10/8.547.16.A – C
453	The requested information has not been submitted. You may submit a new PAR with the requested information-nursing assessment, plan of care and/or therapy assessments, current clinical summary. 10CCR 2505-10/8.548.10. A through G
454	The revenue code is already authorized for this client, this provider, this date span. Please bill using the information on the original PAR, or submit a new PAR for revision to increase or decrease services 10CCR 2505-10/8.548.10
455	The clinical information does not substantiate medical necessity. 10CCR 2505-10/8.543.10 and 10CCR 2505-10/8.543.11.A through H or 8.543.12.A through H
456	The requested additional information is insufficient. Completion of the requested information is required to review this Prior Authorization. 10CCR 2505-10/8.548.10
457	The agency is not a Medicaid Provider. 10CCR 2505-10/8.545.14.A
458	PDN PARs shall include only Private Duty Nursing RN or LPN services. Other services are included on this PAR. 10CCR 2505-10/8.548.10.F
459	Based on the needs of the client, authorization is being given for a lesser amount of services than requested. 10CCR 2505-10/8.548.11.A through J

Private Duty Nursing (PDN)	
Reason Code	Description
460	Revisions for increases in services shall be submitted and processed according to the same requirements as for new PARs, with a current written assessment/physician's orders pertaining to the increase. 10CCR 2505-10/8.548.10.H
461	Services total more than twenty-four (24) hours per day. 10CCR 2505-10/8.548.13
462	No services shall be approved for dates of service before the date that the completed PAR is received. 10CCR 2505-10/8.548.12
463	Services requested are duplicative of care that is being reimbursed under another benefit or funding source, including but not limited to home health, other insurance, or medical foster care. 10CCR 2505-10/8.548.14.
466	The plan of care you submitted with your PDN PAR does not indicate the frequency and the times of day that all technology-related care will be administered. 10CCR 2505-10/8.548.10.E
467	The application you submitted for PDN is incomplete, please send the required information. 10CCR 2505-10/8.547.16.C
468	This client is ineligible for Medicaid in the non-institutional setting. 10CCR 2505-10/8.542.10.F
470	The hours requested on the PAR are greater than the plan of care orders. 10CCR 2505-10/8.548.10.A - I
471	Nursing visits are unreasonable in amount, frequency, or duration. 10CCR 2505-10/8.526.18.C.2
472	The information submitted does not support the need for the services requested, you may re-submit the PAR describing in more detail current medical conditions supporting the need for services. 10CCR 2505-10/8.527.11.A.3.a-e
474	Nursing visits solely for psychiatric counseling are not reimbursable. 10CCR 2505-10/8.528.12.A
475	The requested additional information is insufficient. Completion of the requested information is required to review this Prior Authorization. 10CCR 2505-10/8.527.11.A.3-4
476	Service previously authorized to this provider. The procedure code is already authorized for this client, this provider, this date span. Please bill using the information on the original PAR
477	Services authorized to another provider.
478	Services requested are beyond the 16 hour per day benefit limitation as a result of an EPSDT medical screening however the correct documentation has not been received. (The EPSDT claim form does not meet this requirement.) 10CCR 2505-10/8.548.10.M
479	The PAR shall cover a period of no longer than six (6) months. 10CCR 2505-10/8.548.10
913	The item or service requested is not a Medicaid Private Duty Nursing (PDN) benefit. 10CCR 2505-10/Vol 8.540-8.549
X01	This client is ineligible for PDN. 10 CCR 2505-10/8.540.4.A.1-7. This client may be eligible for Home Health Services. 10 CCR 2505-10/8.520.

Nursing Facility	
Reason Code	Description
851	Services authorized to another provider
N01	This is not a final denial. Please do not submit an appeal request. The Required 5615 noted in the Nursing Facility Billing Manual; General Prior Authorization Requirements is missing or incomplete. Please resubmit the 5615 and ULTC 100.2 certification page to the authorizing agent.
N02	This is not a final denial. Please do not submit an appeal request. The Required ULTC 100.2 certification page noted in the Nursing Facility Billing Manual; General Prior Authorization Requirements is missing or incomplete. Please resubmit the 5615 and ULTC 100.2 certification page to the authorizing agent.

