

Jim Edge, Deputy Administrator  
DMAP Policy and Planning Section

Authorized Signature

Number: DMAP-IM-07-006

Issue Date: 01/22/2007

Topic: Medical Benefits

Subject: New DMAP Service Denial Codes - Effective January 26, 2007

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities   |
| <input type="checkbox"/> County DD Program Managers    | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |

**Message:**

DMAP has recently revised the Service Denial Codes that are used when entering a denial of medical services or medical transportation services. This generates a denial notice to the client and provider stating the reason the medical service or request for transportation service was denied. These new codes will go into effect January 26, 2006.

The Service Denial Codes are broken into several different categories (i.e., General Rules, DME, Transportation, Therapy Services, etc). More than one service denial code may be used when denying services. When using these be sure to use all Service Denial Codes which apply when denying the service.

Prior authorization authority has not changed. The chart in the Prior Authorization section of the current DMAP worker guide identifies who may authorize or deny services.

The Service Denial Codes will be updated in the DMAP Worker Guide at the next scheduled update.

*If you have any questions about this information, contact:*

|                    |                           |             |                |
|--------------------|---------------------------|-------------|----------------|
| <b>Contact(s):</b> | Kelly Jamison             |             |                |
| <b>Phone:</b>      | (503) 945-6916            | <b>Fax:</b> | (503) 373-7689 |
| <b>E-mail:</b>     | Kelly.Jamison@state.or.us |             |                |

## Service Denial Codes General Rules, OHP Admin Rules

| Code | Description  |
|------|--|
| R01  | The client is not currently eligible for medical assistance coverage. The provider must verify that the individual receiving services is eligible on the date of service and for the service provided. (General rules OAR 410-120-1140, OAR 410-120-1320)                                      |
| R02  | The requested item/service is not covered. The diagnosed medical condition for which the item/service was requested does not appear on a funded line of the Prioritized List of Health Services. (OHP Admin. Rules OAR 410-141-0480, OAR 410-141-0500, OAR 410-141-0520)                       |
| R03  | The requested treatment is not covered as the diagnosis and treatment do not pair on a funded line of the Prioritized List of Health Services. (OHP Admin. Rules OAR 410-141-0480, OAR 410-141-0500, OAR 410-141-0520)   |
| R04  | DMAP will not pay for services when the client is enrolled in a prepaid health plan that covers the service. Please contact the client's plan. (General Rules OAR 410-141-0420)  |
| R05  | The information submitted does not substantiate the item/service is the least costly alternative that will meet the client's medical needs. (General Rules 410-120-0000, OAR 410-120-1200, OAR 410-120-1320, Durable Medical Equipment OAR 410-122-0080)                                       |
| R06  | The OHP client's benefit package does not cover acupuncture, chiropractic or osteopathic manipulation. (General Rules OAR 410-120-1210)  |
| R07  | Hospital services for this diagnosis are not covered under the OHP Limited Hospital Benefit Package for OHP Standard clients. (General Rules OAR 410-120-1210, Hospital Services OAR 410-125-0147)   |
| R08  | Insufficient/No documentation received to determine medical appropriateness of the service. Only services which are Medically Appropriate and for which the required documentation has been supplied may be authorized. (General Rules – OAR 410-120-0000, OAR 410-120-1200, OAR 410-120-1320) |
| R09  | DMAP does not pay for services that are not considered reasonable or necessary for the diagnosis and treatment of disability, illness or injury. (General Rules OAR 410-120-0000, OAR 410-120-1200)  |
| R10  | DMAP does not pay for services which are not expected to significantly improve the basic health of the client. (General Rules OAR 410-120-1200)  |
| R11  | DMAP does not cover items or services which are for the convenience of the Client and are not medically or dentally appropriate. (General Rules OAR 410-120-1200)  |
| R12  | DMAP does not cover items or services which are primarily intended to improve appearance. (General Rules OAR 410-120-1200)   |
| R13  | Services or items provided by friends or relatives of a client are not covered. (General Rules OAR 410-120-1200)   |

## Service Denial Codes General Rules, OHP Admin Rules

| Code | Description   |
|------|---|
| R14  | DMAP does not cover medical expenses incurred by a client, regardless of age, who is in the custody of a law enforcement agency or an inmate of a non-medical public institution. (General Rules OAR 410-120-1200)  |
| R15  | Immunizations prescribed for foreign travel are not covered. (General Rules OAR 410-120-1200)   |
| R16  | DMAP will not pay for purchase, repair or replacement of materials or equipment when loss or damage is due to the adverse action of the client. (General Rules OAR 410-120-1200)  |
| R17  | DMAP does not cover services related to establishment or reestablishment of fertility or pregnancy or for the treatment of sexual dysfunction, including impotence. (General Rules - OAR 410-120-1200)  |
| R18  | Transsexual surgery or any related services are not covered. (General Rules OAR 410-120-1200)   |
| R19  | DMAP does not cover routine checkups or examinations for individuals age 21 or older in connection with participation, enrollment, or attendance in a program or activity not related to the improvement of health (i.e., exams for employment or insurance purposes). (General Rules OAR 410-120-1200) |
| R20  | DMAP does not pay for services that are considered experimental or investigational, or which deviate from acceptable and customary standards of medical practice or for which there is insufficient outcome data to indicate efficacy. (General Rules OAR 410-120-1200)                                 |
| R21  | DMAP does not cover items or services that are requested by or for a Client whom DMAP has determined to be non-compliant with treatment and who is unlikely to benefit from additional related, identical, or similar services. (General Rules OAR 410-120-1200)  |
| R22  | DMAP does not pay for services that were not properly prescribed by a licensed practitioner practicing within his/her scope of practice or licensure. (General Rules OAR 410-120-1200)  |
| R23  | DMAP does not cover radial keratotomy. (General Rules OAR 410-120-1200)   |
| R24  | DMAP does not cover recreational therapy. (General Rules OAR 410-120-1200)  |
| R25  | DMAP does not cover weight loss programs or food supplements used for weight loss. (General Rules OAR 410-120-1200)   |
| R26  | DMAP does not pay for non-emergency out-of-state medical services unless DMAP authorizes the service in advance and the services are not available in the State of Oregon. (General Rules – OAR 410-120-1180)   |
| R27  | DMAP does not pay for services which are provided outside the United States except for those countries operating a medical assistance Title XIX program. (General Rules OAR   |

