

	A	B	C
1	Reasons	Subspecialties/Comments	Category
2	CSHCS does not cover this diagnosis.		Eligibility
3	No treatment is needed according to the medical report.		Eligibility
4	The diagnosis does not meet medical criteria for CSHCS coverage.		Eligibility
5	The test results submitted are within normal limits.		Eligibility
6	CSHCS may cover an additional visit to the subspecialty physician(s):	Dentist	Eligibility/Diagnostic
7		Neonatologist	
8		Oral surgeon	
9		Pediatric Cardiologist	
10		Pediatric Cardiothoracic Surgeon	
11		Pediatric Dermatologist	
12		Pediatric Endocrinologist	
13		Pediatric Gastroenterologist	
14		Pediatric Hematologist-Oncologist	
15		Pediatric Infectious Disease Specialist	
16		Pediatric Nephrologist	
17		Pediatric Neurologist	
18		Pediatric Neurosurgeon	
19		Pediatric Ophthalmologist	
20		Pediatric Otolaryngologist (ENT)	
21		Pediatric Physical Medicine/Rehabilitation	
22		Pediatric Plastic Surgeon	
23		Pediatric Pulmonologist	
24		Pediatric Rheumatologist	
25		Pediatric Surgeon	
26		Sleep Medicine Clinic	
27	The diagnosis is not a long term (chronic) condition.		Eligibility
28	Medical care is not being provided by a subspecialty physician.		Eligibility
29	CSHCS does not cover this condition after the client turns 21 years old.		Eligibility
30	The client no longer has this diagnosis.		Eligibility/Renewal
31	CSHCS does not routinely authorize primary care providers (PCP). Submitted information does not support an exception to policy.		Subspecialist request to add primary care provider
32	<b>PEND LETTER REASONS</b>		
33	CSHCS does not routinely authorize primary care providers.		Misc
34	CSHCS needs a medical report from a subspecialty physician(s):	Choose from lines 6 thru 26	Eligibility
35	More information is needed.	Key in specifics	Eligibility

	A	B	C
36	CSHCS is unable to read the medical report submitted.		Eligibility
37	The medical report is too old. Please submit a current report.		Eligibility/Renewal
38	The asthma classification is required for determination of CSHCS eligibility.		Eligibility/Renewal
39	This client has no Michigan providers listed.		Eligibility
40			
41	<b>OPTIONAL DROP-IN SENTENCES</b>		
42	The client still has CSHCS coverage for other medical conditions.	Include when Add'l dx is denied	Eligibility/Renewal
43	If you do not have other insurance or are unable to pay for an additional visit, please contact the CSHCS office in your local health department. The CSHCS office can help make arrangements for the follow-up exam, and can tell you about other services available in your community.	Include when Add'l dx is denied and follow up diagnostic evaluation is approved	
44			
45	<b>NON-MEDICAL DENIAL REASONS</b>		
46	CSHCS cannot issue retroactive coverage for the time period requested.		Eligibility
47	The client does not meet the citizenship requirement for coverage.		Application
48	The client does not meet the Michigan residency requirement for coverage.		Application
49	There are two unpaid payment agreements on file.		Renewal
50	Financial information has not been received.		Application/Renewal
51	CSHCS does not refund payment agreements.		Payment Agreement
52			
53	<b>OOS, PA, AND CM/CC DENIAL REASONS</b>		
54	A referral from a Michigan specialist is needed.		OOS
55	Equivalent medical care is available in Michigan.		OOS
56	The provider is not enrolled with MDCH.		OOS/PA
57	The provider does not participate with CSHCS.		OOS/PA
58	The service does not need prior authorization.		PA
59	The service is not related to the CSHCS qualifying diagnosis.		PA
60	CSHCS does not cover this service.		PA
61	The procedure code is not covered by CSHCS.		PA
62	The date of service is over 1 year old.		PA
63	The request was not submitted timely.		PA
64	The service was not prior authorized by CSHCS.		PA
65	Other services are available that are more cost effective.		PA
66	A medical report from the CSHCS authorized subspecialist has not been received.		Hospice
67	A current plan of care has not been received.		Hospice

	A	B	C
68	The request does not represent a scope or level of services required to be provided by a hospice organization.		Hospice
69	The plan of care is not consistent with the intent of the CSHCS hospice benefit.		Hospice
70	The requested services are available through another more cost-effective benefit.		Hospice
71	A plan of care must be submitted for review.		Hospice, CC/CM
72	The documentation does not support the need for additional services.		PA,CC/CM
73			
74	<b>NO ACTION REQUIRED REASONS (letter not currently used)</b>		
75	This is a duplicate request.		No Action Required
76	The provider is already listed on the client's CSHCS authorized provider file.		No Action Required
77	No new diagnosis is evident from the medical report.		
78	The medical report does not make a specific request for an additional diagnosis.		
79			
80			
81			
82			
83			
84			
85			