Nursing Facility

Reason Code	Description
N03	This is a not final denial. Please do not submit an appeal request. The required client's social security number is invalid or does not match the social security number of file with the Colorado Medical Assistance Program. Please correct and resubmit both the 5615 and the UTLC 100.2 certification page to the authorizing agent.
N04	This is not a final denial. Please do not submit an appeal request. The required Client State ID number is missing or invalid. Please resubmit the 5615 and ULTC 100.2 Certification page with the correct information to the authorizing agency listed in Appendix D.
N05	This is not a final denial. Please do not submit an appeal request. The Client State ID number does not match the Client's name. Please resubmit the 5615 and ULTC 100.2 Certification page with the correct information to the authorizing agency listed in Appendix D.
N06	This is not a final denial. Please do not submit an appeal request. The required Client date of birth is missing or invalid. Please resubmit the 5615 and ULTC 100.2 Certification page with the correct information to the authorizing agency listed in Appendix D.
N07	This is not a final denial. Please do not submit an appeal request. The required Billing Provider number is missing or invalid. Please resubmit the 5615 and ULTC 100.2 Certification page with the correct information to the authorizing agency listed in Appendix D.

Pharmacy

Reason Code	Description
001	This prior authorization was denied because the prior authorization form was not completed or the necessary attachment was not included (10 CCR 2505-10 §8.834).
003	This prior authorization was denied because of a non-approved diagnosis. See Prior Authorization Policies for approved diagnoses for this drug in the Pharmacy section of the Department's Web site (10 CCR 2505-10 §8.834).
004	This prior authorization was denied because the quantity limits have been exceeded. See Prior Authorization Policies for approved Drug Limits for the allowable quantities for this medication (10 CCR 2505-10 §8.834).
005	This prior authorization was denied because of the dosing schedule. See Prior Authorization Policies for the approved dosing schedule for this drug (10 CCR 2505-10 §8.834).
006	This prior authorization was denied because medications administered in a hospital, physician's office or dialysis unit should be billed directly by those facilities as a MEDICAL item. These medications are not a PHARMACY benefit under Colorado Medicaid (10 CCR 2505-10 §8.831).
007	This prior authorization was denied because DESI drugs (medications determined not to be safe and effective by the FDA) and non-rebate able drugs (medications that have not signed a rebate agreement with the Centers for Medicare and Medicaid Services) are not a benefit of Colorado Medicaid (10 CCR 2505-10 §8.830).
008	This prior authorization was denied because a pain evaluation was not submitted to the Prior Authorization Helpdesk with the PA form. Please fax a pain evaluation to the PA Helpdesk for reconsideration (10 CCR 2505-10 §8.834).
009	This prior authorization was denied because the client has exceeded the 90 day lifetime benefit for smoking cessation products (10 CCR 2505-10 §8.830).
010	This prior authorization was denied because durable medical equipment (DME) and supplies are a <i>medical</i> benefit of Colorado Medicaid and need to be billed as a <i>medical</i> claim. DME are not a <i>pharmacy</i> benefit (10 CCR 2505-10 §8.836).
011	This prior authorization was denied because the client does not meet the criteria for approval. See Prior Authorization Policies in the Pharmacy section of the Department's Web site (10 CCR 2505-10 §8.834).

Pharmacy

Reason Code	Description
012	This prior authorization was denied because the client does not meet the criteria to receive a non-preferred product on the Colorado Medicaid Preferred Drug List. See Prior Authorization criteria on the Preferred Drug List (PDL) at www.colorado.gov/hcpf/provider-forms . (10 CCR 2505-10 §8.800.16.C)
013	This prior authorization was denied because of a non-approved diagnosis. See Prior Authorization criteria on the Preferred Drug List (PDL) or Appendix P for approved diagnoses for this drug at www.colorado.gov/pacific/hcpf/provider-forms . (10 CCR 2505-10 §8.800.7.B)
014	This prior authorization was denied because the quantity limits have been exceeded. See Drug Limits for the allowable quantities for this medication on the Preferred Drug List (PDL) or Appendix P at www.colorado.gov/hcpf/provider-forms . (10 CCR 2505-10 §8.800.7.B)
015	This prior authorization was denied because of the dosing schedule. See Prior Authorization criteria for the approved dosing schedule for this drug on the Preferred Drug List (PDL) or Appendix P at www.colorado.gov/hcpf/provider-forms . (10 CCR 2505-10 §8.800.7.B)
016	The criteria for approval of a Synagis prior authorization has not been met. Synagis Prior Authorization criteria can be found in APPENDIX P at www.colorado.gov/hcpf/provider-forms . (10 CCR 2505-10 §8.800.7.B, 10 CCR 2505-10 §8.058.2, 10 CCR 2505-10 §8.058.3)
017	This prior authorization was denied because the client has exceeded the lifetime benefit for smoking cessation products. Smoking cessation Prior Authorization criteria can be found in APPENDIX P at www.colorado.gov/hcpf/provider-forms . (10 CCR 2505-10 §8.800.4.B)
018	This prior authorization was denied because the client does not meet the criteria for approval. See Prior Authorization criteria on the Preferred Drug List (PDL) or APPENDIX P at www.colorado.gov/hcpf/provider-forms . (10 CCR 2505-10 §8.800.16.C)

