

| REASON CODE | DESCRIPTION |
|-------------|--|
| 10 | THIS IS A NEW SERVICE AUTHORIZATION |
| 40 | THIS SERVICE AGREEMENT REPLACES A PREVIOUSLY ISSUED SERVICE AGREEMENT THAT WAS CLOSED BECAUSE IT HAD THE WRONG HCPCS CODE |
| 50 | THIS SERVICE AGREEMENT REPLACES A PREVIOUSLY ISSUED AUTHORIZATION THAT WAS CLOSED BECAUSE IT HAD INCORRECT DATE SPANS. YOU ARE NOW ONLY ALLOWED TO PROVIDE THE SERVICES FOR THE DATES INDICATED ON THIS REVISED AUTHORIZATION. |
| 60 | THIS SERVICE AGREEMENT REPLACES A PREVIOUSLY ISSUED AUTHORIZATION THAT HAS BEEN CLOSED BECAUSE THE PROVIDER NPI/UMPI WAS INCORRECT |
| 70 | THIS SERVICE AGREEMENT REPLACES A PREVIOUSLY ISSUED AUTHORIZATION THAT HAS BEEN CLOSED BECAUSE IT HAD THE INCORRECT NUMBER OF TOTAL UNITS. |
| 80 | THIS SERVICE AGREEMENT REPLACES A PREVIOUSLY ISSUED AUTHORIZATION THAT HAS BEEN CLOSED BECAUSE IT HAD AN INCORRECT RATE PER UNIT. |
| 90 | THIS SERVICE AGREEMENT REPLACES A PREVIOUSLY ISSUED AUTHORIZATION THAT HAS BEEN CLOSED BECAUSE IT HAD AN INCORRECT TOTAL UNITS AND RATE PER UNIT AUTHORIZED. |
| 100 | THIS IS A REVISED SERVICE AGREEMENT THAT HAS REDUCED THE TOTAL UNITS AUTHORIZED. YOU MAY ONLY PROVIDE THE REDUCED NUMBER OF UNITS AND TOTAL AUTHORIZED AMOUNT AS INDICATED ON THIS AUTHORIZATION |
| 120 | THIS IS A REVISED SERVICE AGREEMENT THAT HAS REDUCED THE DATE SPAN ON THE ORIGINAL AUTHORIZATION. YOU CAN ONLY PROVIDE SERVICES FOR THIS REVISED TIME PERIOD. |
| 130 | THIS IS A REVISED SERVICE AGREEMENT THAT HAS REDUCED THE TOTAL UNITS AND DATE SPAN OF THE ORIGINAL AUTHORIZATION. YOU AN ONLY PROVIDE THE SERVICES AS INDICATED ON THIS REVISED AUTHORIZATION |
| 150 | THIS IS A REVISED SERVICE AGREEMENT THAT HAS INCREASED THE TOTAL UNITS AUTHORIZED. YOU ARE NOW ALLOWED TO PROVIDE UP TO THE NUMBER OF UNITS AND TOTAL AUTHORIZED AMOUNT SHOWN ON THIS AUTHORIZATION. |
| 210 | THIS IS A REVISED SERVICE AGREEMENT THAT HAS INCREASED THE DATE SPAN FOR THIS SERVICE. THE SERVICE MAY BE PROVIDED FOR A LONGER PERIOD. |