## Service Denial Codes General Rules, OHP Admin Rules

| Code | Description  |
|------|--|
|      | 410-120-1180)  |
| R28  | DMAP will not pay for dental services when the client is enrolled in a DCO. Please contact the client's dental plan. (OHP Administrative Rules OAR 410-141-0420)   |
| R29  | This service is not covered by DMAP for clients with Citizen/Alien-Waived Emergency Medical (CAWEM) coverage. (General Rules OAR 140-120-0000, OAR 140-120-1200; OAR 410-120-1210)   |
| R30  | DMAP will not provide authorization for services after 90 days from the date of service unless documentation is provided showing that authorization could not have been obtained within 90 days of the date of service. (General Rules OAR 410-120-1320) |
| R31  | Items included in the nursing facility all-inclusive rate are the responsibility of the nursing facility. (General Rules - OAR 410-120-1340; Pharmaceutical Services - 410-121-0625; SPD - OAR 411-070-0085)   |
| R32  | This service is not covered by DMAP for clients with only QMB coverage. Coverage is only for those services which are covered by Medicare. (General Rules OAR 410-120-1210)  |
| R33  | Prior Authorization is not required for Medicare covered services. (General Rules OAR 410-120-1340, DME OAR 410-122-0040)  |
| R34  | Request denied with manual denial notice noting the reason for the denial and the law or rule under which the request was denied.  |
| R35  | Insufficient/No documentation submitted to show criteria in the Prioritized List of Health Services guideline notes for this condition have been met. (OHP Admin Rules – OAR 410-141-0480, OAR 410-141-0500, OAR 410-141-0520)                           |

## Service Denial Codes Dental

| Code | Description  |
|------|--|
| L01  | The client is not currently eligible for medical assistance coverage. The provider must verify that the individual receiving services is eligible on the date of service and for the service provided. (General rules OAR 410-120-1140, OAR 410-120-1320)  |
| L02  | The diagnosis for which the dental services were requested is not covered by the Oregon Health Plan. (OHP Admin. Rules – OAR 410-141-0480, OAR 410-141-0500, OAR 410-141-0520)   |
| L03  | The dental services requested are not covered under the OHP Standard Benefit Package. Services are limited to emergency dental services requiring immediate treatment. (Dental Services – OAR 410-123-1085, OAR 410-123-1670, Table 123-1670-1, General Rules OAR 410-120-1210)                  |
| L04  | DMAP will not pay for dental services when the client is enrolled in a DCO. Please contact the client's <i>dental</i> plan. (Dental Services – OAR 410-123-1160, OAR 410-123-1600, OHP Administrative Rules OAR 410-141-0420, General Rules – OAR 410-120-0250, OAR 410-120-1140)                |
| L05  | DMAP will not pay for services when the client is enrolled in a <i>prepaid health plan</i> that covers the service. Please contact the client's plan. (General Rules OAR 410-141-0420)   |
| L06  | DMAP will not cover dental treatment for the client's condition when the prognosis is unfavorable, treatment impractical or there is a less costly procedure that would achieve the same ultimate result. (Dental Services – OAR 410-123-1100, OAR 410-123-1260, General Rules OAR 410-120-1200) |
| L07  | The clinical information provided does not support the treatment or services requested. (Dental Services – OAR 410-123-1100, OAR 410-123-1260, General Rules OAR 410-120-0000)   |
| L08  | Dental Services provided outside of an Emergency Department Hospital setting are not covered for CAWEM clients, even if they are seeking emergency services. (General Rules – OAR 410-120-1210)  |
| L09  | DMAP did not receive the required documentation from the provider to determine eligibility for the requested dental services. (Dental Services – OAR 410-123-1100, OAR 410-123-1160, OAR 410-123-1260, General Rules – OAR 410-120-1320, OAR 410-120-0000)                                       |
| L10  | The service requested is not covered separately as it is considered minimal, included in the examination, part of another service, or included in routine post-op or follow-up care. (Dental Services - OAR 410-123-1200)  |
| L11  | DMAP does not cover the requested procedure(s). (Dental Services – OAR 410-123-1220, Table 123-1260-1)   |
| L12  | Payment for crowns for posterior teeth, permanent or primary is limited to stainless steel crowns. (Dental Services, OAR 410-123-1260(10))   |

