
MEDICAL ASSISTANCE/FAMILY HEALTH PLUS CODES

200	MEDICAL ASSISTANCE HH COMPOSITION
201	185% OF GROSS INCOME TEST/ 100% POVERTY LEVEL
202	DISABILITY DISPUTES/DELAY IN DISABILITY DETERMINATION (Age 21-65, ineligible - client claims disability)
206	EXCESS RESOURCES
207	EXCESS MONTHLY INCOME INCLUDING PERSON SUPPORTED IN WHOLE/PART BY OTHERS OR ASSUMPTION OF SUPPORT (No spenddown - see 227 for spenddown)
209	DISC/REDU/DENIAL OF MA DUE TO INELIGIBILITY FOR SSI
210	MANNER OF UTILIZATION OF SURPLUS INCOME (Failure to allow credit for specified expense) (Incurred vs. Paid Bills)
211	MANAGED LONG TERM CARE (AC through certification period only) NYC – HOLD subcategory UPSTATE-“N” scheduling status
212	DISASTER MA OR FS
213	TRANSFER OF PROPERTY TO QUALIFY FOR MEDICAL ASSISTANCE
214	ENTRY INTO STATE TO RECEIVE MEDICAL ASSISTANCE OR MEDICAL CARE
215	CHRONIC CARE BUDGETING: DISC/REDU/INAD (Nursing Home Situations; NAMI Budgeting)
216	FAILURE TO VERIFY ANY FACTOR RELATING TO ELIGIBILITY (non-recertification)
217	BREAST, CERVICAL, COLORECTAL & PROSTATE CANCER PROGRAM (Agency: LDSS/BCCP or NMAP/BCCP) If medical transportation issue, refer to coding for 245
218	FAMILY PLANNING BENEFIT PROGRAM (FPBP)
219	ANY MEDICAL ASSISTANCE ISSUE NOT IDENTIFIED BY OTHER CODE
221	FAILURE OF AGENCY TO ACT ON MEDICAL ASSISTANCE APPLICATION
223	PARENTAL OR SPOUSAL REFUSAL TO SUPPORT PERSON IN THEIR OWN HOME

225 RECERTIFICATION/RENEWAL – FAILURE TO APPEAR/FAILURE TO PROVIDE DOCUMENTS

225	- FOR NYC REQUESTS ONLY - USE SUB – CATEGORY WHEN MA RECERTIFICATION	MAR	NMAP
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227 SURPLUS INCOME COMPUTATION
(Spendedown)

228 LIQUIDATION OF PROPERTY FOR INSTITUTIONALIZED PERSONS
(non-exempt homestead)
(Example: Notice of Intent to impose lien on real property)

MANAGED CARE*

*Note: Issue code is indicated on second page of client's notice.

229	DENIAL, REDUCTION, DISCONTINUANCE OF A SERVICE UNDER MANAGED CARE NYC – HOLD subcategory UPSTATE-“N” scheduling status
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230	DISENROLLED FROM MANAGED CARE - EXCLUSION
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231	REENROLLED IN MA, PUT BACK IN PREVIOUS MANAGED CARE PLAN
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232	APPROVAL/DENIAL OF REQUEST NOT TO JOIN MANAGED CARE PLAN OR TO DISENROLL FROM PLAN DUE TO EXEMPTION OR EXCLUSION
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233	DENIAL OF REQUEST TO TRANSFER MANAGED CARE PLAN
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234	APPROVAL/DENIAL OF REQUEST TO DISENROLL FROM MANAGED CARE HEALTH PLAN FOR GOOD CAUSE
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235	APPROVAL/DENIAL OF A MANAGED CARE PLAN'S REQUEST TO DROP CLIENT AS A MEMBER OF PLAN (by District or DOH)
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236	DENIAL OF ENROLLMENT IN A MANAGED CARE PLAN
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237	ENROLLED IN SAME MANAGED CARE PLAN AS OTHER MEMBERS OF CASE
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238	CHANGE TO GUARANTEE COVERAGE UNDER MANAGED CARE
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239	END OF MANAGED CARE GUARANTEE COVERAGE PERIOD

UPSTATE ENROLLMENT:
AGENCY:LDSS

NYC ENROLLMENT:
AGENCY:NHMO/NMAP

UPSTATE CLINICAL:
AGENCY: LDSS/APPROP. HMO

NYC CLINICAL:
AGENCY: NMAP/APPROP. HMO

240 EFFECTIVE DATE OF COVERAGE OR CHANGE IN ENTITLEMENT
(including too late to process)

DOH-PRIOR APPROVALS (241-244 & 247)

241 LICENSED PRACTICAL NURSE (LPN) AND/OR REGISTERED NURSE (RN)
For Erie County, schedule against LDSS.
If managed care, see coding for 229.

