

**DHS's and UCARE'S
REASON CODE USAGE GUIDE
(Updated 5/25/10)**

DHS Version 03/01/2010
New codes 0316, 1618, 1619, 1620 for MH-TCM
Revised 1106 and update/add to 0700 (dental) codes - highlighted
Effective dates added in left column

Note: Codes and text in gray are inactive

<u>Reason Category</u>	<u>Reason Code</u>	<u>Reason</u>	<u>Supporting Citation</u>	<u>Usage Examples</u>
(Effective date)				
Not an emergency service				
	0101	This care was available at a health plan provider. You can only get care outside the network if it is an emergency.	9505.0330 subp. 5 9505.0190 9505.0175 subp. 11 M.S. 256B.0625, subd. 1a	Do not use – UCare will cover “urgent or emergency care”.
	0102	This care was available at a health plan provider. You can only get care outside the area if it is an emergency or urgent care.	9505.0330 subp. 5 9505.0190 9505.0175 subp. 11	Payment related. Not to be used with the restricted recipient program.
Provider				
	0201	[Non-participating provider] This provider is not in our health plan network.	9500.1460 Subp. 11 9505.0190	Non-par provider denials
	0202	[Non-participating provider] This provider is not in our health plan network. This provider is not eligible to provide this service. Attached is a list of providers who are in our network.	9500.1460 Subp. 11 9505.0190	Only use if attaching documentation.
	0203	[Non-participating provider] This provider is not in our health plan network. Attached is a list of providers who are in our network.	9500.1460 Subp. 11 9505.0190	Use only if attaching documentation.
	0204	[Non-participating provider] This provider is not in your dental network.	9500.1460 Subp. 11 9505.0190	
	0205	[Non-participating provider] This provider is not eligible to provide this service.	9500.1460 Subp. 11 9505.0190 PCA provider eligibility	<ul style="list-style-type: none"> ▪ PCA agencies trying to provide ind. Service ▪ Individual PCAs: state licensure

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Rarely used	0303	Not Medically Necessary. Your medical records do not support the diagnosis given.	9505.0175 Subp. 25 9505.0210	<ul style="list-style-type: none"> ▪ Botox for specific conditions related to diagnosis ▪ Insulin pump
	0304	Not Medically Necessary. Your medical records do not support the need for the number or amount of services requested.	9505.0175 Subp. 25 9505.0210 Use PCA cites if PCA related.	<ul style="list-style-type: none"> ▪ Initial reduction of the number requested ▪ Oxygen ▪ Home Health Care therapies ▪ Any service based on medical necessity and member doesn't need the amount requested (ex. PCA Level 1 behaviors)
	0305	Not Medically Necessary. Your medical records support that services provided less often than requested will meet your needs.	9505.0175 Subp. 25 9505.0210	<ul style="list-style-type: none"> ▪ Therapies ▪ Subsequent reduction of # of requested therapies
Rarely used	0306	Not Medically Necessary. The care requested for you is not the medical standard for this condition.	9505.0175 Subp. 25 9505.0210	<ul style="list-style-type: none"> ▪ Doctors use when research for certain treatments / not standard ▪ Ethnic (ex. Shaman) ▪ Chiropractic to treat bipolar or colic
Rarely used/	0307	Not Medically Necessary. Based on medical standards, the care requested for you will not maintain or help your health.	9505.0175 Subp. 25 9505.0210	<ul style="list-style-type: none"> ▪ Prolotherapy ▪ Chiropractic ▪ OT or PT ▪ NH PT/ADLs ▪
	0308	Not Medically Necessary. We received and looked at your medical information. It did not support that this care is needed to treat your condition.	9505.0175 Subp. 25 9505.0210	<ul style="list-style-type: none"> ▪ Denial of anything but PCA
	0309	Not Medically Necessary. Your medical records do not support a need for the item requested.	9505.0175 Subp. 25 9505.0210	<ul style="list-style-type: none"> ▪ DME ▪ supplies – ▪ Waiver items based on medical criteria (ex. Air conditioner for COPD and Asthma)
	0310	Your dental records do not support a need for this service.		
	0311	Tooth has been extracted. Service reported does not	9505.0210	<ul style="list-style-type: none"> ▪ Records show that tooth is gone/out

