

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA3504E, Approval of Non-Covered Service

NCTracks ID: 118-DMA3504E

PA Status: Approved

Initial or Reauth PA: Initial and Reauth

DHB Letter ID: DMA3504E

Letter Name: Notice of Approval of Service Requested

Age Group: Under 21

Appeal Rights: No

Description: Approval of a non-covered service

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
00	Service Approved	Summary of service approved for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service approved with units/dates	Medicaid approved this request under Early Periodic, Screening, Diagnostic, and Testing (EPSDT) as specified below. <i>[service approved with units/dates]</i>

Required Letter Fields, 118-DMA3504E

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA3504, Approval of Non-Covered Service

NCTracks ID: 119-DMA3504

PA Status: Approved

Initial or Reauth PA: Initial and Reauth

DHB Letter ID: DMA3504

Letter Name: Notice of Approval of Service Request

Age Group: 21 and over

Appeal Rights: No

Description: Approval of a non-covered service

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
00	Service Approved	Summary of service approved for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service approved with units/dates	On [service request date] and on behalf of [recipient name], [provider name] requested that Medicaid pay for [service requested]. <i>[service approved with units/dates]</i>

Required Letter Fields, 119-DMA3504

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA1000, Approval of Services

NCTracks ID: 122-DMA1000

PA Status: Approved

Initial or Reauth PA: Initial and Reauth

DHB Letter ID: N/A – this is a Fiscal Agent-developed letter to notify providers of approved service requests.

Letter Name: Notice of Decision on Request for Medicaid Services

Age Group: All

Appeal Rights: No

Description: Approval of services

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
00	Service Approved	Summary of service approved for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service requested with units/dates	On [service request date], you requested prior approval on behalf of the above named recipient for [<i>Service requested with units/dates</i>].

Required Letter Fields, 112-DMA1000

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA3507, Pre-Hearing Approval

NCTracks ID: 123-DMA3507

PA Status: Approved

Initial or Reauth PA: Initial and Reauth

DHB Letter ID: DMA3507

Letter Name: Notice of Pre-Hearing Approval

Age Group: All

Appeal Rights: No

Description: If during review of appealed adverse decision the review determines the request should be approved, the PA is approved and pre-hearing approval issued.

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
00	Service Approved	Summary of service approved for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service approved with units/dates	The authorization for this approval is specified below. <i>[service approved with units/dates]</i>

Required Letter Fields, 123-DMA3507

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA3501E-O, Request for Additional Information

NCTracks ID: 114-DMA3501E-O

PA Status: Pending AI 1 or Pending AI 2

Initial or Reauth PA: Initial and Reauth

DHB Letter ID: DMA3501E

Letter Name: Notice of Request for Additional Information

Age Group: Under 21

Appeal Rights: No

Description: Request of additional information that is not in support of EPSDT criteria; for example, missing plan of care

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
All	Letter Text	Description of requested information	PA letter free from text	Please send copies of the medical information specified below that document the condition of the recipient related to the request for [insert service requested – performed by system]. [<i>PA letter free from text</i>]

Required Letter Fields, 114-DMA3501E-O

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA3501E-E, Request for Additional Information

NCTracks ID: 115-DMA3501E-E

PA Status: Pending Alert 1 or Pending AI 2

Initial or Reauth PA: Initial and Reauth

DHB Letter ID: DMA3501E

Letter Name: Notice of Request for Additional Information

Age Group: Under 21

Appeal Rights: No

Description: Request of additional information that is specific to EPSDT criteria, for example, additional support of medical necessity

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
All	Letter Text	Description of requested information	PA letter free from text	Please send copies of the medical information specified below that document the condition of the recipient related to the request for [system populates service requested; no user action]. [<i>PA letter free from text</i>]
All	EPSDT Criteria	From EPSDT criteria listed in Available Options, select and add all criteria requiring additional information to Selected Options	Number1 through 7; based on criteria selected, corresponding criteria description is marked with an X	To expedite this review, please provide information about the criteria specified below. [bullet list of EPSDT criteria]

