

Kepro denial reasons for IHRP 2.0

Denial Type	Denial Reason Code	Short Description (Doesn't populate)	Description and Citation
Technical	TH01	TH01 Submit correct client ID	The member ID was not on the request or was incorrect. Your provider needs to resubmit the request with the correct member ID. 10 C.C.R. 2505-10, Section 8.058.2.
Technical	TH02	T02: Original PAR still in effect; new PAR is not needed	A prior authorization request is already approved for this benefit or service. Your provider can update this request by submitting a Change of Provider form or changing the dates of the request. 10 C.C.R. 2505-10, Section 8.058.2.
Technical	TH03	TH03: Request is not a Medicaid benefit	The benefit or service is not covered by Health First Colorado (Colorado's Medicaid Program). 10 C.C.R. 2505-10, Section 8.058.1.
Technical	TH04	TH04: Services authorized to different provider	A prior authorization request is still in effect for this benefit or service for a different provider. Members should work with their provider for next steps. 10 C.C.R. 2505-10, Section 8.058.2.
Technical	TH05	TH05 PAR not required	The benefit or service does not need prior authorization. The benefit or service is covered by Health First Colorado (Colorado's Medicaid Program). Members should work with their provider for next steps. 10 C.C.R. 2505-10, Section 8.058.1.
Technical	TH06	TH06: Request is a duplicate	We do not process duplicate prior authorization requests (PAR). This PAR is a duplicate of another PAR that is currently in the system. 10 C.C.R. 2505-10, Section 8.058.2.
Technical	TH07	TH07: Requested Information not submitted	The request did not have all of the information we asked for. Your provider may submit a new prior authorization request with the requested information. 10 C.C.R. 2505-10, Section 8.058.3.
Medical	MH01	MH01: Medical Necessity Not Supported	The clinical information provided does not prove medical necessity. 10 C.C.R. 2505-10, Section 8.076.1.8.

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Medical	MH02	MH02: Medical Necessity: Lower Level of Care	The requested care could be provided at a lower level of care. 10 C.C.R. 2505-10, Section 8.076.1.8.c.
Medical	MH03	MH03: Medical Necessity; Alternative Setting	The request does not require inpatient care. 10 C.C.R. 2505-10, Section 8.076.1.8.e.
Medical	MH04	MH04: Experimental or Investigational	The benefit or service is not covered by Health First Colorado (Colorado's Medicaid Program). The inpatient hospital service is defined as experimental by the United States Food and Drug Administration and is not covered. 10 C.C.R. 2505-10, Section 8.300.4.1.
Technical	TH09	TH09: Not a covered inpatient service or benefit	The benefit or service is not covered by Health First Colorado (Colorado's Medicaid Program). 10 C.C.R. 2505-10, Section 8.300.4.2.
Technical	TH10	TH10: Lower transfer level not covered	The benefit or service is not covered by Health First Colorado (Colorado's Medicaid Program). Days awaiting placement or appropriate transfer to a lower level of care are not covered. 10 C.C.R. 2505-10, Section 8.300.4.4.
Technical	TH11	TH11: SUD not covered	The benefit or service is not covered by Health First Colorado (Colorado's Medicaid Program). Substance abuse rehabilitation treatment is not covered unless the member is age 20 or under. 10 C.C.R. 2505-10, Section 8.300.4.5.
Technical	TH12	TH12: OOS IHRP not covered	The out-of-state benefit or service is not covered by Health First Colorado (Colorado's Medicaid Program). The service is readily available in the state of Colorado. 10 C.C.R. 2505-10, Section 8.013.3.
Technical	TH13	TH13: Turning 21	Because you are 21 or turning 21, EPSDT no longer applies to you. Your benefits may be reduced or denied since you no longer qualify for the program. 10 C.C.R. 2505-10, Section 8.280.2.

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Technical	TO01	TO01: Submit correct client ID	The member ID was not on the request or was incorrect. Your provider needs to resubmit the request with the correct member ID. 10 C.C.R. 2505-10, Section 8.058.2.
Technical	TO02	TO02: Original PAR still in effect; new PAR is not needed	A prior authorization request is already approved for this benefit or service. Your provider can update this request by submitting a Change of Provider form or changing the dates of the request. 10 C.C.R. 2505-10, Section 8.058.2.
Technical	TO03	TO03: Request is not a Medicaid benefit	The benefit or service is not covered by Health First Colorado (Colorado's Medicaid Program). 10 C.C.R. 2505-10, Section 8.058.1.
Technical	TO04	TO04: Services authorized to different provider	A prior authorization request is still in effect for this benefit or service for a different provider. Members should work with their provider for next steps. 10 C.C.R. 2505-10, Section 8.058.2.
Technical	TO05	TO05: PAR not required	The benefit or service does not need prior authorization. The benefit or service is covered by Health First Colorado (Colorado's Medicaid Program). Members should work with their provider for next steps. 10 C.C.R. 2505-10, Section 8.058.1.
Technical	TO06	TO06: Request is a duplicate	We do not process duplicate prior authorization requests (PAR). This PAR is a duplicate of another PAR that is currently in the system. 10 C.C.R. 2505-10, Section 8.058.2.
Technical	TO07	TO07: Requested Information Not Submitted	The request did not have all of the information we asked for. Your provider may submit a new prior authorization request with the requested information. 10 C.C.R. 2505-10, Section 8.058.3.

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Medical	MO01	MO01: Medical Necessity not supported	The clinical information provided does not prove medical necessity. 10 C.C.R. 2505-10, Section 8.076.1.8.
Medical	MO02	MO02: Medical Necessity: Lower Level of Care	The requested care could be provided at a lower level of care 10 C.C.R. 2505-10, Section 8.076.1.8.c.
Medical	MO03	MO03: Medical Necessity: Alternative Setting	The request does not require inpatient care. 10 C.C.R. 2505-10, Section 8.076.1.8.e.
Technical	TO08	TO08: Turning 21	Because you are 21 or turning 21, EPSDT no longer applies to you. Your benefits may be reduced or denied since you no longer qualify for the program. 10 C.C.R. 2505-10, Section 8.280.2.