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		support the need for treatment.		
	0312	The records sent to us do not support the medical necessity for the level of service requested.	9505.0210	<ul style="list-style-type: none"> Acute inpatient rehab (0302 is used more)
	0313	The records sent to us do not support the medical necessity for the level of service requested. We have approved an alternate service.	9505.0210	<ul style="list-style-type: none"> Reduction of home care, care coordinator approves homemaking etc. Reduction nursing daily to nursing 2 times a week etc.
DO NOT USE. UCARE DOES NOT HAVE UCARE DEVELOPED CRITERIA.	0314	The records sent to us do not meet the coverage criteria for the level of service requested.	The same rule that is applied to other 'Not Medically Necessary' codes can be used here. The rules describe the benefit that is being covered. The way this reason code reads, it implies "coverage criteria" unique to a specific health plan, thus each plan may add COC or other benefit policy/coverage criteria language that fits the situation.	<ul style="list-style-type: none"> Anything the MCO has established medical criteria for (ex. Gastric bypass, MRIs, breast reduction, inpatient admission)
4/1/2009 NO UCARE DEVELOPED CRITERIA, DO NOT USE.	0315	The records sent to us do not meet the coverage criteria for the service requested.	Same as above	
no later than 6/1/2010	0316	You do not meet the coverage criteria for mental health targeted case management (MH-TCM).	Adults: Minnesota Statutes 245.461 to 245.486 Children: Minnesota Statutes 245.487 to 245.4889 and 256B.0625, subd. 20	For denial or termination of MH-TCM only.
No referral				

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DO NOT USE	0401	The health plan has no record of a referral from your primary care provider. If you had a referral, please contact Member Services. The number is on the back of your member card.	9505.0220 M.	
	0402	The health plan has no record of a referral from your primary care provider. If you had a referral, contact your primary care provider.	9505.0220	
DO NOT USE	0403	You received more services than were approved.	9505.5010	<ul style="list-style-type: none"> ▪ When services are greater than services approved ▪ Lack of service authorization
4/1/2009	0404	The health plan does not have a record of an approval of the hospital stay that matches the bill. [This is the provider's responsibility to correct.]	9505.5010	claims
4/1/2009	0405	The referral we have for this service does not match the service on the bill. [This is the provider's responsibility to correct.]	9505.5010	claims
4/1/2009	0406	The health plan has a record that your primary care provider did not allow a referral for this service.	9505.0220	
	0407	You are in the Restricted Recipient Program. Your designated provider did not allow a referral for this service. You may be responsible for these charges.	9505.2238	UCare Restricted Recipient Program usage only.
Not prior authorized				
	0501	The provider of this service did not get prior approval from the health plan.	9505.0210	Keep in mind, Minnesota Statutes, § 62D.12, subd. 19, the MCO shall not deny or limit coverage of a service which the Enrollee has received solely on the basis of lack of Service Authorization, to the extent that the service would otherwise have been covered by the MCO had Service Authorization been obtained.
Not eligible				

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	0601	You were not in this health plan on the date of service.	M.S. 256B.031, subd. 5, enrollment process for prepaid medical plans Minnesota Rules, Part 9500.1452, Eligibility to enroll in a health plan 9505.0010 to 9505.0150 eligibility criteria for participation in a prepaid medical program	The Enrollee might be eligible for medical assistance, but not enrolled in the health plan per MMIS.
	0602	You were not in this health plan on the date of service. Coverage ended on [insert date of termination].		
	0603	You were not in this health plan on the date of service. You were not covered from [insert termination date] to [insert date prior to new effective date].	Same as above	
Exceeds benefit level			The citation defines the service. 0701 used for many. Need accurate citation on DTR	
	0701	You have gone over the benefit limit for this service.	9505.0210 (general)	PCA/PDN/Chiro/Eyeglasses/Hearing Aid
	0701	You have gone over the benefit limit for this service.	9505.0245 subp 2	Chiro only
	0701	You have gone over the benefit limit for this service.	9505.0277	Eyeglasses only
	0701	You have gone over the benefit limit for this service.	9505.0287	Hearing aids only
4/1/2009	0702	[Exceeds benefit level.] This service is allowed once per six month period.	Minnesota Statute 256B.0625, subp. 9	Dental
4/1/2009	0703	[Exceeds benefit level.] The most common, least costly dental service is the benefit covered by your health plan.	9505.0210	Dental
4/1/2009	0704	[Exceeds benefit level.] This service is allowed once per twelve month period.	Minnesota Statute 256B.0625, subp. 9	Colonoscopy, pap, bone scans, mammograms. <i>All of these are covered</i>