Supply/DME

Reason Code	Description
D03	The information submitted does not meet the Colorado Medicaid Program's guidelines for medical necessity. 10 C.C.R. 2505-10, Sec. 8.590.2.A. (1-7).
D04	Service previously authorized to this provider or another provider. The procedure code is already authorized for this client, this date span. 10 C.C.R. 2505-10, Sec. 8.590.3.D.4
D05	This request is for a WHEELCHAIR. The Colorado Medicaid Program has provided a similar product within the last few years. It is Medicaid policy that the original wheelchair should be utilized for a minimum of 5 years. Please submit additional information documenting the need for a new wheelchair at this point in time. 10 C.C.R. 2505-10, Sec. 8.590.2.C.
D06	It is the responsibility of the provider to service, repair and supply necessary parts for any Durable Medical Equipment product covered by a warranty during the warranty period. No replacement parts or repairs will be reimbursed by Colorado Medicaid during the warranty period. 10 C.C.R. 2505-10, Sec. 8.590.4.L.
D07	This product would more appropriately be provided on a rental basis. 10 C.C.R. 2505-10, Sec. 8.590.2.G.
D08	This product's intended usage is for exercise. Colorado Medicaid does not cover products that are prescribed primarily for exercise. 10 C.C.R. 2505-10, Sec. 8.590.2.R.3.
D09	This product has been requested for a client who is currently residing in a nursing facility or hospital setting. Therefore, it will not be reimbursed through the Durable Medical Equipment program of Colorado Medicaid. It is the responsibility of the facility to provide this product. 10 C.C.R. 2505-10, Sec. 8.590.2.B.
D11	This product is not a benefit of the Durable Medical Equipment program. 10 C.C.R. 2505-10, Sec. 8.590.0 (R-S).

Supply/DME	
Reason Code	Description
D14	The requested information has not been submitted. 10 C.C.R. 2505-10, Sec. 8.590.3.D (1-9).
D16	This product does not require prior authorization. Submit charges on the appropriate claim form. 10 C.C.R. 2505-10, Sec. 8.590.3 (A).
D21	Prior authorization requests must be submitted in a timely fashion. Retroactive requests beyond three months shall only be considered in cases of client retroactive program eligibility. 10 C.C.R. 2505-10, Sec 8.590.3.F
D23	Effective August 1, 2007 Pulse Oximeters will have a maximum allowable rental cap of \$750.00 per year. Once the total rental payment reaches \$750.00 the equipment will convert to a purchase. This change is in accordance with the following Rule: 8.590.2.R. Rental Policy.
D30	This product would be more appropriately provided as a purchase. 10 C.C.R. 2505-10, Sec. 8.590.2.G.
D31	As per Medicaid Bulletin March 2003, 1 unit equals 100. Your requested quantity has been divided by 100.
D32	The amount requested exceeds the allowed quantity and has been reduced accordingly. Please refer to the current Medicaid Supply Bulletin and 10 C.C.R. 2505-10, Sec. 8.590.2.P.
D33	The amount requested is excessive for the diagnosis and has been reduced accordingly. Please refer to the current Medicaid Supply Bulletin and 10 C.C.R. 2505-10, Sec. 8.590.2.P.
D35	Per Medicaid supply bulletin, A9900 is limited to specialized, detailed or complex work in the initial preparation of a product.
D59	Prior Authorization is not required for Medicare Crossover claims. (8.590.3.B) Providers are required to bill Medicare first before billing Medicaid for this service. (Sec. 8.590.7.K)
D63	This item is included in the rental/purchase of the equipment or service that has been approved. Please refer to the current Medicaid Supply Bulletin. 10 C.C.R. 2505-10, Sec. 8.590.2.C.
Q01	This is not a final denial. Please do not submit an appeal request. The date(s) entered either on the Header or Detail lines are invalid. Please review the dates and submit a new PAR with valid dates to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3.D.
Q02	This is not a final denial. Please do not submit an appeal request. The information submitted does not support the need for the medical supplies or equipment requested. Please resubmit the PAR describing in more detail the current medical conditions that support the need for the supplies to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3. D (1-9).
Q03	This is not a final denial. Please do not submit an appeal request. The additional information submitted is insufficient. Completion of the requested information is required for review. Please resubmit PAR with the requested information to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3.
Q04	This is not a final denial. Please do not submit an appeal request. Serial number is required for all repairs. Please resubmit PAR with the serial number to the appropriate authorizing agency listed in Appendix D. Current Medicaid Supply Bulletin and 10 C.C.R. 2505-10, Sec. 8.590.3.D.8.
Q05	This is not a final denial. Please do not submit an appeal request. Please resubmit PAR with the invoiced acquisition cost for this item to the appropriate authorizing agency listed in Appendix D. Current Medicaid Supply Bulletin and 10 C.C.R. 2505-10, Sec. 8.590.4.D.5.c.
Q06	This is not a final denial. Please do not submit an appeal request. Wheelchair purchases must have the manufacturer, brand name and model name. Please resubmit PAR with the information requested above to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.4.C.D.
Q07	This is not a final denial. Please do not submit an appeal request. Requesting providers must have prescriptive authority for this item. Please resubmit PAR with the name of the prescribing physician to the appropriate authorizing agency listed in Appendix D. Current Medicaid Supply Bulletin.