## Service Denial Codes Dental

| Code | Description  |
|------|--|
| L13  | Payment for preparation of the gingival tissue for crown placement is not separately payable. (Dental Services, OAR 410-123-1260(10))  |
| L14  | Crowns are covered only when there is significant loss of clinical crown and no other restoration will restore function. The documentation provided does not support that this criteria has been met. (Dental Services, OAR 410-123-1260(10))                        |
| L15  | Crown replacement is limited to one every five years per tooth unless exception criteria in OAR 410-123-1260(10) are met.  |
| L16  | The endodontic treatment (root canal therapy) requested is not covered because it does not meet the criteria allowing coverage in OAR 410-123-1260(11).  |
| L17  | Retreatment of a root canal is not covered for bicuspid or molars. (Dental Services – OAR 410-123-1260)  |
| L18  | Retreatment is limited to anterior teeth and only when criteria in OAR 410-123-1260(11) are met.   |
| L19  | Root canal therapy is not covered for third molars. (Dental Services – OAR 410-123-1260)   |
| L20  | Dentures (partial, complete or immediate) are limited to clients age 16 or older. (Dental Services – OAR 410-123-1260)   |
| L21  | Replacement of dentures and partial dentures is limited to once every five years and only if dentally appropriate. This limitation applies regardless if the client is enrolled in a dental care organization or fee-for-service. (Dental Services OAR 410-123-1260) |
| L22  | Replacement of partial dentures with full dentures is payable five years after the partial denture placement, unless the client meets the exception criteria in OAR 410-123-1260(13).  |
| L23  | Cast partial dentures are not covered if stainless steel crowns are used as abutments. (Dental Services – OAR 410-123-1260)  |
| L24  | Cast partial dentures must have one or more anterior teeth missing or four or more posterior teeth missing per arch. Third molars are not a consideration when counting missing teeth. (Dental Services – OAR 410-123-1260)  |
| L25  | Orthodontia services are limited to eligible clients with a diagnosis of cleft palate with cleft lip. (Dental Services – OAR 410-123-1260)   |
| L26  | This service is not covered by DMAP for clients with Citizen/Alien-Waived Emergency Medical (CAWEM) coverage. (General Rules OAR 140-120-0000, OAR 140-120-1200, OAR 410-120-1210, Dental – OAR 410-123-1000, OAR 410-123-1540)                                      |
| L27  | The criteria allowing coverage for hospital dental services have not been met. (Dental Services – OAR 410-123-1490, OHP Admin. Rules – OAR 410-141-0480)   |

## Service Denial Codes Durable Medical Equipment

| Code | Description  |
|------|--|
| D01  | Invalid or missing order for requested item. The written order must include all elements identified in OAR 410-122-0020. (DME OAR 410-122-0020)  |
| D02  | The OHP client is enrolled in a prepaid health plan. Please contact the prepaid health plan for authorization procedures. (DME OAR 410-122-0040, OHP Admin. Rules OAR 410-141-0420)  |
| D03  | DMAP did not receive the required documentation from the provider to determine eligibility for this item/service. A request was sent to the provider for additional information. (General Rules OAR 410-120-1320, OAR 410-120-0000, DME OAR 410-122-0184, OAR 410-122-0186)  |
| D04  | Prior Authorization is not required for Medicare covered services. (General Rules OAR 410-120-1340, DME OAR 410-122-0040)  |
| D05  | No documentation provided of timely appeal with Medicare. If Medicare denies coverage on appeal, DMAP criteria will apply in determining coverage. (DME OAR 410-122-0080)  |
| D06  | Prior authorization request for services provided after hours was not submitted within five working days from the initiation of service. (DME OAR 410-122-0040)  |
| D07  | The items/supplies requested are not covered by the OHP Standard Benefit package. The OHP Standard benefit package limits coverage for durable medical equipment, prosthetics, orthotics and supplies to those items/supplies identified in OAR 410-122-0055, Table 122-055. (DME OAR410-122-0055, General Rules OAR 410-120-1210) |
| D08  | DMAP does not pay for durable medical equipment, prosthetics, orthotics or medical supplies that have not been approved for marketing by the Food and Drug Administration (FDA) as safe and effective for the purpose intended. (DME OAR 410-141-0080, General Rules OAR 410-120-1200)   |
| D09  | The requested item is not covered as the diagnosed medical condition for which the item was requested does not appear on a funded line of the Prioritized List of Health Services. (OHP Admin. Rules OAR 410-141-0480, OAR 410-141-0500, OAR 410-141-0520, DME OAR 410-122-0080)   |
| D10  | DMAP does not cover durable medical equipment, prosthetics, orthotics, or medical supplies when the item or the use of the item is not primarily medical in nature. (DME OAR 410-122-0080)   |
| D11  | DMAP does not cover durable medical equipment, prosthetics, orthotics, or medical supplies when the item or the use of the item is for personal comfort or convenience of the client or caregiver. (DME OAR 410-122-0080)  |
| D12  | DMAP does not cover durable medical equipment, prosthetics, orthotics, or medical supplies when the item is inappropriate or unsuitable for home use. (DME OAR 410-122-0080)   |

## Service Denial Codes Durable Medical Equipment

| Code | Description  |
|------|--|
| D13  | DMAP does not cover durable medical equipment, prosthetics, orthotics, or medical supplies when the item is a self-help device. (DME OAR 410-122-0080)   |
| D14  | DMAP does not cover durable medical equipment, prosthetics, orthotics, or medical supplies when the item or the use of the item is not therapeutic or diagnostic in nature. (DME OAR 410-122-0080)   |
| D15  | DMAP does not cover durable medical equipment, prosthetics, orthotics, or medical supplies when the item or the use of the item is for precautionary reasons. (DME OAR 410-122-0080)   |
| D16  | DMAP does not cover durable medical equipment, prosthetics, orthotics, or medical supplies when the item or the use of the item is for a purpose where the medical effectiveness is not supported by evidence-based clinical practice guidelines. (DME OAR 410-122-0080)                         |
| D17  | DMAP does not cover DME, prosthetics, orthotics, or medical supplies included in the all-inclusive nursing facility rate, part of a home and community based care waiver service, or by any public, community or third party resource. (OAR 410-122-0080, OAR 410-120-1340, OAR 411-070-0085)    |
| D18  | The information submitted does not substantiate the item/service is the least costly alternative that will meet the client's medical needs. (General Rules 410-120-0000, OAR 410-120-1200, OAR 410-120-1320, DME OAR 410-122-0080)   |
| D19  | The information submitted does not substantiate the medical appropriateness for the service provided/requested. (General Rules – OAR 410-120-0000, OAR 410-120-1200, OAR 410-120-1320)   |
| D20  | Medical supplies are not separately payable to a DMEPOS provider while a client with Medicare Part A coverage is under a home health plan of care and covered home health care services. (DME OAR 410-122-0080, Hospice -OAR 410-142-0120)   |
| D21  | Medical supplies are not separately payable while a client is under a hospice plan of care where the supplies are included as part of the written plan of care and for which payment may otherwise be made by Medicare, DMAP or other carrier. (DME OAR 410-122-0080)                            |
| D22  | The requested item is excluded from coverage. The items listed in Table 122-0080 do not meet the requirements under DMEPOS rules for purchase, rent or repair of equipment or items. (DME OAR 410-122-0080, General Rules OAR 410-120-1200, OHP Admin. Rules OAR 410-141-0480, OAR 410-141-0500) |
| D23  | Incorrect/No HCPCS code provided with this request. The appropriate HCPCS code must be used to identify the items requested. (DME OAR 410-122-0180, OAR 410-122-0190)  |
| D24  | These procedure codes are bundled within another code and are not separately payable. (DME OAR 410-122-0180, OAR 410-122-0080)   |