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				<i>as recommended by age- and gender-group guidelines and medical necessity.</i>
4/1/2009	0705	[Exceeds benefit level.] This service is allowed once in a three year period.	9505.0270 subp. 2A	Dentures only
Reactivated 12/10/2009	0706	[Exceeds benefit level.] This service is allowed once in a five year period.	Minnesota Statute 256B.0625, subp. 9	Dental only
1/1/2010	0707	[Exceeds benefit level.] This service is allowed once per lifetime. Any additional oral hygiene instruction must be prior authorized.	9505.0270 subp. 1E and 2	Oral hygiene instruction. Eff. 1/1/2010: For children and pregnant women only. Not a covered service for non-pregnant adults.
4/1/2009	0708	[Exceeds benefit level.] You do not meet the age criteria for this service.	9505.0210	<ul style="list-style-type: none"> ▪ ADLs for children ▪ CTSS for adults ▪ Sealants – not using now, not supported by law <i>All of these are covered as recommended by age- and gender-group medical necessity.</i>
4/1/2009	0709	[Exceeds benefit level.] The number of times this service is covered is limited. This service exceeds the coverage limits.	9505.0210 (general) 9505.0245 subp 2 for chiro only Provider Manual Ch 23. for supplies only	<ul style="list-style-type: none"> ▪ Can be used for items ▪ Chiro/MH/Therapies ▪ Vaccinations (see 0704) ▪ Diapers ▪ Supplies
	0710	You have met or gone over your annual maximum dental benefit.		
	0711	You have gone over your annual \$5,000 maximum benefit.		
	0712	You have gone over your annual \$10,000 inpatient hospital benefit.	9506.0080 subp 2 B	<ul style="list-style-type: none"> ▪ MNCare only
	0713	The records sent to us do not meet the coverage criteria for the level of service requested.	9505.0210 (general)	Benefit Coverage Denials: <ul style="list-style-type: none"> ▪ PT ▪ PCA ▪ MH inpatient rehab vs. NH

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4/1/2009	0801	You have other insurance that should be billed first.	9505.0070 subp 2	
	0802	Your other insurance has already paid more than health plan name allows for this service. No more payment is needed by health plan name or you.	9505.0070 subp 2	
	0803	This service has been paid in full by your primary insurance. No more payment is needed by health plan name or you.	9505.0070 subp 2	
4/1/2009	0804	You have Medicare. Medicare should be billed first.	9505.0070 subp 2	<ul style="list-style-type: none"> ▪ Use this first when other coverage is Medicare
More information needed				
	0901	More information is needed from your provider before we can make a decision. You may ask your provider to send us more information.	9505.0210	
4/1/2009	0902	More information is needed from you or your provider before we can make a decision. [Call Member Services at _____ to ask what is needed.]	256B.0915 EW only 256B.49 CA waiver only	<ul style="list-style-type: none"> ▪ EW ▪ Other waivers
4/1/2009	0903	[More information is needed.] Tooth surface or number is not valid or missing for the service reported. It is the provider's responsibility to correct.	9505.0450	<ul style="list-style-type: none"> ▪ Dental only
4/1/2009	0904	[More information is needed.] Tooth arch or quadrant is not valid or missing for service reported. It is the provider's responsibility to correct.	9505.0450	<ul style="list-style-type: none"> ▪ Dental only
4/1/2009	0905	[More information is needed.] X-rays are needed for the service reported or requested. [It is the provider's responsibility to correct.]	9505.0450	<ul style="list-style-type: none"> ▪ Dental only
Revised 4/1/2009	0906	[More information is needed.] More written facts are needed about the treatment for the service reported. [It is the provider's responsibility to correct.]	9505.0450	<ul style="list-style-type: none"> ▪ Dental only
	0907	More information is needed. Procedure code is missing. It is the provider's responsibility to correct.	9505.0210 and 9505.0450	