Required Letter Fields, 115-DMA3501E-E

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA3501, Request for Additional Information

NCTracks ID: 116-DMA3501

PA Status: Pending AI 1 or Pending AI 2

Initial or Reauth PA: Initial and Reauth

DHB Letter ID: DMA3501

Letter Name: Notice of Request for Additional Information

Age Group: Over 21

Appeal Rights: No

Description: Request for additional information to support approval of services requested

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
All	Letter Text	Description of requested information	PA letter free from text	Please send copies of the medical information specified below that document the condition of the recipient related to the request for [system populates service requested; no user action]. [<i>PA letter free from text</i>]

Required Letter Fields, 116-DMA3501

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA2001A-A, Additional Information Not Received

NCTracks ID: 104-DMA2001A-A

PA Status: Denied

Initial or Reauth PA: Initial

DHB Letter ID: DMA2001A-Initial

Letter Name: Notice of Decision on Initial Request for Medicaid Services – Additional Information Previously Requested and Not Received

Age Group: All

Appeal Rights: Yes

Description: Denial issued when previously requested additional information needed to validate medical necessity is not received by the due date

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
00	Service Requested	Summary of service requested for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service requested with units/dates	The above-named provider requested prior approval for [Service requested with units/dates].

Required Letter Fields, 103-DMA2001A-A

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA2001A-I, Incomplete Request

NCTracks ID: 105-DMA2001A-I

PA Status: Denied

Initial or Reauth PA: Initial

DHB Letter ID: DMA2001A-Initial

Letter Name: Notice of Decision on Initial Request for Medicaid Services – Incomplete Request

Age Group: All

Appeal Rights: Yes

Description: Denial issued when submitted PA request does not contain supporting information required for the PA as defined in the corresponding clinical coverage policy

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
00	Service Requested	Summary of service requested for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service requested with units/dates	The above-named provider requested prior approval for [<i>Service requested with units/dates</i>].
All	Letter Text	Description of information required and not submitted with PA	PA letter free from text	Specifically, the request was missing [<i>PA letter free form text</i>].
All	Preselected Code	Applicable clinical coverage policy selected from drop-down field	Specific policy criteria not met	N/A

Required Letter Fields, 105-DMA2001A-I

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA2001E-D, Denial of Services

NCTracks ID: 106-DMA2001E-D

PA Status: Denied

Initial or Reauth PA: Initial

DHB Letter ID: DMA2001E

Letter Name: Notice of Decision on Initial Request for Medicaid Services

Age Group: Under 21

Appeal Rights: Yes

Description: Complete denial of services requested because all EPSDT criteria not met

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
00	Service Requested	Summary of service requested for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service requested with units/dates	The above-named provider requested prior approval for [Service requested with units/dates].
All	Letter Text	Explanation why requested services were denied	PA letter free from text	Medicaid did not approve this request because [PA letter free form text].
All	Preselected Code	Applicable clinical coverage policy selected from drop-down field	Specific policy criteria not met	N/A
All	EPSDT Criteria	From EPSDT criteria listed in Available Options, select and add all criteria not met to Selected Options	EPSDT criteria 1, 2, 3,... 7 statement	N/A
All	EPSDT 2 Reason	If criteria 2 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 2 statement and reason	The requested service is not medically necessary to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] diagnosed by the recipient's physician, therapist, or other licensed practitioner because [EPSDT criteria

PRIOR APPROVAL LETTER DESCRIPTIONS

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
				<i>2 statement and reason</i>].
All	EPSDT 3 Reason	If criteria 3 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 3 statement and reason	The requested service was not determined to be medical in nature because [<i>EPSDT criteria 3 statement and reason</i>].
All	EPSDT 4 Reason	If criteria 4 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 4 statement and reason	The requested service was not found to be safe because [<i>EPSDT criteria 4 statement and reason</i>].
All	EPSDT 5 Reason	If criteria 5 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 5 statement and reason	The requested service was not found to be effective for this recipient because [<i>EPSDT criteria 5 statement and reason</i>].
All	EPSDT 6 Reason	If criteria 6 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 6 statement and reason	The requested service was not determined to be generally recognized as an accepted method of medical practice or treatment for this recipient because [<i>EPSDT criteria 6 statement and reason</i>].
All	EPSDT 7 Reason	If criteria 7 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 7 statement and reason	The requested service was found to be experimental/ investigational in that [<i>EPSDT criteria 7 statement and reason</i>].

