

**DENIAL CODE****DESCRIPTION OF DENIAL**

550	8 or 26 psychiatric optpt or other visits exhausted must obtain PA from Value Options
551	Admission or service date missing or invalid
552	Claim denied due to age restriction for IPRS target pop
553	Consumer in tracking population only - not payable
554	Diagnosis invalid for age of consumer
555	Diagnosis invalid for IPRS Pop Group or Medicaid
556	Diagnosis invalid for sex of consumer
557	Exceeds unmanaged Mental Health visits - must obtain PA from Value Options
558	Incorrect Place of Service - ex: must be keyed under direct enrolled location
559	Incorrect Place of Service - ex: must be keyed under non direct/ non endorsed location
560	Incorrect Place of Services - ex: must be keyed under endorsed location
561	Incorrect provider type - ex: must be keyed under direct enrolled provider
562	Incorrect provider type - ex: must be keyed under endorsed provider
563	Incorrect provider type - ex: must be keyed under non direct/non endorsed provider
564	Insufficient Budget
565	Maximum units exhausted per day(s)
566	Medicaid only pays Medicare Premium
567	Only 1 unit allowed per day or eligibility period
568	Only one psychiatric visit allowed per day
569	Periodic & High Risk Residential services not allowed in same calendar month as ACTT
570	Procedure code invalid for payer source (ex: injection)
571	Provider type not appropriate for service delivered ex: doctor can not provide case mgmt
572	Recipient not eligible on service date
573	Recoupment due to audit or monitoring exception(s)
574	Service invalid for age of consumer
575	Service invalid for IPRS Pop Group
576	Service invalid for sex of consumer
577	Third party payer must be billed
578	Time limit for filing has expired
579	TNC pop groups not payable through state funds
580	Units exceeds day limit
581	Record must be sent to DMA to determine if services are medically necessary
582	Service can not be provided on same day as residential service
583	Residential service denied due to related code not allowed on same date of service - day tx
584	Value Options authorization letter does not match provider number billed 3404944
585	Case Mgmt provider must obtain and report CDSA # in block 19 of HCFA
586	Case mgmt must be billed with CAP authorization # to verify CAP status
587	Units exhausted per day because consumer is in an AO pop group - only 4 untis allowed per day
588	Only 1 psychiatric interview per 6 months
589	Bill Medicaid Direct
590	Name and Medicaid ID number does not match
591	Medicaid number is invalid or missing
592	Billed Wrong Service Code - ex: established = active client // new = new client