242 COVERAGE FOR OUT-OF-STATE SERVICES

243 DENTAL WORK
If managed care (example Doral, GHI or Healthplex), see coding for 229.

244 PHYSICAL THERAPY OR OTHER REHABILITATIVE SERVICES
If managed care, see coding for 229.

CODE	CRITERIA	SUB - CATEGORY	AGENCY
241,242, 243,244, 247	- STATEWIDE - DOH Prior Approvals ENTER PRIOR APPROVAL # IN COMMENTS	OHSM	NYC: NMAP / HSM1 UPSTATE: LDSS/HSM1

245 MEDICAL TRANSPORTATION

(For NYC reimbursement to attend drug rehabilitation programs, see below. For all other medical transportation issues, use LDSS or NMAP without subcategory)

(NOTE: Statewide – reimbursement to attend drug rehabilitation programs is a Fee for Service MA issue, NOT a Managed Care issue.)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
245	FOR NYC REQUESTS: TRANSPORTATION REIMBURSEMENT TO ATTEND DRUG REHABILITATION PROGRAMS CATEGORY: MA ACTION: INAD NO OTHER ISSUES CAN BE ADDED	TRAN	NMAP

CODE	CRITERIA	SUB - CATEGORY	AGENCY
245	Other NYC medical transportation issues		NMAP
	All Upstate medical transportation issues		LDSS

246 PERSONAL CARE/HOME CARE SERVICES/HOUSEKEEPING SERVICES/Lombardi (LTHHC)

(NOTE: FOR ALL UPSTATE HEARINGS USING CODE 246 ADD NYS5 AS 2ND AGENCY) (For NYC: Enter CASA # in Comments, if applicable.)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
246	- NYC PERSONAL CARE ISSUES ONLY - EX. HOURS RECEIVED, REDUCTION OF HOURS OR DAYS, CHANGE IN SHIFTS	NONE	NOHC
246	- NYC PERSONAL CARE ISSUES ONLY WHERE THERE ARE 2 ISSUES (1 MA & 1 PERSONAL CARE) THAT ARE NON COLLATERALLY RELATED. EX: CONTESTING NUMBER OF PERSONAL CARE HOURS AND AMOUNT OF SURPLUS.	NONE	NOHC / NMAP
246	- NYC PERSONAL CARE ISSUES WHERE ACTION BEING TAKEN ON PERSONAL CARE IS A RESULT OF MA ELIGIBILITY DETERMINATION. EX: FAILURE TO SUBMIT DOCUMENTATION TO DETERMINE MA ELIGIBILITY, THEREFORE PERSONAL CARE SERVICES ARE DENIED.	NONE	NMAP / NOHC
246	- SUFFOLK COUNTY PERSONAL CARE / HOME ATTENDANT ISSUES. - CATEGORY : MA	SPH (restricts scheduling for a Tues, Wed or Thurs.)	SUFF/NYS5

247 PAYMENT FOR SPECIFIC ITEM OF MEDICAL CARE-DURABLE MEDICAL EQUIPMENT
(Prior Approval/Prior Authorization - other than those listed in 241-244)
If managed care, see coding for 229.

CODE	CRITERIA	SUB - CATEGORY	AGENCY
247	- STATEWIDE - DOH prior approval ENTER PRIOR APPROVAL # IN COMMENTS	OHSM	NYC: NMAP / HSM1 UPSTATE: LDSS/HSM1

250 MEDICAID PAY-IN PROGRAM

251 REIMBURSEMENT TO PERSONS OR AGENCIES OTHER THAN THE VENDOR

252 ISSUE RELATING TO COVERAGE/PAYMENT NOT IDENTIFIED BY OTHER CODE
(Example: Hospital bill older than 3 months, expensive hospital care, co-payment (SP-29), Medicare Part D)

253 REIMBURSEMENT TO PERSONS RESULTING FROM COURT ACTIONS
(example: KRIEGER)
ADD AS OTHER: TOM GRESTINI, DOH-EMPIRE STATE PLAZA
CORNING TOWER, RM. 1245, ALBANY NY 12237

254 MEDICAL ASSISTANCE CARD INVALID WITHOUT NOTICE OR EXPLANATION

255 UTILIZATION THRESHOLD ISSUES
(Note: Warning letter that client is approaching limit NOT hearable; letter indicating client has reached threshold but no exemption requested NOT hearable)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
255	- STATEWIDE - UTILIZATION THRESHOLD - DENIAL OF AN EXEMPTION OR INCREASE - CATEGORY: MA - ACTION: INAD	NONE	NYC: NMAP/NYS3 UPSTATE: LDSS/NYS3

256 INCOME/RESOURCES OF INSTITUTIONALIZED SPOUSE
(spousal impoverishment)

257 PRE-ADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
257	- SPECIFY ISSUE IN COMMENT SECTION	NONE	NYC: NMAP/OMR1 UPSTATE: LDSS/OMR1

258 TRANSITIONAL MEDICAL ASSISTANCE

When life case is closed for employment reasons, client automatically is covered by transitional Medicaid for six (6) months. Client may be eligible for additional six (6) months.