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				256B.0625. Depending on whether the denial is for a child/pregnant woman or a non pregnant adult 21+, one or the other of the citations will apply.
	1107	This item is not covered in your benefit set.	256B.0625	
	1108	Porcelain crowns are not covered under your plan.	256B.0625	
	1109	One or more of the services or items on the claim is not covered in your benefit set. You may be responsible for payment of these services or items.	256B.0625	<ul style="list-style-type: none"> ▪ DME item ▪ some requested upgrades (basket, etc) not covered
	1110	One or more of the services or items on the claim is not covered in your benefit set. You may be responsible for payment of these services or items. [Call Member Services if you get a bill from the provider.]	256B.0625	<ul style="list-style-type: none"> ▪ DME item ▪ some requested upgrades (basket, etc) not covered ▪ For multi-item claims
	1111	An emergency room visit when it is not an emergency or urgent is not covered.	9505.0330 subp. 5 9505.0190 9505.0175 subp. 11 M.S. 256B.0625, subd. 1a	
	1112	This service is not covered by the health plan. It may be available through your county.	9505.0210	<ul style="list-style-type: none"> ▪ Targeted case management/PMAP ▪ SNBC – waived services ▪ PCA/PDN for Connect
4/1/2009	1113	Coverage of this service is excluded by law.	9505.0210	<ul style="list-style-type: none"> ▪ MNCare adult ortho ▪
4/1/2009	1114	You are not eligible for Long Term Care or waiver services for the time requested.	9505.0210	
4/1/2009	1115	You are in the Restricted Recipient Program. Restricted Recipients are not eligible for PCA Choice.	9505.2238	When a restricted recipient requests PCA choice – limited use opportunity
Payment (Category name changed from				

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“Miscellaneous” 4/1/2009				
	1201	This service or item is included in the daily rate paid to your nursing home, hospital, or other facility.	256B.441 Value-Based Nursing Facility Reimbursement. Inpatient Hospital 9500.1090 through 9500-1140 Long Term Care Facility 9549.0060	9549.0040 Cost categories (for facilities) 9505.310 Medical Supplies and Equipment Request for DME in a nursing home. SNV in a nursing home etc. Use appropriate citation based upon service.
claims	1202	We cannot pay this service or item as it is billed. It is the provider's responsibility to provide more information.	9505.0450 Billing procedures	
	1203	Moved to 1601		▪
claims	1204	Your provider billed us for this service or item too late. We do not pay bills that are sent in after _____months. You are not responsible for this bill.	9505.0450 Billing Procedures	▪
	1205	This service or item has already been paid for as part of another service.	9505.0450 Billing Procedures 9505.0210	<ul style="list-style-type: none"> ▪ Minor procedure/surgery included with major ▪ Rhinoplasty – polyps ▪ Wheelchair...battery packs/Bundled DME items, billed separately or requested separately.
	1206	Services not rendered.		
	1207	This tooth has received these services. We will not pay to treat the tooth again.	9505.0210	Scope of covered services
	1208	This is a duplicate claim for the service reported.	9505.0450	<ul style="list-style-type: none"> ▪ May send DTR – not required
	1209	This service should be billed to your medical health plan. It is your provider's responsibility to submit the bill to your health plan.	9505.0450	<ul style="list-style-type: none"> ▪ TMJ, Ortho/oral surgery, etc. when underlying medical condition ▪ Cyst removal (medical) ▪ Pharm – for non-drug/non meds