## Service Denial Codes Durable Medical Equipment

| Code | Description   |
|------|---|
| D25  | This item is considered to be paid after 13 consecutive months of rental by the same provider or when purchase price is reached. (Legend – OAR 410-122-0182)  |
| D26  | DMAP does not cover repairs that exceed the estimated expense of purchasing or renting another item of equipment for the remaining period of medical need. (DME OAR 410-122-0184)   |
| D27  | DMAP does not cover repairs to equipment when the skill of a technician is not required; or the equipment has been previously denied; or the equipment is being rented; or parts and labor are covered under a manufacturer's or supplier's warranty. (DME OAR 410-122-0184)                              |
| D28  | DMAP does not cover walker gliders, oxymiser cannulas, hydraulic bathtub lifts, or heavy duty or extra-wide rehab shower/commode chairs for client's residing in a nursing facility. (Miscellaneous Durable Medical Equipment and Supplies – OAR 410-122-0190, Table 122-0190, Legend – OAR 410-122-0182) |
| D29  | DMAP does not cover maintenance/service for rented equipment. (DME OAR 410-122-0184)  |
| D30  | The criteria allowing coverage for a pulse oximeter and/or related items has not been met. (Pulse Oximeter - OAR 410-122-0200)  |
| D31  | The criteria allowing coverage for a continuous positive airway pressure device (CPAP) and/or CPAP related accessories has not been met. CPAP System - OAR 410-122-0202, Table 122-0202, Legend – OAR 410-122-0182)   |
| D32  | CPAP cannot be converted to purchase without recent documentation of efficacy and compliance from the physician. (CPAP – OAR 410-122-0202)  |
| D33  | This request exceeds limitations for CPAP and BiPAP accessories. Maximum number of services approved per limitations specified in rule. (CPAP - OAR 410-122-0202, Respiratory Assist Devices – OAR 410-122-0205, Legend - OAR 410-122-0182)   |
| D34  | The criteria allowing coverage for oxygen and oxygen equipment has not been met. (Oxygen and Oxygen Equipment – OAR 410-122-0203, Table 122-0203, Legend - OAR 410-122-0182)  |
| D35  | Oxygen therapy is not covered for this diagnosed medical condition. (Oxygen and Oxygen Equipment – OAR 410-122-0203)  |
| D36  | The criteria allowing coverage for respiratory assist devices and/or supplies has not been met. (Respiratory Assist Devices – OAR 410-122-0205, Table 122-0205-1, Table 122-205-2, Table 122-207, Legend – OAR 410-122-0182)  |
| D37  | The criteria allowing coverage for a ventilator and/or supplies has not been met. (Ventilators - OAR 410-122-0210, Table 122-0210, Legend - OAR 410-122-0182)   |

## Service Denial Codes Durable Medical Equipment

| Code | Description  |
|------|--|
| D38  | The criteria allowing coverage for an apnea monitor for infants has not been met. (Apnea Monitors for Infants – OAR 410-122-0240, Table 122-0240, Legend – OAR 410-122-0182)   |
| D39  | The criteria allowing coverage for a breast pump has not been met. (Breast Pumps – OAR 410-122-0250)   |
| D40  | The criteria allowing coverage for bilirubin light therapy and/or supplies has not been met. (Light Therapy – OAR 410-122-0300, Table 122-0300, Legend - OAR 410-122-0182)   |
| D41  | The criteria allowing coverage for a manual wheelchair has not been met. (Manual Wheelchair Base – OAR 410-122-0320, Table 122-0320, Legend - OAR 410-122-0182)  |
| D42  | DMAP does not reimburse for another wheelchair if the client has a medically appropriate wheelchair that meets his/her needs. (Manual Wheelchair – OAR 410-122-0320, Power Wheelchair – OAR 410-122-0325, POV – OAR 410-122-0330, Pediatric Wheelchair – OAR 410-122-0720)                     |
| D43  | The client's living quarters must be able to accommodate and allow for effective use of the requested wheelchair/POV. (Manual Wheelchair OAR 410-122-0320, Power Wheelchair OAR 410-122-0325, POV - OAR 410-122-0330, Pediatric Wheelchair OAR 410-122-0720)                                   |
| D44  | DMAP does not cover services or upgrades that primarily allow performance of leisure or recreational activities. (Manual Wheelchair Base – OAR 410-122-0320, Power Wheelchair – OAR 410-122-0325, Pediatric Wheelchairs – OAR 410-122-0720, Wheelchair Options/Accessories – OAR 410-122-0340) |
| D45  | The records provided indicate the client does not meet the criteria allowing coverage for a manual adult tilt-n-space wheelchair. (Manual Wheelchair Base – OAR 410-122-0320, Table 122-0320, Legend – OAR 410-122-0182)   |
| D46  | The records provided indicate the client does not meet the criteria allowing coverage for a lightweight wheelchair. (Manual Wheelchair Base – OAR 410-122-0320, Table 122-0320, Legend – OAR 410-122-0182)   |
| D47  | The records provided indicate the client does not meet the criteria allowing coverage for a high-strength lightweight wheelchair. (Manual Wheelchair Base – OAR 410-122-0320, Table 122-0320, Legend - OAR 410-122-0182)   |
| D48  | The records provided indicate the client does not meet the criteria allowing coverage for a heavy-duty wheelchair. (Manual Wheelchair – OAR 410-122-0320, Table 122-0320, Legend – OAR 410-122-0182)   |
| D49  | The records provided indicate the client does not meet the criteria allowing coverage for an extra heavy-duty wheelchair. (Manual Wheelchair – OAR 410-122-0320, Table 122-0320, Legend – OAR 410-122-0182)  |
| D50  | DMAP will not cover a wheelchair or POV for use only outside the home. Coverage is determined by the client's mobility needs within the home. (Manual Wheelchair - OAR 410-  |