Required Letter Fields, 106-DMA2001E-D

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA2001-D, Denial of Services

NCTracks ID: 108-DMA2001D

PA Status: Denied

Initial or Reauth PA: Initial

DHB Letter ID: DMA2001

Letter Name: Notice of Decision on Initial Request for Medicaid Services

Age Group: 21 and older

Appeal Rights: Yes

Description: Complete denial of services requested because medical necessity not met per documentation submitted

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
00	Service Requested	Summary of service requested for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service requested with units/dates	The above-named provider requested prior approval for <i>[Service requested with units/dates]</i> .
All	Letter Text	Explanation why requested services were denied	PA letter free from text	Medicaid did not approve this request because <i>[PA letter free form text]</i> .
All	Preselected Code	Applicable clinical coverage policy selected from drop-down field	Specific policy criteria not met	N/A

Required Letter Fields, 108-DMA2001D

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA2002E-D, Denial of Services

NCTracks ID: 110-DMA2002E-D

PA Status: Denied

Initial or Reauth PA: Reauth

DHB Letter ID: DMA2002E

Letter Name: Notice of Change in Services

Age Group: Under 21

Appeal Rights: Yes

Description: Complete denial of services requested because all EPSDT criteria not met

Required Fields:

Line	Letter Comments Field	Description	Letter Template Field	Lead In Letter Text
00	Service Requested	Summary of service requested for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service requested with units/dates	The above-named provider requested prior approval for [Service requested with units/dates].
All	Letter Text	Explanation why requested services were denied	PA letter free from text	Medicaid did not approve this request because [PA letter free from text].
All	Preselected Code	Applicable clinical coverage policy selected from drop-down field	Specific policy criteria not met	N/A
All	EPSDT Criteria	From EPSDT criteria listed in Available Options, select and add all criteria not met to Selected Options	EPSDT criteria 1, 2, 3,... 7 statement	
All	EPSDT 2 Reason	If criteria 2 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 2 statement and reason	The requested service is not medically necessary to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] diagnosed by the recipient's physician, therapist, or other licensed practitioner

PRIOR APPROVAL LETTER DESCRIPTIONS

Line	Letter Comments Field	Description	Letter Template Field	Lead In Letter Text
				because <i>[EPSDT criteria 2 statement and reason]</i> .
All	EPSDT 3 Reason	If criteria 3 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 3 statement and reason	The requested service was not determined to be medical in nature because <i>[EPSDT criteria 3 statement and reason]</i> .
All	EPSDT 4 Reason	If criteria 4 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 4 statement and reason	The requested service was not found to be safe because <i>[EPSDT criteria 4 statement and reason]</i> .
All	EPSDT 5 Reason	If criteria 5 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 5 statement and reason	The requested service was not found to be effective for this recipient because <i>[EPSDT criteria 5 statement and reason]</i> .
All	EPSDT 6 Reason	If criteria 6 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 6 statement and reason	The requested service was not determined to be generally recognized as an accepted method of medical practice or treatment for this recipient because <i>[EPSDT criteria 6 statement and reason]</i> .
All	EPSDT 7 Reason	If criteria 7 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 7 statement and reason	The requested service was found to be experimental/ investigational in that <i>[EPSDT criteria 7 statement and reason]</i> .