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4/1/2009	1210	Moved to 0207		
Claims –	1211	We do not pay for this type of service rendered by this provider.	9505.0450 Subp. 5	<ul style="list-style-type: none"> ▪ Ind. Acupuncturist ▪ PCA agency trying to bill for individual services. ▪ SNV billed by PCA only provider.
4/1/2009	1212	Moved to 0208		
	1213	We were informed that the service was not provided or performed.	9505.0450 Subp. 5	
	1214	We were informed that the item was returned.	9505.0450 Subp. 5	
	1215	You are in the Restricted Recipient Program. This service was not provided by your designated provider. Contact your designated provider if you believe you had a referral for this service. You may be responsible for payment of these charges.	9505.2238	UCare Restricted Recipient Use only
4/1/2009	1216	Moved to 0209		
	1217		Note: This code was never used. (created during '08 reason code development – moved to 1602)	
4/1/2009	1218	The MinnesotaCare tax is included in the provider fee schedule and cannot be billed separately. [No DTR required to member]	Provider Contract 9506.0300	<ul style="list-style-type: none"> ▪ No DTR required to member
4/1/2009	1219	A service or item that meets this need has already been provided.	9505.0210	<ul style="list-style-type: none"> ▪ Back-up wheelchair – when no power chair exists. ▪ HHA request when mbr has PCA.
4/1/2009	1220	This is not part of your care plan.	9505.0210	Waiver service use.
4/1/2009	1221	This service requires an order from your physician. Your physician has not ordered this service.	9505.0210	<ul style="list-style-type: none"> ▪ DME ▪ Home Care
Transportation				
	1301	This ride was to a place or service that the health plan does not cover.	256B.0625, subd. 17 9505.0315 (special	

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			transportation)	
	1302	You did not call early enough to have this ride approved. Call xxx day(s) ahead.	MCO COC	
	1303	The health plan sent you a bus pass for rides this month.	256B.0625, subd. 18 Medical Assistance Benefit	
	1304	You have been suspended from <transportation service name> until < date >. Call <_____> to discuss your options.	256B.0625, subd. 17	
Revised 8/18/2009	1305	This ride was to and/or from a place that the health plan does not cover.	256B.0625, subd. 17 9505.0315 (special transportation)	
	1306	This ride was for a service that the health plan does not cover.	9505.0315	
	1307	We do not provide rides to unattended children under the age of 12.	COC	
	1308	This ride is not covered because you did not get a referral for this appointment.	256B.0625, subd. 17	
	1309	We do not provide rides when you have access to a car. Contact your county worker to see if you can be reimbursed for mileage.	256B.0625, subd 17, 18	
Revised 4/1/2009	1310	Your ride was denied because the distance beyond State guidelines for transportation.	MHCP Provider Manual, Transportation	
	1311	Your <type of transportation> services are restricted until <date>. Call <Member Services or telephone #> to discuss your options.	256B.0625, subd. 17, 18	
Pharmacy				
	1401	Your provider requested a quantity larger or greater than allowed in your benefit set.	256B.0625 subd. 13	
	1402	This is a non-formulary medication. Have your provider call the health plan pharmacy department.	256B.0625 subd. 13	
	1403	This is not a covered drug.	256B.0625 subd. 13	▪ Meridia/weight loss drugs

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	1404	Your medication was denied because you did not meet medical criteria.	256B.0625 subd. 13	
	1405	Your medication was denied because the drug is excluded from the health plan.	256B.0625 subd. 13	
MA/Medicare				
	1501	This is not a Medicare covered service. You were not eligible for Medical Assistance on the date of service. <Health plan> only covers Medicare services for that date of service.	M.S. 256B.056 – Eligibility (subd. 7, Period of Eligibility)	<ul style="list-style-type: none"> ▪ No payment, 90 day 3 mo language in contract
	1502	You were not eligible for Medical Assistance on the date of service. <Health plan> has paid the Medicare portion of this claim. You may be responsible for payment of part of this claim.	Same as above	<ul style="list-style-type: none"> ▪ Partial payment, covered benefit under Medicare
Service authorization				
Use new code # 4/1/2009	1601 (1203)	We have approved part of the request. Your provider may contact us later if more services are needed.	9505.0220 paragraph C or I	<ul style="list-style-type: none"> ▪ For denials and reductions ▪ Approval for shorter period than requested ▪ Reducing # of hours, amount ▪ EX: Approve 4 weeks of therapy – doctor can ask for more later ▪ DME rental – asking for 6 months, approve 3 months etc. ▪
4/1/2009	1602	Services are being terminated at the member's request.	Minnesota Statute 256B.69 Subd.6b,	Enrollee must be informed in writing when waiver service is terminated or reduced, including when at a member's request. Not only waiver service, but other approved services.