## Service Denial Codes Durable Medical Equipment

| Code | Description  |
|------|--|
|      | 122-0320, Power Wheelchair - OAR 410-122-0325, POV - OAR 410-122-0330 Pediatric Wheelchair - OAR 410-122-0720)   |
| D51  | DMAP did not receive the required documentation from the provider to determine eligibility for the requested wheelchair or POV. (OAR 410-120-1320, OAR 410-120-0000, OAR 410-122-0320, OAR 410-122-0325, OAR 410-122-0330, OAR 410-122-0720)   |
| D52  | The criteria allowing coverage for a motorized/power wheelchair has not been met. (Power Wheelchair – OAR 410-122-0325, Table 122-0325, Pediatric Wheelchair – OAR 410-122-0720, Legend – OAR 410-122-0182)  |
| D53  | No documentation or written report provided showing the treating physician conducted a face-to-face examination of the client before writing the order and prior to delivery of the equipment. (Power wheelchair – OAR 410-122-0325, POV – OAR 410-122-0330)   |
| D54  | The criteria allowing coverage for a power-operated vehicle (POV) has not been met. (POV – OAR 410-122-0330, Table 122-0720, Legend – OAR 410-122-0182)  |
| D55  | The criteria allowing coverage for the requested wheelchair accessories has not been met. The client must have a wheelchair that meets DMAP criteria, and requires the accessories to accomplish their mobility-related activities of daily living in the home. (OAR 410-122-0340, OAR 410-122-0010, OAR 410-122-0720, Table 122-0340, OAR 410-122-0182) |
| D56  | The criteria allowing coverage for the requested wheelchair options/accessories has not been met. (Wheelchair Options/Accessories – OAR 410-122-0340, Pediatric Wheelchairs – OAR 410-122-0720, Table 122-0340, Table 122-0720, Legend – OAR 410-122-0182)   |
| D57  | DMAP did not receive the required documentation from the provider to determine eligibility for the requested wheelchair options/accessories.-(General Rules OAR 410-120-1320, OAR 410-120-0000, Wheelchair Options/Accessories – 410-122-0340, Pediatric Wheelchairs – OAR 410-122-0720)   |
| D58  | DMAP does not cover a standing or positioning aid if the client already has one that meets his/her medical needs, regardless of who obtained it. (Standing and Positioning Aids – OAR 410-122-0365)  |
| D59  | The criteria allowing coverage for standing frame systems, prone standers, supine standers or boards and accessories for standing frames has not been met. (Standing and Positioning Aids – OAR 410-122-0365, Table 122-0365, Legend – OAR 410-122-0182)   |
| D60  | The criteria allowing coverage for sidelyers and custom positioners has not been met. (Standing and Positioning Aids – OAR 410-122-0365, Table 122-0365, Legend – OAR 410-122-0182)  |
| D61  | The criteria allowing coverage for the requested standing and positioning aids accessory has not been met. (Standing and Positioning Aids – OAR 410-122-0365)  |
| D62  | DMAP did not receive the documentation required in OAR 410-122-0380 to determine eligibility for the requested hospital bed (OAR 410-120-1320, OAR 410-120-0000, OAR   |

## Service Denial Codes Durable Medical Equipment

| Code | Description  |
|------|--|
|      | 410-122-0380)  |
| D63  | The criteria allowing coverage for a heavy duty or extra heavy duty hospital bed has not been met. (Hospital Beds – OAR 410-122-0380, Table 122-0380, Legend – OAR 410-122-0182)   |
| D64  | The criteria allowing coverage for pressure reducing support surfaces has not been met. (Pressure Reducing Support Surfaces – OAR 410-122-0400, Table 122-0400-1, Table 122-0400-2, Legend – OAR 410-122-0182)   |
| D65  | DMAP does not cover foam overlays or mattresses without a waterproof cover since these are not considered durable. (Pressure Reducing Support Surfaces – OAR 410-122-0400, Table 122-0400-1, Table 122-0400-2, Legend – OAR 410-122-0182)                              |
| D66  | DMAP does not cover pressure reducing support surfaces and services for the prevention of pressure ulcers or pain control. (Pressure Reducing Support Surfaces – OAR 410-122-0400, Table 122-0400-1, Table 122-0400-2, Legend – OAR 410-122-0182)                      |
| D67  | DMAP did not receive the required documentation to determine eligibility for the requested pressure reducing support surface. (Pressure Reducing Support Surfaces – OAR 410-122-0400, Legend – OAR 410-122-0182)   |
| D68  | Trapeze bars with grab bar, attached to a bed, are covered only when it is an integral part of or used on a hospital bed and both the hospital bed and trapeze bar are medically appropriate. (OAR 410-122-0420, Table 122-0470, Legend – OAR 410-122-0182)            |
| D69  | Cosmetic support panty hose (i.e. Leggs, No-Nonsense, etc) are not covered. (Supports and Stockings – OAR 410-122-0470)  |
| D70  | DMAP does not cover electrical osteogenesis stimulators for the medical condition submitted with this request. (Osteogenesis Stimulators – OAR 410-122-0510, Legend – OAR 410-122-0182)  |
| D71  | DMAP does not cover an ultrasonic osteogenic stimulator for the medical condition submitted with this request. (Osteogenesis Stimulators – OAR 410-122-0510)   |
| D72  | DMAP did not receive the required documentation to determine eligibility for the requested osteogenesis stimulator. (Osteogenesis Stimulators – OAR 410-122-0510)  |
| D73  | Inadequate/no justification received to authorize request for diabetic supplies greater than allowed by rule. Maximum number of services approved per limitations specified in rule. (Diabetic Supplies – OAR 410-122-0520, Table 122-0520, Legend – OAR 410-122-0182) |
| D74  | The criteria allowing coverage for an external insulin infusion pump and/or supplies has not been met. (External Insulin Infusion Pump – OAR 410-122-0525, Table 122-0525, Legend – OAR 410-122-0182)  |
| D75  | DMAP did not receive the required documentation to determine eligibility for the requested external insulin infusion pump and/or supplies. (External Insulin Infusion Pump – OAR   |