CODE	CRITERIA	SUB - CATEGORY	AGENCY
258	-TRANSITIONAL MEDICAL ASSISTANCE -CATEGORY: FA OR SNA	NONE	NYC: NTBU UPSTATE: LDSS

260 CERTIFIED HOME HEALTH AIDE

CODE	CRITERIA	SUB - CAT.	AGENCY
260	CERTIFIED HOME HEALTH AIDE	NONE	NYC: NOHC UPSTATE: LDSS/NYS5
260	- SUFFOLK COUNTY CERTIFIED HOME HEALTH AIDE ISSUES. CATEGORY: MA	SPH	SUFF/NYS5 FOR SUFFOLK (SPH will restrict scheduling for Tues, Wed, or Thurs.)

263 AGENCY ACTION DUE TO FINGER IMAGING

264 MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES

268 DENIAL OF MEDICAL ASSISTANCE COVERAGE THROUGH IPRO REVIEW
 (Island Peer Review Organization)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
268	IPRO CATEGORY: MA ACTION: INAD AID STATUS: NA	OHSM	NYC: NMAP/IPRO <hr/> UPSTATE: LDSS/IPRO

270 CARE AT HOME WAIVER PROGRAMS - 1,2, & 5

CODE	CRITERIA	SUB - CATEGORY	AGENCY
270	- STATEWIDE - CARE AT HOME WAIVER PROGRAM 1, 2 & 5	NONE	NYC: NMAP <hr/> UPSTATE: LDSS

271 DISTRICT OR STATE OF FISCAL RESPONSIBILITY INCLUDING ENTRY INTO STATE TO RECEIVE MEDICAL ASSISTANCE OR MEDICAL CARE (IDD)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
271	JURISDICTIONAL DISPUTES INVOLVING MULTIPLE DISTRICTS; REQUESTED BY CLIENT/REP	NONE	MULTIPLE SCENARIOS: CHECK WITH SUPERVISOR
271	- CORRESPONDENCE USE ONLY - IF A LDSS IS REQUESTING FH VS. ANOTHER LDSS, AGENCY FIELD IS LDSS WHICH REQUEST IS AGAINST. HEARING LOCATION IS LDSS THAT MADE REQUEST. - IF LDSS REQUEST IS AGAINST NYC MEDICAID, HEARING LOCATION IS LDSS WHO REQUESTED HEARING. CATEGORY: MA ACTION: INAD	IDD (correspondence Use only) IDD	UPSTATE: LDSS NYC: NMAP

272 UTILIZATION REVIEW AND OTHER LEVEL OF CARE QUESTIONS
 (Other than refusal to authorize Home Health Care or Personal Care)

273 MEDICAL FACILITY PLACEMENT CONTRARY TO APPELLANT/FAMILY CHOICE

274 DENIAL OF FAMILY HEALTH PLUS (FHP), FAILURE TO PICK A PLAN
Category: FHP

275 FAMILY HEALTH PLUS (FHP) DISCONTINUANCE OR DENIAL DUE TO HAVING EQUIVALENT HEALTH INSURANCE
Category: FHP

276 RESTRICTIONS ON USE OF THE MEDICAL ASSISTANCE CARD

CODE	CRITERIA	SUB - CATEGORY	AGENCY
276	-RESTRICTED MEDICAID CARD CATEGORY: MA ACTION: REDU/INAD FOR NYC: UNRELATED ISSUES, SCHEDULE SEPARATELY	NONE	NYC: NRMA UPSTATE: LDSS

278 AGENCY ACTION BASED ON FH DECISION, WITHDRAWAL OR DEFAULT

279 AVAILABILITY OF THIRD PARTY HEALTH INSURANCE
(Example: Blue Cross/Medicare)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
279	- STATEWIDE - USE ONLY WHEN THIRD PARTY HEALTH INSURANCE IS ONLY ISSUE CATEGORY: FA OR SNA	TPR	NYC: CTR # UPSTATE: LDSS