Required Letter Fields, 110-DMA2002E-D

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA2002-D, Denial of Services

NCTracks ID: 112-DMA2002-D

PA Status: Denied

Initial or Reauth PA: Reauth

DHB Letter ID: DMA2002

Letter Name: Notice of Change in Services

Age Group: 21 and older

Appeal Rights: Yes

Description: Complete denial of services requested because medical necessity not met per documentation submitted

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
00	Service Requested	Summary of service requested for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service requested with units/dates	The above-named provider requested prior approval for [<i>Service requested with units/dates</i>].
All	Letter Text	Explanation why requested services were denied	PA letter free from text	Medicaid did not approve this request because [<i>PA letter free form text</i>].
All	Preselected Code	Applicable clinical coverage policy selected from drop-down field	Specific policy criteria not met	N/A

Required Letter Fields, 112-DMA2002-D

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA2002A-A, Additional Information Not Received

NCTracks ID: 124-DMA2002A-A

PA Status: Denial

Initial or Reauth PA: Reauth

DHB Letter ID: DMA2002A-Continuing

Letter Name: Notice of Change in Services – Additional Information Previously Requested and Not Received

Age Group: All

Appeal Rights: Yes

Description: Denial is issued when previously requested additional information needed to validate medical necessity is not received by the due date.

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
00	Service Requested	Summary of service approved for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service requested with units/dates	The above-named provider requested prior approval for [Service requested with units/dates].

Required Letter Fields, 124-DMA2002A-A

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA2002A-I, Incomplete Request

NCTracks ID: 125-DMA2002A-I

PA Status: Denied

Initial or Reauth PA: Reauth

DHB Letter ID: DMA2002A-Continuing

Letter Name: Notice of Change in Services – Incomplete Request

Age Group: All

Appeal Rights: Yes

Description: Denial is issued when submitted PA request does not contain supporting information required for the PA as defined in the corresponding clinical coverage policy.

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
00	Service Requested	Summary of service requested for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service requested with units/dates	The above-named provider requested prior approval for [Service requested with units/dates].
All	Letter Text	Description of information required and not submitted with PA	PA letter free from text	Specifically, the request was missing [PA letter free form text].
All	Preselected Code	Applicable clinical coverage policy selected from drop-down field	Specific policy criteria not met	N/A

Required Letter Fields, 125-DMA2002A-I

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA2001NCS, Denial of Non-Covered Service

NCTracks ID: 126-DMA2001NCS

PA Status: Denied

Initial or Reauth PA: Initial

DHB Letter ID: DMA2001NCS

Letter Name: Notice of Denial of Non-Covered State Medicaid Plan Service Request

Age Group: Over 21

Appeal Rights: No

Description: Denial of requested service because the service is not covered under the NC State Medicaid Plan

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
00	Service Requested	Summary of service requested for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service requested with units/dates	The above-named provider requested prior approval for [Service requested with units/dates].
All	Letter Text	If service is also not covered under SSA1905(a), user will enter, 'Additionally, this service is not within the scope of the category of services listed in the federal law at 42 U.S.C. § 1396d(a) [1905(a) of the Social Security Act].' If service is covered under SSA1905(a), nothing entered by user and field will be blank; nothing to populate in letter.	PA letter free from text	N/A

Required Letter Fields, 126-DMA2001NCS

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA1059, Request Exceeding Policy Maximum

NCTracks ID: 103-DMA1059

PA Status: Modified Approved or Reduction

Initial or Reauth PA: Initial and Reauth

DHB Letter ID: DMA1059

Letter Name: Notice of Prior Approval When Request Exceeds Policy Maximum

Age Group: Over 21

Appeal Rights: No

Description: For services requested that exceed policy maximum amount or time allowable; approval is issued for maximum amount allowed per policy

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
All	Preselected Code	Applicable clinical coverage policy selected from drop-down field	Specific policy criteria not met	N/A

Required Letter Fields, 103-DMA1059

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA2001E-R, Reduction of Services