## Service Denial Codes Durable Medical Equipment

| Code | Description   |
|------|---|
|      | 410-122-0525, Legend – OAR 410-122-0182))   |
| D76  | DMAP does not cover incontinent supplies for the diagnosis of nocturnal enuresis or for children under the age of three. (Incontinent Supplies – OAR 410-122-0630)  |
| D77  | DMAP did not receive the required documentation to determine eligibility for the requested incontinence supplies. The provider must submit documentation of the medical reason for incontinence. (General Rules OAR 410-120-1320, OAR 410-120-0000, Incontinence Supplies – OAR 410-122-0630) |
| D78  | Inadequate/no justification received to authorize services greater than allowed by rule. Maximum number of services approved per limitations specified in rule. Diapers and protective underwear/pullons are limited to 220 units per month. (Incontinence Supplies – OAR 410-122-0630)       |
| D79  | Inadequate/no justification received to authorize services greater than allowed by rule. Disposable underpads are limited to 100 units per month; reusable/washable underpads are limited to 8 units in a 12 month period. (Incontinence Supplies – OAR 410-122-0630)                         |
| D80  | Inadequate/no justification received to authorize services greater than allowed by rule. Washable protective underwear is limited to 12 units in a 12 month period. (Incontinence Supplies – OAR 410-122-0630)  |
| D81  | DMAP does not cover disposable underpads when reusable/washable underpads have been authorized for the client. (Incontinence Supplies – OAR 410-122-0630)   |
| D82  | Non-sterile gloves are limited to 4 units (200 pairs) per month and are covered only when directly related to usage of incontinent supplies. Maximum number of services approved per limitations specified in rule. (Incontinence Supplies – OAR 410-122-0630)                                |
| D83  | The requested orthotic/prosthetic is not covered by DMAP. (Orthotics and Prosthetics – OAR 410-122-0660, Table 122-0660)  |
| D84  | The requested orthotic/prosthetic is not covered for clients residing in a nursing facility. (Orthotics and Prosthetics – OAR 410-122-0660, Table 122-0660)   |
| D85  | The criteria allowing coverage for a negative pressure wound therapy pump and/or supplies has not been met. (Negative Pressure Wound Therapy Pumps – OAR 410-122-0700)  |
| D86  | DMAP did not receive the required documentation to determine eligibility for the requested negative pressure wound therapy pump and/or supplies. The provider must submit all documentation required in OAR 410-122-0700. (Negative Pressure Wound Therapy Pumps – OAR 410-122-0700)          |
| D87  | The documentation provided indicates the client does not meet the criteria allowing coverage for the pediatric wheelchair requested. (Pediatric Wheelchairs – OAR 410-122-0720, Table 122-0720, Legend – OAR 410-122-0182)  |

## Service Denial Codes Durable Medical Equipment

| Code | Description   |
|------|---|
| D88  | DMAP did not receive the required documentation to determine eligibility for the requested pediatric wheelchair. The provider must submit all documentation required in OAR 410-122-0720. (Pediatric Wheelchairs – OAR 410-122-0720, Table 122-0720, Legend – OAR 410-122-0182) |
| D89  | The documentation provided indicates the client does not meet the criteria allowing coverage for the pediatric tilt-n-space wheelchair requested. (Pediatric Wheelchairs – OAR 410-122-0720, Table 122-0720, Legend – OAR 410-122-0182)   |