| 250 | THIS IS A REVISED SERVICE AGREEMENT THAT HAS INCREASED THE UNITS AND DATE SPAN OF THE ORIGINAL AUTHORIZATION. YOU MAY NOW PROVIDE THE SERVICES FOR THE UNITS AND DATE SPAN SHOWN ON THIS AUTHORIZATION. |
|-----|---|
| 260 | THIS IS A REVISED SERVICE AGREEMENT THAT REFLECTS A DECREASE IN THE CL RATE DUE TO AN ABSENCE FROM THE FACILITY. |
| 300 | THIS SERVICE IS NO LONGER NEEDED. YOU ARE NO LONGER AUTHORIZED TO PROVIDE ANY SERVICES THAT WERE AUTHORIZED UNDER THIS SERVICE AGREEMENT. |
| 310 | THE REMAINING UNITS AND AMOUNTS ON THIS SERVICE AGREEMENTWERE DELETED BECAUSE IT HAS BEEN CLOSED. YOU CAN NO LONGER PROVIDE SERVICES THAT EXCEED THIS REVISED AUTHORIZATION. |
| 320 | CDCS SERVICES ARE NO LONGER AUTHORIZED FOR THIS PERSON. |
| 340 | THIS SERVICE AGREEMENT HAS BEEN ENDED DUE TO A FACILITY STAY THAT DOES NOT ALLOW FOR THE SERVICE AGREEMENT TO REMAIN OPEN. |
| 350 | THIS SERVICE AGREEMENT IS BEING CLOSED DUE TO CLIENT ENTERING THE NURSING FACILITY. |
| 355 | THIS AUTHORIZATION HAS ENDED DUE TO RECIPIENT MOVING TO A NEW COUNTY OF RESIDENCE. |
| 360 | THIS LINE ITEM WAS CLOSED BECAUSE THE PROVIDER IS NO LONGER ACTIVE UNDER THIS PROVIDER NUMBER BEYOND THE END DATE. |
| 400 | THIS SERVICE AGREEMENT IS NOT VALID BECAUSE IT WAS ENTERED BY MISTAKE OR HAS ERRORS THAT CANNOT BE CORRECTED. YOU ARE NOT AUTHORIZED TO BILL FOR ANY SERVICES UNDER THIS AUTHORIZATION NUMBER. |
| 410 | THIS SERVICE AGREEMENT WAS CLOSED BECAUSE IT HAD AN INCORRECT DATE SPAN. YOU ARE NOT AUTHORIZED TO BILL FOR ANY SERVICES THAT HAD BEEN LISTED ON THIS AUTHORIZATION |
| 420 | THIS SERVICE AGREEMENT WAS CLOSED BECAUSE IT HAD THE WRONG HCPCS SERVICES AUTHORIZED |
| 460 | THIS SERVICE AGREEMENT WAS CLOSED BECAUSE THE PROVIDER NPI/UMPI WAS INCORRECT. |
| 500 | THIS SERVICE AGREEMENT WAS CLOSED BECAUSE THE TOTAL NUMBER OF UNITS WAS INCORRECT. |
| 510 | THIS SERVICE AGREEMENT WAS CLOSED BECAUSE THE RATE PER UNIT WAS INCORRECT. |
| 520 | THIS SERVICE AGREEMENT WAS CLOSED BECAUSE THE NUMBER OF UNITS AND RATE PER UNIT WERE INCORRECT. |
| 530 | THIS SERVICE AGREEMENT WAS CLOSED BECAUSE THIS ITEM(S) ARE NO LONGER COVERED UNDER THE ELDERLY WAIVER PROGRAM. |
| 800 | NOTE TO PROVIDERS: REFER TO CLIENT'S "INDIVIDUAL CARE PLAN" (LTC) APPROVED BY THE COUNTY CASE MANAGER FOR DETAILS REGARDING THE TYPE, AMOUNT, FREQUENCY AND DURATION OF SERVICES TO BE PROVIDED. |

| 810 | THIS ITEM MAY NOT BE PAID WITH WAIVER FUNDS IF OTHER MORE APPROPRIATE FUNDING IS AVAILABLE. |
|-----|---|
| 900 | THIS SERVICE AGREEMENT HAS BEEN CHANGED DUE TO A COLA RATE ADJUSTMENT. FOR BILLING PURPOSES, PLEASE MAKE SURE YOU SAVE THIS COPY. |
| 950 | THIS SERVICE AGREEMENT IS BEING REVISED TO REFLECT THE MEMBER HAS A WAIVER OBLIGATION THAT MAY APPLY FOR THIS SERVICE. |