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4/1/2009	1603	The request for services was withdrawn by your provider or at your request.	Minnesota Statute 256B.69 Subd.6b,	Enrollee must be informed in writing when waiver service is terminated or reduced, including when at a member's request. Mbr refusing PCA assessment.
4/1/2009	1604	Based on your assessment, your PCA services will be reduced.	M.S.256B. 0625, subd. 19a M.S. 256B.0655, subd. 1b, and subd. 2	Do not use if related to new PCA tool. Only for subsequent services not part of legislative changes.
4/1/2009	1605	Based on your assessment, your PCA services will be terminated.	M.S. 256B.0625, subd. 19a M.S. 256B.0655, subd. 1b and subd. 2	Do not use if related to new PCA tool. Only for subsequent services not part of legislative changes
4/1/2009	1606	Based on your assessment, PCA services are not necessary.	M.S. 256B.0625, subd. 19 M.S. 256B.0655, subd. 1b	Initial assessment – no PCA hours recommended by PHN
4/1/2009	1607	Your assessment did not support the need for the amount of PCA services requested.	M.S. 256B.0655, subd. 1a	Mbr requesting for 'more' PCA than indicated on PCA assessment.
4/1/2009	1608	Based on your care plan, your Waiver services will be reduced.	M.S. 256B.0652 9505.0290	waiver
4/1/2009	1609	Based on your care plan, your Waiver services will be terminated.	M.S. 256B.0652	waiver
4/1/2009	1610	A service or item that meets this need has already been provided.	9505.0210 – General requirements for covered services	HHA when a PCA has been approved
4/1/2009	1611	This is not part of your care plan.	M.S. 256B.0651, subd. 12 9505.0290 or 9505.0295	waiver
4/1/2009	1612	This service requires an order from your physician. Your physician has not ordered this service.	9505.0290 or 9505.0295	
After 5/1/2009	1613	We were unable to locate you for the required face-to-face PCA assessment. Your request for PCA services is denied. Call Member Services at _____ to ask what is needed to request another PCA assessment.	Minnesota Statute 256B.0655, Subd. 1b	For Initial PCA assessments only
After 5/1/2009	1614	We were unable to locate you for the required face-to-face or telephone PCA re-assessment. Your current PCA services will be terminated. No further	Minnesota Statute 256B.0655, Subd. 1b	For use when a member has previously authorized PCA services

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		PCA services will be authorized until the required PCA re-assessment is completed. Call Member Services at _____ to ask what is needed to request another PCA re-assessment.		
After 9/1/2009	1615	Services are being reduced at the member's request.	Minnesota Statute 256B.69 Subd.6b,	Enrollee must be informed in writing when waiver service is terminated or reduced, including when at a member's request.
After 1/1/2010	1616	Your PCA services are being reduced. Based upon your assessment and changes to state law, you no longer qualify for your current level of services.	Minnesota Statutes, 256B.0625, Subd. 19a	2010 Legislative Changes impacting PCA Assessment/Eligibility 1 st time new tool is used.
After 1/1/2010	1617	Your PCA services are being terminated. Based upon your assessment and changes to the law, you no longer qualify for PCA services.	Minnesota Statutes, 256B.0625, Subd. 19a	2010 Legislative Changes impacting PCA Assessment/Eligibility 1 st time new tool is used.
no later than 6/1/2010	1618	Mental health targeted case management services are ending at the member's request.	Minnesota Rules 9520.0924 (C)	For termination of MH-TCM services only.
no later than 6/1/2010	1619	Mental health targeted case management services are ending because you have had no face-to-face contact with your case manager for 90 days or more.	Minnesota Rules 9520.0924 (D)	For termination of MH-TCM services for children only.
no later than 6/1/2010	1620	Mental health targeted case management services are ending because you have had no face-to-face contact with your case manager for 180 days or more.	Minnesota Rules 9520.0924 (E)	For termination of MH-TCM services for adults only.