## Service Denial Codes Home Health/EPIV

| Code | Description  |
|------|--|
| N01  | The home health services requested are not covered for clients receiving the OHP Standard Benefit package. (Home Health Services – OAR 410-127-0055, OAR 410-127-0060, General Rules – OAR 410-120-1200)   |
| N02  | Skilled nursing visits are limited to two visits per day. (Home Health Services – OAR 410-127-0060, OAR 410-127-0020)  |
| N03  | Home health therapy services are limited to one visit or evaluation per day for physical therapy, occupational therapy, and speech or language pathology services. (Home Health Services – OAR 410-127-0060)   |
| N04  | OMAP did not receive the required documentation from the provider to determine eligibility for the requested home health or EPIV service. (Home Health Services – OAR 410-127-0020, OAR 410-127-0080, Home EPIV Services – OAR 410-148-0020, General Rules OAR 410-120-1320, OAR 410-120-0000) |
| N05  | The therapy plan of care submitted with this request is missing one or more of the elements required in OAR 410-127-0020 and OAR 410-127-0040. (Home Health Services)  |
| N06  | OMAP does not cover Home Enteral/Parenteral Nutrition and IV services outside the client's place of residence, i.e., home or nursing facility. (EPIV Services – OAR 410-148-0020)  |
| N07  | Training and/or education for home enteral/parenteral and IV services is included in the payment for the nursing visit or the hospital, therefore not payable separately. (EPIV Services – OAR 410-148-0040)   |
| N08  | Nursing assessment and nursing visits not directly related to the administration of home enteral/parenteral nutrition and intravenous services are not covered for clients receiving the OHP Standard Benefit Package. (OAR 410-148-0090)  |
| N09  | Drugs that are usually self-administered by the patient such as an oral pill form or self-injected medications, are not covered for clients receiving the OHP Standard Benefit Package. (OAR 410-148-0090)   |
| N10  | Oral nutrition services and supplies are not covered for clients receiving the OHP Standard Benefit Package, except when the nutritional supplement meets the criteria specified in OAR 410-148-0260(3), and is the sole source of nutrition for the client. (OAR 410-148-0090)                |
| N11  | DMAP did not receive documentation to support that the requested home enteral/parenteral or IV services is medically appropriate. (OAR 410-148-0040, OAR 410-148-0060)   |
| N12  | No/insufficient documentation received with the request for enteral/parenteral or IV infusion pumps, showing that other (non-pump) methods of delivery do not meet the client's needs. (OAR 410-148-0060)  |

## Service Denial Codes Home Health/EPIV

| Code | Description   |
|------|---|
| N13  | Request for oral nutritional supplements must be submitted to DMAP's Pharmacy Benefits Manager, First Health Services. (OAR 410-148-0060)   |
| N14  | Home Enteral/Parenteral Nutrition and IV services outside of the client's home or place of residence are not covered. (OAR 410-148-0100)  |
| N15  | DMAP does not cover nursing visits for enteral/parenteral services, oral nutritional supplements that are in addition to consumption of food items or meals, or supplies and items covered in the nursing facility All-Inclusive Rate, for clients residing in a nursing facility. (OAR 410-148-0120) |
| N16  | The criteria allowing coverage for oral nutritional supplements have not been met. (OAR 410-148-0260)   |

## Service Denial Codes Medical Transportation

| Code | Description  |
|------|--|
| M01  | DMAP does not cover non-emergency medical transportation that was not prior authorized by the local medical transportation broker or the local branch office. (Medical Transportation Services - OAR 410-136-0300)   |
| M02  | DMAP does not cover medical transportation to a specific provider based solely on client preference or convenience. (Medical Transportation Services - OAR 410-136-0160, General Rules – OAR 410-120-1200)   |
| M03  | DMAP does not cover non-emergency medical transportation outside the client's local area. The non-emergency medical transportation requested may be obtained locally. (Medical Transportation Services - OAR 410-136-0160)   |
| M04  | The requested non-emergency medical transportation is not the least expensive mode of transportation that will meet the medical needs of the client. (Medical Transportation Services - OAR 410-136-0160, OAR 410-136-0300)  |
| M05  | The client has been suspended from obtaining non-emergency medical transportation services and will not be eligible for these services until the suspension expires. (Medical Transportation Services - OAR 410-136-0160)  |
| M06  | The OHP client is eligible to receive services covered by the OHP Standard Benefit Package. This benefit package does not cover non-emergency medical transportation. (General Rules OAR 410-120-1210)   |
| M07  | Retro. authorization for medical transportation will only be made for clients needing urgent medical care on weekends, holidays, or after normal branch office hours, and if medically appropriate. (OAR 410-136-0300)   |
| M08  | DMAP does not cover non-emergency medical transportation for a non-covered medical service/condition under the Oregon Health Plan. (Medical Transportation Services - OAR 410-136-0300)  |
| M09  | DMAP does not cover non-emergency transportation if the client has resources available to provide appropriate transportation without cost or at a lesser cost to DMAP. (Medical Transportation Services - OAR 410-136-0300)  |
| M10  | DMAP does not cover transportation to return a client from any foreign country to any location within the United States even though the medical care needed by the client is not available in the foreign country. (Medical Transportation Services - OAR 410-136-0300)                          |
| M11  | DMAP does not cover transportation to return a client to Oregon from another state or provide mileage, meals, or lodging, unless the client was in the other state obtaining services approved by DMAP or the client's prepaid health plan. (Medical Transportation Services - OAR 410-136-0300) |
| M12  | DMAP does not cover out-of-state medical transportation if the service to be obtained is not covered under the client's benefit package, the service is available in-state, and/or the service has not been authorized in advance by DMAP. (Medical Transportation Services -                    |

## Service Denial Codes Medical Transportation

| Code | Description   |
|------|---|
|      | OAR 410-136-0300, General Rules - OAR 410-120-1180)   |
| M13  | DMAP does not cover transportation to or from court-ordered services. (Medical Transportation Services - OAR 410-136-0300, General Rules – OAR 410-120-1200)  |
| M14  | DMAP does not cover reimbursement for client mileage, meals, and/or lodging if the service was not approved by the regional transportation brokerage or the client's local branch office in advance. (Medical Transportation Services - OAR 410-136-0800) |
| M15  | DMAP will only cover reimbursement for client mileage, meals and/or lodging when accessing medical services covered under the Oregon Health Plan. (Medical Transportation Services - OAR 410-136-0800)  |
| M16  | DMAP does not cover wheelchair services for transportation of ambulatory clients. (Medical Transportation Services - OAR 410-136-0070)  |
| M17  | The criteria allowing coverage for meals, lodging, or attendant have not been met. (Medical Transportation Services - OAR 410-136-0820)   |