NCTracks ID: 107-DMA2001E-R

PA Status: Modified Approved or Reduction

Initial or Reauth PA: Initial

DHB Letter ID: DMA2001E

Letter Name: Notice of Decision on Initial Request for Medicaid Services

Age Group: Under 21

Appeal Rights: Yes

Description: Reduction of services requested because all EPSDT criteria not fully met based on documentation submitted

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
00	Service Requested	Summary of service requested for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service requested with units/dates	The above-named provider requested prior approval for <i>[Service requested with units/dates]</i> .
00	Service Approved	Summary of service approved for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service approved with units/dates	Medicaid did approve <i>[service approved with units/dates]</i> , which is different from what you requested.
All	Letter Text	Explanation why requested services were approved at a reduced level	PA letter free from text	Medicaid did not approve this request because <i>[PA letter free from text]</i> .
All	Preselected Code	Applicable clinical coverage policy selected from drop-down field	Specific policy criteria not met	N/A
All	EPSDT Criteria	From EPSDT criteria listed in Available Options, select and add all criteria not met to Selected Options	EPSDT criteria 1, 2, 3,... 7 statement	

PRIOR APPROVAL LETTER DESCRIPTIONS

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
All	EPSDT 2 Reason	If criteria 2 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 2 statement and reason	The requested service is not medically necessary to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] diagnosed by the recipient's physician, therapist, or other licensed practitioner because [EPSDT criteria 2 statement and reason].
All	EPSDT 3 Reason	If criteria 3 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 3 statement and reason	The requested service was not determined to be medical in nature because [EPSDT criteria 3 statement and reason].
All	EPSDT 4 Reason	If criteria 4 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 4 statement and reason	The requested service was not found to be safe because [EPSDT criteria 4 statement and reason].
All	EPSDT 5 Reason	If criteria 5 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 5 statement and reason	The requested service was not found to be effective for this recipient because [EPSDT criteria 5 statement and reason].
All	EPSDT 6 Reason	If criteria 6 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 6 statement and reason	The requested service was not determined to be generally recognized as an accepted method of medical practice or treatment for this recipient because [EPSDT criteria 6 statement and reason].
All	EPSDT 7 Reason	If criteria 7 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 7 statement and reason	The requested service was found to be experimental/ investigational in that [EPSDT criteria 7 statement and reason].

Required Letter Fields, 107-DMA2001E-R

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA2001-R, Reduction of Services

NCTracks ID: 109-DMA2001-R

PA Status: Modified Approved or Reduction

Initial or Reauth PA: Initial

DHB Letter ID: DMA2001

Letter Name: Notice of Decision on Initial Services for Medicaid Services

Age Group: 21 and older

Appeal Rights: Yes

Description: Reduction of services requested because medical necessity not fully met per documentation submitted

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
00	Service Requested	Summary of service requested for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service requested with units/dates	The above-named provider requested prior approval for <i>[Service requested with units/dates]</i> .
00	Service Approved	Summary of service approved for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service approved with units/dates	Medicaid did approve <i>[service approved with units/dates]</i> , which is different from what you requested.
All	Letter Text	Explanation why requested services were reduced	PA letter free from text	Medicaid did not approve this request because <i>[PA letter free from text]</i> .
All	Preselected Code	Applicable clinical coverage policy selected from drop-down field	Specific policy criteria not met	N/A

Required Letter Fields, 109-DMA2001-R

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA2002E-R, Reduction of Services

NCTracks ID: 111-DMA2002E-R

PA Status: Modified Approved or Reduction

Initial or Reauth PA: Reauth

DHB Letter ID: DMA2002E

Letter Name: Notice of Change in Services

Age Group: Under 21

Appeal Rights: Yes

Description: Reduction of services requested because all EPSDT criteria not fully met based on documentation submitted

Required Fields:

Line	Letter Comments Field	Description	Letter Template Field	Lead In Letter Text
00	Service Requested	Summary of service requested for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service requested with units/dates	The above-named provider requested prior approval for [<i>Service requested with units/dates</i>].
00	Service Approved	Summary of service approved for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service approved with units/dates	Medicaid did approve [service approved with units/dates], which is different from what you requested.
All	Letter Text	Explanation why requested services were denied	PA letter free from text	Medicaid did not approve this request because [<i>PA letter free form text</i>].
All	Preselected Code	Applicable clinical coverage policy selected from drop-down field	Specific policy criteria not met	N/A
All	EPSDT Criteria	From EPSDT criteria listed in Available Options, select and add all criteria not met to Selected Options	EPSDT criteria 1, 2, 3,... 7 statement	
All	EPSDT 2 Reason	If criteria 2 selected, description of how	EPSDT criteria 2 statement and reason	The requested service is not medically

PRIOR APPROVAL LETTER DESCRIPTIONS

Line	Letter Comments Field	Description	Letter Template Field	Lead In Letter Text
		criteria not met is required; reason combined with criteria statement in letter		necessary to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] diagnosed by the recipient's physician, therapist, or other licensed practitioner because [EPSDT criteria 2 statement and reason].
All	EPSDT 3 Reason	If criteria 3 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 3 statement and reason	The requested service was not determined to be medical in nature because [EPSDT criteria 3 statement and reason].
All	EPSDT 4 Reason	If criteria 4 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 4 statement and reason	The requested service was not found to be safe because [EPSDT criteria 4 statement and reason].
All	EPSDT 5 Reason	If criteria 5 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 5 statement and reason	The requested service was not found to be effective for this recipient because [EPSDT criteria 5 statement and reason].
All	EPSDT 6 Reason	If criteria 6 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 6 statement and reason	The requested service was not determined to be generally recognized as an accepted method of medical practice or treatment for this recipient because [EPSDT criteria 6 statement and reason].
All	EPSDT 7 Reason	If criteria 7 selected, description of how criteria not met is required; reason combined with criteria statement in letter	EPSDT criteria 7 statement and reason	The requested service was found to be experimental/ investigational in that [EPSDT criteria 7 statement and reason].

Required Letter Fields, 111-DMA2002E-R

PRIOR APPROVAL LETTER DESCRIPTIONS

DMA2002-R, Reduction of Services

NCTracks ID: 113-DMA2002-R

PA Status: Modified Approved or Reduction

Initial or Reauth PA: Reauth

DHB Letter ID: DMA2002

Letter Name: Notice of Change in Services

Age Group: 21 and older

Appeal Rights: Yes

Description: Reduction of services requested because medical necessity not fully met per documentation submitted

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
00	Service Requested	Summary of service requested for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service requested with units/dates	The above-named provider requested prior approval for [<i>Service requested with units/dates</i>].
00	Service Approved	Summary of service approved for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service approved with units/dates	Medicaid did approve [<i>service approved with units/dates</i>], which is different from what you requested.
All	Letter Text	Explanation why requested services were reduced	PA letter free from text	Medicaid did not approve this request because [<i>PA letter free form text</i>].
All	Preselected Code	Applicable clinical coverage policy selected from drop-down field	Specific policy criteria not met	N/A

Required Letter Fields, 113-DMA2002-R

DMA1058, Duplicate Request

NCTracks ID: 102-DMA1058

PRIOR APPROVAL LETTER DESCRIPTIONS

Initial or Reauth PA: Initial and Reauth

DHB Letter ID: DMA1058

Letter Name: Notice of Receipt of Second Request

Age Group: All ages

Appeal Rights: No

Description: Letter is issued for duplicate request of previously denied PA with no new information submitted in support of the denied service

Required Fields:

Line	Letter Comments Field	Content	Letter Template Field	Lead In Letter Text
00	Service Requested	Summary of service requested for each detail line letter is issued for; summary includes procedure code description, units, unit type, and requested begin/end dates	Service requested with units/dates	On [date], [provider] asked Medicaid to pay for [<i>Service requested with units/dates</i>].
All	Preselected Code	Applicable clinical coverage policy selected from drop-down field	Specific policy criteria not met	N/A

Required Letter Fields, 102-DMA1058