Supply/DME	
Reason Code	Description
Q08	This is not a final denial. Please do not submit an appeal request. The Prior Authorization Request requires a physician's signature. Please resubmit PAR with a physician's signature to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3.D.9.
Q09	This is not a final denial. Please do not submit an appeal request. Procedure Code requested is invalid/incorrect or incomplete. Please resubmit PAR with proper code(s) from the current Medicaid Supply Bulletin to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3.
Q10	This is not a final denial. Please do not submit an appeal request. Please resubmit PAR with the name of meds, frequency, route and length of need to the appropriate authorizing agency listed in Appendix D. Current Medicaid Supply Bulletin and 10 C.C.R. 2505-10, Sec. 8.590.3.d.
Q11	This is not a final denial. Please do not submit an appeal request. Please resubmit PAR with the number of units requested to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3.D.
Q12	This is not a final denial. Please do not submit an appeal request. PAR dates must be for one year. Please resubmit PAR with corrected date span or provide an explanation as to why dates are less than one year to the appropriate authorizing agency listed in Appendix D. Please refer to the current Medicaid Supply Bulletin.
Q13	This is not a final denial. Please do not submit an appeal request. Additional information is required for this item. Please resubmit PAR and include whether these items are intended for use with a client owned piece of equipment to the appropriate authorizing agency listed in Appendix D. Current Medicaid Supply Bulletin.
Q14	This is not a final denial. Please do not submit an appeal request. Additional information is required for this item. Please resubmit PAR and describe 1) the client's level of impairment, 2) what has been used in the past, 3) if the client has available assistance 4) why this client is in need of this equipment/supply to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3.D.
Q15	This is not a final denial. Please do not submit an appeal request. Additional information is required for this item. Please resubmit PAR and describe 1) exactly why this item is needed, 2) what it will be used for, 3) the intended use for this item to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3.D.
Q16	This is not a final denial. Please do not submit an appeal request. Product information is required on this item. Please resubmit PAR with product information to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3.D.
Q17	This is not a final denial. Please do not submit an appeal request. A serial number is required for all repairs. Please resubmit PAR with the serial number for the repair to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3.D.
Q34	This is not a final denial. Please do not submit an appeal request. The Questionnaire form you submitted is no longer valid. Please resubmit PAR with the current Questionnaire form to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3
Q35	Prior Authorization Requests must be submitted on paper for the following items: electric wheelchairs, scooters, orthotics and prosthetics, augmentative communication devices. Please send the Prior Authorization Request for these items directly to the appropriate authorizing agency listed in Appendix D. 10 C.C.R. 2505-10, Sec. 8.590.3 (A-G).
Q36	Client has not utilized the equipment in the manner for which it was intended. Repairs and/or replacement of equipment will not be allowed in cases of repeated misuse. 10 C.C.R. 2505-10, Section 8.590.4.N.5
Q37	This product cannot be approved as its primary purpose is to either enhance the personal comfort of the client or provide convenience for the client's caregiver.. 10 C.C.R. 2505-10, Section 8.590.2.A.7
Q38	This is a rejection, not a final denial. Please do not submit an appeal request. Completion of PAR requirements have not been met. 10 C.C.R. 2505-10, Section 8.590

Supply/DME	
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Reason Code	Description
Q39	Same or similar services have already been previously approved for this client. 10 C.C.R. 2505-10, Section 8.590