280 DISCONTINUANCE/DENIAL OF MA DUE TO ACTIVE PA OR MA CASE

282 DENIAL/DISCONTINUANCE OF MA DUE TO INELIGIBLE ALIEN STATUS

283 DENIAL/DISCONTINUANCE OF MA DUE TO AVAILABILITY OF TRUST FUND (Medicaid Qualifying Trust)

284 MEDICARE PART B PREMIUM PAYMENT PROGRAM
(Also known as Medicare Savings Program – MSP, including SLIMBI or QMBI)

286 FAILURE TO DETERMINE MA ELIGIBILITY UPON PA DENIAL/DISC

288 LETTER REQUEST/SELF-REQUEST FORM; ISSUE NOT SPECIFIED

290 DENIAL OF MA - NO NOTICE OR REASON

291 PERSONAL EMERGENCY RESPONSE SERVICES (PERS)
 (This is an electronic calling device used for emergency situations. Also referred to as Lifeline, not to be confused with NY Telephone Lifeline Service)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
291	AUTHORIZATION, DENIAL, DISC OF PERSONAL EMERGENCY RESPONSE SERVICES (PERS)	NONE	NYC: NOHC
		NONE	UPSTATE: LDSS/NYS5

**293 HOME & COMMUNITY BASED SERVICES WAIVER
 TRAUMATIC BRAIN INJURIES
 (TBI WAIVER)**

(See 294 & 296 for other waiver programs)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
293	DISCONTINUANCE OR DENIAL OF PARTICIPATION IN THE HOME & COMMUNITY BASED SERVICES WAIVER FOR INDIVIDUALS WITH TRAUMATIC BRAIN INJURIES CATEGORY: MA ACTION: DISC/DENY	NYC-HOLD	NYC: NMAP / DOH1
		UPSTATE : NONE	UPSTATE: LDSS/DOH1

**294 HOME & COMMUNITY BASED SERVICES WAIVER-DEVELOPMENTAL
 DISABILITIES - CARE AT HOME 3 , 4 & 6**
 (see 293 & 296 for other waiver programs)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
294	DISCONTINUANCE OR DENIAL OF PARTICIPATION IN THE HOME & COMMUNITY BASED SERVICES WAIVER FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES CATEGORY: MA ACTION: DISC / DENY	NYC-HOLD	NYC: NMAP/OMR1
		UPSTATE- HOLD	UPSTATE: LDSS / OMR1

295 FAILURE TO ISSUE BENEFIT / ID CARD

**296 HOME & COMMUNITY BASED SERVICES WAIVER
EMOTIONALLY DISTURBED CHILDREN**
(see 293 & 294 for other waiver programs)

CODE	CRITERIA	SUB - CATEGORY	AGENCY
296	DISCONTINUANCE OR DENIAL OF PARTICIPATION IN THE HOME & COMMUNITY BASED SERVICES WAIVER FOR INDIVIDUALS WHO ARE EMOTIONALLY DISTURBED CATEGORY: MA ACTION: DISC/DENY	NYC-HOLD <hr/> UPSTATE: NONE	NYC: NMAP/OMH1 <hr/> UPSTATE: LDSS/OMH1

Eliminated/Combined Codes (MA)

Codes

203	ELIMINATE—COMBINED W/201 Formerly: 100% poverty level
204	ELIMINATE—USE 207 Formerly: Budget questions involving children with excess income
205	ELIMINATE—COMBINED W/ 207 Formerly: Person supported in whole/part by others or assumption of support
208	ELIMINATE-OBSOLETE Formerly: Medical Assistance eligibility for unborn child
220	ELIMINATE-COMBINED W/ 225 Formerly: Recertification- Failure to appear
224	ELIMINATE Formerly: Denial of Emergency medical services
226	ELIMINATE—USE 202 Formerly: Disability decision not made within 60 days
248	ELIMINATED Formerly: Failure to return Quarterly Report
249	ELIMINATED DUE TO LACK OF USE Formerly: Rate of payment for any item of care
259	ELIMINATE-OBSOLETE Formerly: Action on personal care/home care as a result of fiscal assessment
261	ELIMINATE- USE 260 Formerly: Action on CHHA as a result of Medical Assessment due to hospitalization
262	ELIMINATE-OBSOLETE Formerly: Action on CHHA as a result of fiscal assessment
269	ELIMINATE- COMBINED W/ 247 Formerly: Prior authorization-orthopedic footwear, vaporizers, etc.
277	ELIMINATE USE 219 Formerly: Any Medical Assistance issue not identified by other code
281	ELIMINATE-OBSOLETE Formerly: Discontinuance/denial of MA due to active PA case
285	ELIMINATE-OBSOLETE Formerly: Pregnant minor
287	ELIMINATE—USE 246 Formerly: Cluster care

289 ELIMINATE-USE 200
Formerly: Failure to remove household member from MA budget

292 ELIMINATE-USE 246
Formerly: reduction in Home Care hours as a result of PERS