## Service Denial Codes Therapy Services (PT, OT, Speech)

| Code | Description  |
|------|--|
| T01  | The diagnosis for which physical therapy, occupational therapy, and/or speech therapy services were requested is not covered by the Oregon Health Plan. (OHP Admin. Rules – OAR 410-141-0480, OAR 410-141-0500, OAR 410-141-0520)  |
| T02  | The DMAP member has received the maximum number of physical therapy and/or occupational therapy visits allowed for this medical condition. (OHP Admin. Rules - OAR 410-141-0480, OAR 410-141-0500, OAR 410-141-0520)   |
| T03  | Inadequate/No documentation received to authorize services greater than allowed by rule. Maximum number of services approved per limitations specified in rule. (OHP Admin. Rules - OAR 410-141-0520 – guideline note)   |
| T04  | DMAP did not receive the required documentation from the provider to determine eligibility for the requested physical and/or occupational therapy services. (Physical and Occupational Therapy - OAR 410-131-0080, OAR 410-131-0120, OAR 410-131-0140, General Rules OAR 410-120-1320, OAR 410-120-0000) |
| T05  | The therapy plan of care submitted with this request is missing one or more of the required elements: Client's name, diagnosis, and the type, amount, frequency and duration of the proposed therapy. (Physical and Occupational Therapy Services – OAR 410-131-0080)                                    |
| T06  | The therapy plan of care submitted with this request does not include individualized, measurably objective short-term and/or long-term functional goals. (Physical and Occupational Therapy Services – OAR 410-131-0080)   |
| T07  | The therapy plan of care submitted with this request does not address implementation of a home exercise program. (Physical and Occupational Therapy Services – OAR 410-131-0080)   |
| T08  | The therapy plan of care submitted with this request does not include dated signature of the therapist or the prescribing practitioner. (PT and OT Services – OAR 410-131-0080, Speech-Pathology, Audiology and Hearing Aids – OAR 410-129-0060, General Rules OAR 410-120-1320, OAR 410-120-0000)       |
| T09  | The therapy plan of care submitted was not reviewed and signed by the prescribing practitioner. (Physical and Occupational Therapy Services – OAR 410-131-0140)  |
| T10  | Physical therapy and Occupational Therapy services are not covered under the OHP Standard Benefit Package. (Physical and Occupational Therapy Services – OAR 410-131-0275, General Rules OAR 410-120-1210)   |
| T11  | DMAP will only reimburse for the lowest level of service which meets the client's medical need. (Physical and Occupational Therapy Services – OAR 410-131-0020, Speech-Pathology, Audiology and Hearing Aids – OAR 410-129-0010, General Rules – OAR 410-120-1200, OAR 410-120-0000, OAR 410-120-1320)   |
| T12  | Therapy services requested are maintenance therapy. DMAP does not cover maintenance therapy services. (Physical and Occupational Therapy Services – OAR 410-131-0100,  |

## Service Denial Codes Therapy Services (PT, OT, Speech)

| Code | Description  |
|------|--|
|      | OAR 410-131-0120, Speech-Pathology, Audiology and Hearing Aids – OAR 410-129-0040)   |
| T13  | Insufficient/No information on the written prescription to determine if the therapy services requested are covered.<br><br>(Physical and Occupational Therapy Services – OAR 410-131-0140, Speech-Pathology, Audiology and Hearing Aids – OAR 410-129-0060)  |
| T14  | Physical and Occupational therapy services for DMAP clients with Medicare do not require payment authorization for Medicare covered services. (Physical and Occupational Therapy Services – OAR 410-131-0160)  |
| T15  | DMAP did not receive the required documentation from the provider to determine eligibility for the requested speech therapy services. (Speech-Pathology, Audiology and Hearing Aids – 410-129-0020, OAR 410-129-0060, General Rules OAR 410-120-1320, OAR 410-120-0000)                            |
| T16  | The DMAP member has received the maximum number of speech therapy visits allowed for this particular condition. (OHP Admin. Rules - OAR 410-141-0480, OAR 410-141-0500, OAR 410-141-0520)  |
| T17  | Speech-language pathology services are not covered under the OHP Standard Benefit Package. (Speech-Pathology, Audiology and Hearing Aids – OAR 410-129-0195, General Rules OAR 410-120-1210)   |
| T18  | Hearing aids, hearing aid repairs, examinations and audiological diagnostic services to determine the need for or the appropriate type of hearing aid(s) are not covered under the OHP Standard Benefit Package. (Speech-Pathology, Audiology and Hearing Aids – OAR 410-129-0195)                 |
| T19  | DMAP did not receive the required documentation from the provider to determine eligibility for the requested hearing aid(s). (Speech-Pathology, Audiology and Hearing Aids – OAR 410-129-0060, General Rules OAR 410-120-1320, OAR 410-120-0000)   |
| T20  | The speech-generating/augmentative communication system or device requested is not the least costly that will meet the basic functional communication and medical needs of the client. (Speech-Pathology, Audiology and Hearing Aids – OAR 410-129-0010, OAR 410-129-0220)                         |
| T21  | DMAP did not receive the required documentation from the provider to determine eligibility for the requested speech generating or augmentative communication system or device. (Speech-Pathology, Audiology and Hearing Aids – OAR 410-129-0220, General Rules OAR 410-120-1320, OAR 410-120-0000) |
| T22  | The criteria allowing coverage for a speech generating or augmentative communication system or device have not been met. (Speech-Pathology, Audiology and Hearing Aids – OAR 410-129-0220)   |

## Service Denial Codes Therapy Services (PT, OT, Speech)

| Code | Description   |
|------|---|
| T23  | Reimbursement is limited to one (monaural) hearing aid every five years for adults who meet the criteria in OAR 410-129-0070.     |
| T24  | Reimbursement is limited to two (binaural) hearing aids every three years for children who meet the criteria in OAR 410-129-0070. |