Transportation	
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Reason Code	Description
402	Transportation to medical treatment located on or at military facilities is excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.)
403	Transportation to medical treatment to providers not enrolled in the Medicaid program when Medicaid is the primary payer is excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.)
404	Transportation to medical treatment which is not a Medicaid benefit is excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.)
405	Transportation to pick up or deliver prescriptions, medical supplies, or durable medical equipment is excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.)
406	Transportation for nursing facility or group home residents to any medical or rehabilitative services required to be part of the facility's program by Federal or State law is excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.)
407	Charges when the client is not in the vehicle are excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.)
408	Transportation to court-ordered medical services that are not a benefit of Medicaid is excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.)
409	Meals and lodging expenses when travel to and from a non-emergent medically necessary covered service can reasonably be completed in one calendar day is excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.)
410	Reimbursement for travel expenses of an escort when the travel is not expected to extend beyond one calendar day is excluded from the Colorado Medicaid medical transportation program. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.682 BENEFITS/EXCLUSIONS.)
411	The required documentation was not submitted for authorization of out-of-state medical transportation. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.686 OUT-OF-STATE TRANSPORTATION AUTHORIZATIONS.)
412	The required documentation was not submitted for authorization of commercial airline or train transportation. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.685.07 PRIOR AUTHORIZATION REQUIREMENTS/PROCEDURES, COMMERCIAL AIRLINE OR TRAIN.)
413	The required documentation was not submitted for authorization of ambulance and air ambulance transportation. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.685.08 PRIOR AUTHORIZATION REQUIREMENTS/PROCEDURES, AMBULANCE AND AIR AMBULANCE.)
414	The required documentation was not submitted for authorization of ancillary services related to medical transportation. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.685.09 PRIOR AUTHORIZATION REQUIREMENTS/PROCEDURES, ANCILLARY SERVICES.)
415	Services authorized to another provider.

Transportation	
Reason Code	Description
J01	The service is not a benefit of the Colorado Medicaid medical transportation program. 10 C.C.R. 2505-10, Section 8.014
413	The required documentation was not submitted for authorization of ambulance and air ambulance transportation. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.685.08 PRIOR AUTHORIZATION REQUIREMENTS/PROCEDURES, AMBULANCE AND AIR AMBULANCE.)
414	The required documentation was not submitted for authorization of ancillary services related to medical transportation. (As of February 1, 2002, the citation will be: 10 C.C.R. 2505-10, Sec. 8.685.09 PRIOR AUTHORIZATION REQUIREMENTS/PROCEDURES, ANCILLARY SERVICES.)
415	Services authorized to another provider.
J01	The service is not a benefit of the Colorado Medicaid medical transportation program. 10 C.C.R. 2505-10, Section 8.014

Appendix N Revisions Log

Revision Date	Appendix	Pages	Made by
02/09/2007	Re-lettered Appendices N–Y	1-12	jg
04/23/2007	PDCS Denial Codes – Changed to Appendix O	13-17	jg
06/22/2007	Added NPI Edits	13	jg
02/29/2008	Added five denial codes for all PAR types; Updated Supply/DME PAR denial codes	1 9-11	jg
05/14/2008	Corrected number for Dental Remarks field to reflect 2006 ADA form	2	jg
03/24/2009	Supply/DME, Dental and All provider types PAR denial codes updated	1, 2, 9-11	jg
04/10/2009	Appendix N – Added Pharmacy PAR denial codes	52	jg
11/03/2011	Pharmacy Prior Authorization Request Denial Reasons 1-11 and added 12 & 13.	8 & 9	jg
11/25/2011	Updated	All	jg
07/20/2012	Appendix N - Deleted EPSDT HH PAR denial reason 384. Appendix N - Changed Autism or PHW Waiver to Private Duty Nursing (PDN)	7 & 8	jg
08/07/2012	Appendix N - Deleted All PAR Types denial reason codes A12-A16; Medical PAR denial reason code 255. Added Medical PAR denial reason code E02.	1, 7	jg
12/20/2012	Updated and reformatted Appendix N	All	jg
01/25/2013	Updated and reformatted – Added Z21 (Long Term Home Health)	5	jg
05/29/2013	Added Nursing Facility denial reasons, N01-N03	8	Cc
10/29/2013	Removed ALL PAR Type denial reasons A18-A21 and moved to Nursing Facility Added Nursing Facility denial reasons N04-N07	1 8	Cc
07/02/2014	Added Reason Codes F05 – F18 to account new denial reasons for the DentaQuest ASO	2-3	Mm
02/04/2015	Updating Revised: footer date to 02/15	Throughout	Jh
02/06/2015	Formatting	Throughout	Bl
10/26/2015	Added E03 through E09 in Medical section per the instruction of the Personal Care benefit manager.	8	JH
11/23/2015	Moved Reason Code 445 from CMHS to All PAR Type.	1, 5	JH

Note: In many instances when specific pages are updated, the page numbers change for the entire section. Page numbers listed above, are the page numbers on which the updates/changes occur.